

**APPLICATION FOR EMPLOYMENT**

OFFICE USE ONLY	
Applicant or New Hire	
Location	
Position	
Date	

**APPLICANT INSTRUCTIONS**

1. Please read "APPLICANT NOTE".
2. Complete all pages of this form.
3. If more space is needed to complete any question, use comments section on page two.
4. Print clearly; incomplete or illegible applications will not be processed.
5. This application expires 120 days from date submitted.

If you need help to fill out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

**APPLICANT NOTE**

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Affirmative action hiring may be requested by qualified applicants. Additional testing of job-related skills may be required prior to employment. After an offer of employment, and prior to reporting to work, you are required to submit to a medical review and a drug/alcohol test. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

Please Print

Last Name		First	Middle	
Street Address		City	State	Zip
Home Phone		Cellular Phone		
How Did You Learn About our Company?	Are You Legally Authorized to Work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> <small>Proof of citizenship or immigration status will be required upon employment.</small>		Social Security Number	
Position Applied For:	Are You Employed Now? Yes <input type="checkbox"/> No <input type="checkbox"/>	Will You Work Overtime if Asked? Yes <input type="checkbox"/> No <input type="checkbox"/>		Pay Expected
Are You on Layoff and Subject to Recall? Yes <input type="checkbox"/> No <input type="checkbox"/>	Date Available for Work	Are You Free To Travel? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you <input type="checkbox"/> Worked (or) <input type="checkbox"/> Applied with us Before?		If yes, give date:	Month	Year
		Location	Supervisor	
Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged, or sealed by a court? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain				
Have you ever been unable to perform your assigned tasks while working? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain				
Do you currently have any physical condition that would impair your ability to perform any assigned tasks? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain				
List languages in which you are fluent Read <input type="checkbox"/> Write <input type="checkbox"/> _____ Read <input type="checkbox"/> Write <input type="checkbox"/> _____				
Do you have a valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Type	DL#	State of Issue	Date of Birth	
Have you ever been denied a license, permit, or privilege to operate a motor vehicle?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have you ever been disqualified for violations of the federal motor carrier safety regulations?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Has any license, permit or privilege ever been suspended or revoked?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b><u>If YES to any of the above – give details:</u></b>				

<b>Accident Record for the Past 3 years – if none, write none</b>			
Date	Fatalities	Nature of Accident	Injuries

<b>Traffic Convictions &amp; forfeitures for the past 3 years – other than parking violations – if none, write none</b>			
Location - Town	Date	Charges	Penalty – fine, probation, etc.

<b>Experience and Qualifications – Driver License</b>			
State & License Number	Type	Expiration Date	Endorsements

<b>Driving Experience</b>				
Class of Equipment	Type (Flat, Tank)	Dates From	To	Approx #/Miles

List States Operated in for the Last 5 years:

Which Safe Driving Awards do you hold and from whom?

Will you sign a non-compete agreement? Yes  No  If no, explain

Will you sign a reimbursement agreement for charges that may be incurred for: loans, draws, BJB Co. property, tools & equipment, training, drug & alcohol testing? Yes  No  If no, explain

**EDUCATION**

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 High School 9 10 11 12 College 1 2 3 4

School	Name and Location of School	Course of Study	Years Completed	Did You Graduate?	Degree/ Diploma
High School				Yes <input type="checkbox"/> No <input type="checkbox"/>	
College/University				Yes <input type="checkbox"/> No <input type="checkbox"/>	
List any special courses, classes or programs that will help you as a driver.				Yes <input type="checkbox"/> No <input type="checkbox"/>	

<b>COMMENTS</b>	
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**Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are critical.**

<b>MOST RECENT EMPLOYER</b>	Are you currently working for this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	If yes, may we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Company Name	City	State
Dates Employed: From _____ To _____	Job Title	Supervisor
Duties:		
Salary \$ _____ Per _____ (Hour, Week, Month)	Reason for Leaving	

<b>SECOND MOST RECENT EMPLOYER</b>		
Company Name	City	State
Dates Employed: From _____ To _____	Job Title	Supervisor
Duties:		
Salary \$ _____ Per _____ (Hour, Week, Month)	Reason for Leaving	

<b>THIRD MOST RECENT EMPLOYER</b>		
Company Name	City	State
Dates Employed: From _____ To _____	Job Title	Supervisor
Duties:		
Salary \$ _____ Per _____ (Hour, Week, Month)	Reason for Leaving	

<b>PERSONAL REFERENCES</b>			
Include only individuals familiar with your work ability. Do not include relatives.			
NAME	ADDRESS/PHONE	YEARS KNOWN	RELATIONSHIP
1.			
2.			

<b>SAFETY &amp; WORK BACKGROUND</b>			
<input type="checkbox"/> H2S	<input type="checkbox"/> X-Ray Welding	<input type="checkbox"/> Laborer	<input type="checkbox"/> Welder
<input type="checkbox"/> CPR – First Aid	<input type="checkbox"/> Pipeline Welding	<input type="checkbox"/> Skilled Laborer	<input type="checkbox"/> Welder’s Helper
<input type="checkbox"/> Abnormal Oper.	<input type="checkbox"/> Cathodic Protection	<input type="checkbox"/> Eqpt Operator	<input type="checkbox"/> Foreman
<input type="checkbox"/> Pipeline Tech I	<input type="checkbox"/> ISNetworld	<input type="checkbox"/> Mechanic	<input type="checkbox"/> Superintendent
<input type="checkbox"/> Pipeline Tech II	<input type="checkbox"/> NCCER	<input type="checkbox"/> Excavation Safety	<input type="checkbox"/> One Call (DigTess)

