

NON-CDL Application

Thank you for considering 4D Excavating, Inc. to be your employer. We Understand that the information you provide us on this application is very sensitive we want you to know that we will safeguard this information and only use it as necessary to meet the Department of Transportation & 4D Excavating Inc's requirements.

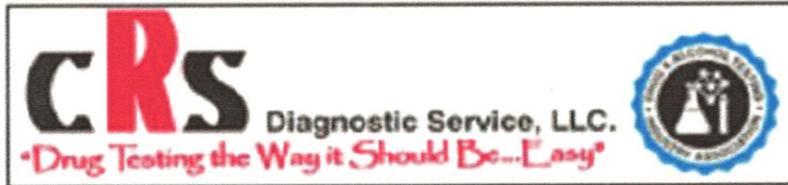


Application for Employment

OFFICE: 432.362.1346

FAX: 866.464.4505

EMAIL: admin@4dexc.com



DATE REQUESTED:

MOTOR VEHICLE & BACKGROUND CHECK REQUEST FORM

COMPANY INFORMATION

COMPANY NAME:	HD Excavating, INC.
REQUESTED BY:	Ashley Guba
COMPANY PHONE #:	(432) 362-1344
COMPANY EMAIL:	ashley@hdexc.com

APPLICANT INFORMATION

PLEASE PROVIDE YOUR FULL LEGAL NAME AS IT APPEARS ON YOUR DRIVER'S LICENSE

FIRST NAME:			
MIDDLE NAME:		[] CHECK IF N/A	
LAST NAME:			
SOCIAL SECURITY #:		DATE OF BIRTH:	
PHONE NUMBER:		EMAIL:	
CURRENT STREET ADDRESS:			
CITY, STATE, & ZIP CODE			
DRIVERS LICENSE #:		STATE ISSUED IN:	CDL: [] YES [] NO

REPORT REQUESTED

BACKGROUND _____ MVR _____ BOTH X

I AGREE TO ALLOW CRS DIAGNOSTIC SERVICE TO ACCESS MY BACKGROUND & MOTOR VEHICLE RECORDS THROUGH MY SOCIAL SECURITY & DRIVER'S LICENSE NUMBERS. CRS DIAGNOSTIC IS NOT RESPONSIBLE FOR THE ACCURACY OF THE INFORMATION PROVIDED OR THE RESULT OF SAID INFORMATION FROM THE EMPLOYER.

X _____

*APPLICANT SIGNATURE REQUIRED

X Ashley Guba

*COMPANY REP SIGNATURE REQUIRED

EMAIL COMPLETED REQUEST FORMS TO CRSDIAGNOSTICBACKGROUNDS@GMAIL.COM

4 D EXCAVATING, INC.

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

FIRST NAME

MIDDLE NAME

LAST NAME

STREET ADDRESS

CITY

STATE

ZIP

COUNTY

MAILING ADDRESS

CITY

STATE

ZIP

EMAIL ADDRESS

HOME PHONE

CELL PHONE

SOCIAL SECURITY NUMBER

DATE OF BIRTH

CITY/STATE OF BIRTH

DRIVER'S LICENSE NO.

TYPE OF DRIVERS LICENSE

STATE OF ISSUE

WORK ELIGIBILITY

PLEASE CHECK BOX YES NO

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES?

ARE YOU AGE 17 OR OLDER?

HAVE YOU HAD A VALID U.S. LICENSE IN THE LAST 2 YEARS? (CDL OR NON-CDL)

DO YOU HAVE A CLASS A COMMERCIAL DRIVERS LICENSE?

HAVE YOU EVER BEEN ARRESTED WHILE DRIVER INTOXICATED?

HAVE YOU HAD ANY AUTO ACCIDENTS IN THE LAST 3 YEARS?

HAVE YOU HAD ANY TRAFFIC TICKETS IN THE LAST 5 YEARS?

HAS YOUR LICENSE EVER BEEN SUSPENDED OR REVOKED?

HAVE YOU USED ILLEGAL DRUGS OR PRESCRIPTION MARIJUANA IN THE PAST 5 MONTHS?

IN THE PAST 5 YEARS HAVE YOU FAILED OR REFUSED A PRE-EMPLOYMENT DRUG SCREEN?

IN THE LAST THREE YEARS HAVE YOU TESTED POSITIVE, OR REFUSED TO TEST, ON ANY PRE-EMPLOYMENT DRUG OR ALCOHOL TEST ADMINISTERED BY AN EMPLOYER TO WHICH YOU HAVE APPLIED FOR, BUT DID NOT OBTAIN, SAFETY-SENSITIVE TRANSPORTATION WORK COVERED BY DOT AGENCY DRUG AND ALCOHOL TESTING RULES?

