

Digging & Rigging Inc.

DIGGING & RIGGING
INC.
800-837-4470

Application For Employment

DIGGING & RIGGING INC. is an equal opportunity employer and does not discriminate on the basis of race, religion, color, national origin, age, sex, gender, disability or any other characteristic protected by law.

Applicant Name _____ Date of Application _____

Company _____

Address _____

City _____ State _____ Zip Code _____

In compliance with Federal and State equal employment opportunities 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, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries 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 inquiries 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 the Company.

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 errors 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 _____

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____

(IF REJECTED SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING AGENT _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

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APPLICANT TO COMPLETE

(answer all questions – please print)

Position(s) Applied for _____

Last Name _____ First Name _____ Middle _____ SSN _____

List your addresses for the past 3 years.

Current Addresses Address _____ City _____ State _____

Zip _____ Phone _____ How Long? _____

Previous Addresses

Address _____ City _____ State _____ Zip _____ How Long? _____

Address _____ City _____ State _____ Zip _____ How Long? _____

Address _____ City _____ State _____ Zip _____ How Long? _____

Address _____ City _____ State _____ Zip _____ How Long? _____

Do you have the legal right to work in the United States? Yes No

Date of Birth _____ (Required for Commercial Drivers) Can you provide proof of age? Yes No

Have you worked for this company before? Yes No Where? _____

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

Reason for leaving _____

Are you now employed? Yes No If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Have you ever been bonded? Yes No Name of Bonding Company _____

(Answer only if a job requirement)

Have you ever been convicted of a felony? Yes No 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)? Yes No

If yes, explain if you wish _____

EMPLOYMENT HISTORY

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

Applicants to 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. (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 Number _____	_____	Reason for Leaving _____	_____
Were you subject to the FMCRs^ While Employed? <input type="radio"/> Yes <input type="radio"/> No			
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? <input type="radio"/> Yes <input type="radio"/> No			

EMPLOYER		DATE	
Name _____	_____	From: _____	To: _____
Address _____	_____	Position Held _____	_____
City _____ State _____ Zip _____	_____	Salary/Wage _____	_____
Contact Person _____ Phone Number _____	_____	Reason for Leaving _____	_____
Were you subject to the FMCRs^ While Employed? <input type="radio"/> Yes <input type="radio"/> No			
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? <input type="radio"/> Yes <input type="radio"/> No			

EMPLOYER		DATE	
Name _____	_____	From: _____	To: _____
Address _____	_____	Position Held _____	_____
City _____ State _____ Zip _____	_____	Salary/Wage _____	_____
Contact Person _____ Phone Number _____	_____	Reason for Leaving _____	_____
Were you subject to the FMCRs^ While Employed? <input type="radio"/> Yes <input type="radio"/> No			
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? <input type="radio"/> Yes <input type="radio"/> No			

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EMPLOYER

DATE

Name _____ From: _____ To: _____
Address _____ Position Held _____
City _____ State _____ Zip _____ Salary/Wage _____
Contact Person _____ Phone Number _____ Reason for Leaving _____

Were you subject to the FMCRs^ While Employed? Yes No

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? Yes No

*Includes vehicles having 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 the 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 10,000 pounds 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 of more space is required). If none, write none.

Dates	Nature of Accident (Head-on, Rear-End, Upset, etc.)	Fatalities	Injuries	Hazardous Material Spill
Last Accident _____	_____	_____	_____	_____
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 required)

EXPERIENCE AND QUALIFICATIONS – DRIVERS

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

DRIVER	State	License Number	Type	Expiration Date
_____	_____	_____	_____	_____

LICENSES _____

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

B. Has any license, permit or privilege ever been suspended or revoked? Yes No

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS

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DRIVING EXPERIENCE <small>check yes or no</small>	Class of Equipment	Equipment Type	Dates		Approx. No. of Miles (Total)
			From	To	
	Straight Truck	<input type="radio"/> Yes <input type="radio"/> No	_____	_____	_____
	Tractor and Semi-Trailer	<input type="radio"/> Yes <input type="radio"/> No	_____	_____	_____
	Tractor – Two Trailers	<input type="radio"/> Yes <input type="radio"/> No	_____	_____	_____
	Tractor – Three Trailers	<input type="radio"/> Yes <input type="radio"/> No	_____	_____	_____
	Motorcoach – School Bus	<input type="radio"/> Yes <input type="radio"/> No	_____	_____	_____
	Motorcoach – School Bus Other	<input type="radio"/> Yes <input type="radio"/> No	_____	_____	_____

List states operated in for last five years: _____

Which safe driving awards do you hold and from whom? _____

Crane Operating Experience Yes No

Crane Type _____	Size (Tons) _____	# of Yrs Operated _____	Employed by _____
Crane Type _____	Size (Tons) _____	# of Yrs Operated _____	Employed by _____
Crane Type _____	Size (Tons) _____	# of Yrs Operated _____	Employed by _____
Crane Type _____	Size (Tons) _____	# of Yrs Operated _____	Employed by _____
Crane Type _____	Size (Tons) _____	# of Yrs Operated _____	Employed by _____

EXPERIENCE AND QUALIFICATIONS – OTHER

List courses and training other than shown elsewhere in the application

List special equipment or technical materials you can work with (other than already shown)

List special equipment or technical materials you can work with (other than already shown)

EDUCATION

Highest Grade Completed _____ Last School Attended and Location (city and state) _____

TO BE READ AND SIGNED BY APPLICANT

STATEMENT (Please read this statement carefully before signing this application):

I understand that employment with DIGGING & RIGGING INC. (the Company) is at-will, meaning that I or the Company may terminate my employment at any time, or for any reason consistent with applicable state or federal law.

I authorize the Company to conduct a thorough background investigation of my work and personal history, and verify all data given on this application and during interviews. I hereby release the Company, and its representatives or agents, from any liability that might result from such an investigation. I authorize all individuals, schools, and firms named to provide any requested information and release them from all liability for providing the requested information.

I understand that the Company requires the successful completion of a drug and/or alcohol test as a condition of employment.

UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST, AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED \$100.

I understand this application will be active for a period of 30 days; after that time, if I wish to be considered for employment, I must submit a new application. I certify that all the statements in this completed application are true and I understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire.

Signature: _____ Date: _____