**SKILLS ASSESSMENT – Indicate years & level rating of experience for all that apply.  
Rating - 1 (Low or Beginner) – 5 (High or Expert)**

SKILLS	Years	Rating	SKILLS	Years	Rating
Build wood forms			Structural welding		
Assemble metal forms			Wire feed welding		
Finish carpentry			Mig welding		
Place concrete			Tig welding		
Finish concrete			Oxy/acetylene burning		
Set pre-cast concrete			Air arc/plasma arc		
Operate power trowel			Fit carbon pipe		

SKILLS	Years	Rating	SKILLS	Years	Rating
Set steel			Fit threaded pipe		
Tie rebar			Fit plastic pipe		
Light rigging (2 tons)			Bull dozer (small & medium)		
Heavy rigging (2 tons)			Bulldozer (D7 or larger)		
Welder Helper			Motor grader operator		
Clock Spring Installation			Air hand tools		
Pipe Coating Removal			Hydraulic crane		
Pipe Coating Installation			Conventional crane		
Lay underground pipe			Excavator		
Steel fabrication			Rubber tired loader		
Heavy equipment repair			Roller, compactor, mixer		
Diesel engine repair			Track loader		
Small engine repair			Water truck		
Operate laser alignment equipment			CDL Endorsements		
Install industrial bearings			Backhoe (rubber tire)		
Bend/install industrial tubing			Forklift		
Pneumatic/hydro calibration			Haul truck, dump trucks – CDL/air brakes		
Install and bend conduit			Air track/rock drill		
Electronic calibration			Skid steel loader		
Hydraulic repair			Sheet metal fabrication		
Industrial painting			Boom truck		
Sandblasting			Operator Qualification Training?		
Blueprint reading			OQ Documentation		
Drafting			Hazardous Material Handling		
Personal computer			Haz-Mat/Haz-Com		
Transit			Scaffolding		
Operate auto level					

### CERTIFICATION AND RELEASE

I declare that the answers given by me to the questions in this application are correct to the best of my knowledge and that I understand that any misstatement, falsification, or omission of facts shall be cause for disciplinary action up to and including dismissal or rejection from employment. I authorize the company to investigate my answers to all questions in this application. I authorize any law enforcement agency or criminal history background reporting agency to furnish information in its records about me to the Company or its agents. I further authorize the company to contact any of my previous employers, as well as reference sources, in order to verify the information that I have furnished regarding my qualifications and character. I hereby authorize all person(s) having knowledge thereof to provide such information to the company, and I hereby release from liability and agree to hold harmless any person that furnishes such information in good faith. I further agree that I will submit to a medical review after an offer of employment is made but prior to reporting to work if so mandated. Additional testing of job related skills and for the presence of drugs in my body may be required prior to employment. I authorize the company to supply my employment records in whole or in part and in confidence to any employer, insurance agency or other party with a legal and proper interest. I hereby release the company from any liability and agree to hold harmless any employee of the company who furnished such information. I understand that I must comply with the company safety rules, including the company substance abuse policy, and that failure to comply will result in disciplinary action up to and including termination. I understand and agree that my employment is on an "at will" basis and that the employment relationship may be terminated by the company, or by me, at any time for any reason, with or without cause or notice. I further understand that no exceptions to this policy will be honored or recognized unless contained in a written agreement signed by a director of the company and the affected employee. Any verbal representations to the contrary are invalid and should not be relied upon.

I authorize the company to make such investigations and inquiries of my personal, employment, financial, safety, driving and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquiries and releasing information in connection with my application. I understand that if any such inquiry is made, further information as to its nature and scope will be supplied upon written request.

I have carefully read the information on this form, I realize I had the opportunity to ask questions about it and I understand what it means. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of the company.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION**

As part of our hiring background and investigation, we may obtain consumer and motor vehicle reports to prepare an investigative consumer report. The investigative consumer report may consist of contacting all listed prior employers to verify your employment history. It may also include credit information reports, criminal history reports and motor vehicle reports. Under the provisions of the Fair Credit Reporting Act and the Drivers Privacy Protection Act before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your Consumer Rights Under the Fair Credit Reporting Act.

**AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION**

Under the provisions of the Fair Credit Reporting Act, the Americans with Disabilities Act, the Drivers Privacy Protection Act and all other applicable federal, state, and local laws, I hereby authorize and permit BJB Company to obtain a consumer report, a motor vehicle report and an investigative consumer report which may include the following.

1. My prior and current employment records;
2. Records concerning any driving, criminal history, credit history, civil history, workers' compensation (post-offer only) medical records regarding on the job injuries and drug testing;
3. (For truck drivers only) In accordance with the Department of Transportation Motor Carrier Safety Regulations, Section 382.413, information concerning alcohol and controlled substances for the past 2 years;
4. Verification of my academic and professional credentials; and information and copies of documents from any military service records.

I understand that an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living, which may be obtained by interviews with individuals with whom I am acquainted or who have knowledge concerning any of these items of information.

I agree that a copy of this authorization has the same effect as an original.

I hereby release and hold harmless any person, firm or entity that discloses matters in accordance with this authorization, as well as BJB Company from liability that otherwise result from the request for use of or disclosure of any or all of the foregoing information.

I understand and acknowledge that under provision of the Fair Credit Reporting Act, I may request a copy of any consumer report from the consumer-reporting agency that compiled the report, after I have provided proper identification.

I hereby authorize BJB Company to obtain and prepare and investigative consumer report as set forth above, as part of its investigation of my employment applications.

**Full Name** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Please print clearly)