HAVE YOU BEEN CHARGED WITH, CONVICTED OF, PLEAD GUILTY TO OR PLEADED NO CONTEST TO, AN ACT OF DISHONESTY OR BREACH OF TRUST OR MORAL TURPTITUDE, SUCH AS A MISDEMEANOR PETTY THEFT, BURGLARY, FRAUD, WRITING BAD CHECKS AND/OR A FELONY, MISDEMEANOR OR OTHER RELATED CRIMES.*

IF YES, PLEASE EXPLAIN:

*CONVICTION OF A CRIME OR PLEADING GUILTY TO A CRIMINAL CHARGE WILL NOT NECESSARILY DISQUALIFY YOU FROM THE POSITION FOR WHICH YOU ARE APPLYING. EACH CONVICTION OR PLEA WILL BE CONSIDERED WITH RESPECT TO TIME, JOB RELATEDNESS AND OTHER RELEVANT FACTORS.

DATE YOU WILL BE ABLE TO BEGIN WORK:

____ / ____ / ____

EDUCATION AND SKILLS

INSTITUTION #1

INSTITUTION

CITY

STATE

COURSE OF STUDY/DEGREE

NO. OF YEARS COMPLETED

DID YOU GRADUATE?

INSTITUTION #2

INSTITUTION

CITY

STATE

COURSE OF STUDY/DEGREE

NO. OF YEARS COMPLETED

DID YOU GRADUATE?

INSTITUTION #3

INSTITUTION

CITY

STATE

COURSE OF STUDY/DEGREE

NO. OF YEARS COMPLETED

DID YOU GRADUATE?

LIST OTHER SPECIAL TRAINING, SKILLS OR CERTIFICATIONS? I.E., ADDITIONAL SPOKEN OR WRITTEN LANGUAGES, COMPUTER SOFTWARE KNOWLEDGE, MACHINE OPERATION EXPERIENCE, ETC.

EMPLOYMENT HISTORY

POSITION #1

COMPANY NAME CITY STATE PHONE NUMBER

JOB TITLE SUPERVISOR DATES OF EMPLOYMENT WEEKLY PAY

DESCRIPTION OF YOUR RESPONSIBILITIES

POSITION #2

COMPANY NAME CITY STATE PHONE NUMBER

JOB TITLE SUPERVISOR DATES OF EMPLOYMENT WEEKLY PAY

DESCRIPTION OF YOUR RESPONSIBILITIES

POSITION #3

COMPANY NAME CITY STATE PHONE NUMBER

JOB TITLE SUPERVISOR DATES OF EMPLOYMENT WEEKLY PAY

DESCRIPTION OF YOUR RESPONSIBILITIES

POSITION #4

COMPANY NAME CITY STATE PHONE NUMBER

JOB TITLE SUPERVISOR DATES OF EMPLOYMENT WEEKLY PAY

DESCRIPTION OF YOUR RESPONSIBILITIES

POSITION #5

COMPANY NAME CITY STATE PHONE NUMBER

JOB TITLE SUPERVISOR DATES OF EMPLOYMENT WEEKLY PAY

DESCRIPTION OF YOUR RESPONSIBILITIES

AGREEMENT OF THE TRANSFER OF INFORMATION

I DECLARE THE INFORMATION PROVIDED BY ME IN THIS APPLICATION IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT, IF EMPLOYED, ANY FALSIFICATION, MISSTATEMENT OR OMISSION OF FACT IN CONNECTION WITH MY APPLICATION, WHETHER ON THIS DOCUMENT OR NOT, MAY RESULT IN IMMEDIATE TERMINATION OF EMPLOYMENT. I AUTHORIZE 4 D EXCAVATING, INC. TO VERIFY ANY AND ALL INFORMATION PROVIDED ABOVE.

I ACKNOWLEDGE THAT EMPLOYMENT MAY BE CONDITIONAL UPON SUCCESSFUL COMPLETION OF A SUBSTANCE ABUSE SCREENING TEST AS PART OF THE COMPANY'S PRE-EMPLOYMENT POLICY.

I ACKNOWLEDGE THAT IF I BECOME EMPLOYED, I WILL BE FREE TO TERMINATE MY EMPLOYMENT AT ANY TIME FOR ANY REASON, AND THAT 4 D EXCAVATING, INC. RETAINS THE SAME RIGHTS. NO 4 D EXCAVATING, INC. REPRESENTATIVE HAS THE AUTHORITY TO MAKE ANY CONTRARY AGREEMENT.

I UNDERSTAND IT IS UNLAWFUL TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE SUBJECT TO CRIMINAL AND/OR CIVIL LIABILITIES.

SIGNATURE OF APPLICANT

DATE

AGREEMENT OF THE TRANSFER OF INFORMATION

WE LOOK FORWARD TO QUALIFYING YOU FOR EMPLOYMENT WITH OUR COMPANY. IN ORDER TO CONSIDER YOUR APPLICATION FOR EMPLOYMENT WE ARE REQUIRED BY THE DEPARTMENT OF TRANSPORTATION TO HAVE YOUR SOCIAL SECURITY NUMBER ON FILE IN ORDER TO OBTAIN YOUR MOTOR VEHICLE REPORT. WE REALIZE THE SENSITIVITY OF THIS INFORMATION AND WANT TO ENSURE YOU THAT THIS INFORMATION IS ONLY USED FOR THESE PURPOSES.

SIGNATURE OF APPLICANT

DATE