

ROPER CONSTRUCTION, INC.

P.O. BOX 969, ALTO, NEW MEXICO, 88312

APPLICATION FOR EMPLOYMENT

PLEASE PRINT

Applicant Name _____ Date of Application _____

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, driving record, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquires regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquires and releasing information in connection with my application.

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 Roper Construction, Inc.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23 (d) and (e). I understand that I have the right to:

- *Review information provided by previous employers;*
- *Have error in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and*
- *Have a rebuttal statement attached to the alleged erroneous information, if the previous employer (s) and I cannot agree on the accuracy of the information.*

Signature _____ Date _____

IN CASE OF AN EMERGENCY, PLEASE NOTIFY

Name _____ Phone # _____

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED _____ RATE _____

DATE EMPLOYED _____ INTERVIEWED BY _____

DEPARTMENT _____ CLASSIFICATION _____

(If rejected, summary report of reasons should be placed in file)

TERMINATION OF EMPLOYMENT

DATE OF TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

APPLICANT TO COMPLETE

(Answer all questions – please print)

Position(s) Applied for _____

Name _____ Social Security No _____
Last First Middle

Home Phone _____ Mobile _____

List your addresses of residency for the past 3 years

Current Address _____
Street City State Zip How Long?

Previous Addresses _____
Street City State Zip How Long?

Street City State Zip How Long?

Street City State Zip How Long?

Do you have the legal right to work in the United States? _____

Date of Birth _____ / _____ / _____ Can you provide proof of age? _____
(Required for Commercial Drivers Only)

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Have you ever been bonded? _____ Name of bonding company _____
(Answer only if a job requirement)

Have you ever been convicted of a felony? _____

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment, all circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)? _____

If yes, explain if you wish.

EMPLOYMENT HISTORY

All applicants must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER			DATE	
Name			From	To
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person	Phone		Reason for leaving	
Were you subject to the FMCSRs+ while employed?				
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the Drug and Alcohol testing requirements of 49 CFR Part 40?				

EMPLOYER			DATE	
Name			From	To
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person	Phone		Reason for leaving	
Were you subject to the FMCSRs + while employed?				
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the Drug and Alcohol testing requirements of 49 CFR Part 40?				

EMPLOYER			DATE	
Name			From	To
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person	Phone		Reason for leaving	
Were you subject to the FMCSRs+ while employed?				
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the Drug and Alcohol testing requirements of 49 CFR Part 40?				

EMPLOYER			DATE	
Name			From	To
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person	Phone		Reason for leaving	
Were you subject to the FMCSRs+ while employed?				
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the Drug and Alcohol testing requirements of 49 CFR Part 40?				

EMPLOYER			DATE	
Name			From	To
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person	Phone		Reason for leaving	
Were you subject to the FMCSRs+ while employed?				
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the Drug and Alcohol testing requirements of 49 CFR Part 40?				

CDL DRIVERS ONLY

Applicants that drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

+ The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 lbs or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END,	FATALITIES	HAZARDOUS MATERIAL SPILL
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	ETC.)		
Last Accident			
Next Previous			
Next Previous			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE.

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS

List all driver licenses or permits held in the past 3 years

	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
DRIVERS				
LICENSES				

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? _____
 B. Has any license, permit or privilege ever been suspended or revoked? _____
 IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS _____

CDL DRIVERS ONLY

Class of Equipment	Type of Equipment (Van, Tank, Flat, Dump, Refer)	Dates	Approx. No. of Miles (Total)
Straight Truck			
Tractor & Semi-Trailer			
Tractor – Two Trailers			
Tractor – Three Trailers			
Motorcoach – School Bus (more than 8 passengers)			
Motorcoach – School Bus (more than 15 passengers)			
Other			
List States operated in past five years.			
Show special courses or training that will help you as a driver			
What safe driving awards do you hold and from whom?			
Show any trucking, transportation or other experience that may help in your work for this company.			

EXPERIENCE AND QUALIFICATIONS – OTHER

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION _____

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 4 5 6 7 8

HIGH SCHOOL: 1 2 3 4

COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED _____

Name

Location

Date

TO BE READ AND SIGNED BY APPLICANT

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature: _____

Date: _____