

IF YOU ARE APPLYING TO DRIVE OR TO OPERATE EQUIPMENT, PLEASE CHECK BELOW **ALL** VEHICLES OR EQUIPMENT WITH WHICH YOU HAVE EXPERIENCE AND PLEASE INDICATE IN THE PARENTHESES THE NUMBER OF YEARS EXPERIENCE YOU HAVE WITH EACH VEHICLE OR PIECE OF EQUIPMENT.

<input type="checkbox"/> 10 wheeler () <input type="checkbox"/> 18 wheeler () <input type="checkbox"/> dump truck - off road () <input type="checkbox"/> dump truck - over the road () <input type="checkbox"/> backhoe () <input type="checkbox"/> bulldozer - large ()	<input type="checkbox"/> bulldozer - small () <input type="checkbox"/> crane - hydraulic () (weight:) <input type="checkbox"/> crane - lattice boom () (weight:) <input type="checkbox"/> crusher () <input type="checkbox"/> excavator - rubber () <input type="checkbox"/> excavator - track ()	<input type="checkbox"/> forklift () <input type="checkbox"/> grader () <input type="checkbox"/> loader () <input type="checkbox"/> roller () <input type="checkbox"/> other - PLEASE SPECIFY:
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PLEASE CHECK BELOW **ALL** SKILLS THAT YOU HAVE, TASKS YOU HAVE **REGULARLY** PERFORMED AND TOOLS/EQUIPMENT YOU HAVE USED.

EARTHWORK <input type="checkbox"/> place backfill <input type="checkbox"/> check grades <input type="checkbox"/> install silt fence <input type="checkbox"/> install pipeline <input type="checkbox"/> mass excavation <input type="checkbox"/> utility trench excavation <input type="checkbox"/> fine grade work <input type="checkbox"/> precast concrete <input type="checkbox"/> soil testing (certified) <input type="checkbox"/> landscaping <input type="checkbox"/> laser, transit level	SUPERVISION/LAYOUT: <input type="checkbox"/> supervise crew (size _____) <input type="checkbox"/> survey <input type="checkbox"/> read plans and specs	TRAINING <input type="checkbox"/> OSHA 10 HOUR <input type="checkbox"/> OSHA 30 HOUR <input type="checkbox"/> OSHA 40 HOUR hazwopper <input type="checkbox"/> confined space <input type="checkbox"/> competent person excavation <input type="checkbox"/> utility trench excavation	WELDING <input type="checkbox"/> F.C.A.W. <input type="checkbox"/> G.M.A.W. <input type="checkbox"/> G.T.A.W. <input type="checkbox"/> S.M.A.W. <input type="checkbox"/> field welding techniques <input type="checkbox"/> purging <input type="checkbox"/> cut with oxy/acetylene <input type="checkbox"/> use backing (fiberglass/ceramic)
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DO YOU HOLD A VALID DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE STATE THE CLASS OF LICENSE HELD: <input type="checkbox"/> CLASS A (TRACTOR-TRAILER) <input type="checkbox"/> CLASS B (TRUCK) <input type="checkbox"/> CAR	PLEASE LIST ALL ENDORSEMENTS AND/OR RESTRICTIONS TO LICENSE:
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DO YOU HAVE A VALID COMMERCIAL DRIVER'S LICENSE (CDL)? <input type="checkbox"/> YES <input type="checkbox"/> NO CDL NUMBER:	LICENSE NUMBER:
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STATE FROM WHICH LICENSE WAS ISSUED:	WITHIN THE LAST FIVE (5) YEARS, HAVE YOU HAD ANY LICENSE TO OPERATE ANY MOTOR VEHICLE SUSPENDED OR REVOKED BY ANY AUTHORITY FOR ANY REASON? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE ATTACH A SEPARATE PAGE AND STATE THE DATE(S) AND REASON(S) FOR THE SUSPENSION(S) OR REVOCATION(S).
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TRAVEL TO CONSTRUCTION PROJECTS AS WELL AS ROUTINE OVERTIME AND SATURDAY WORK ARE COMMON. YOU MUST BE WILLING TO TRAVEL WHEN AND WHERE ASSIGNED AND BE AVAILABLE TO WORK HOURS AS DETERMINED BY SARGENT CORPORATION. THE COMPANY PROVIDES TRAVEL EXPENSES AND DOUBLE-OCCUPANCY HOTEL ACCOMODATIONS WHEN EMPLOYEES ARE REQUIRED TO TRAVEL SPECIFIED DISTANCES AND STAY AWAY FROM HOME.

ARE YOU WILLING TO TRAVEL? <input type="checkbox"/> YES <input type="checkbox"/> NO	CAN YOU RELIABLY GET TO JOB SITES? <input type="checkbox"/> YES <input type="checkbox"/> NO
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ARE YOU WILLING TO BE REASONABLY AVAILABLE FOR OVERTIME AND SATURDAY AND SUNDAY WORK WHEN REQUIRED?
 YES NO

WHAT IS THE EARLIEST DATE YOU ARE AVAILABLE TO START WORKING?

III. WORK HISTORY

PLEASE PROVIDE YOUR WORK HISTORY, BEGINNING WITH YOUR MOST RECENT JOB. PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

NAME, ADDRESS AND TELEPHONE NUMBER OF EMPLOYER:	BRIEF DESCRIPTION OF WORK PERFORMED:
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NAME AND TELEPHONE NUMBER OF SUPERVISOR:	DATES OF EMPLOYMENT: FROM: _____ TO: _____
REASON FOR LEAVING:	
NAME, ADDRESS AND TELEPHONE NUMBER OF EMPLOYER:	BRIEF DESCRIPTION OF WORK PERFORMED:
NAME AND TELEPHONE NUMBER OF SUPERVISOR:	DATES OF EMPLOYMENT: FROM: _____ TO: _____
REASON FOR LEAVING:	
NAME, ADDRESS AND TELEPHONE NUMBER OF EMPLOYER:	BRIEF DESCRIPTION OF WORK PERFORMED:
NAME AND TELEPHONE NUMBER OF SUPERVISOR:	DATES OF EMPLOYMENT: FROM: _____ TO: _____
REASON FOR LEAVING:	
ATTENTION CDL APPLICANTS: DOT REQUIRES THAT EMPLOYMENT FOR AT LEAST 3 YEARS AND/OR COMMERCIAL DRIVING EXPERIENCE FOR THE PAST 10 YEARS TO BE SHOWN. ATTACH ADDITIONAL SHEET IF NECESSARY.	
IV. BACKGROUND	
<p>HAVE YOU EVER PLEADED GUILTY OR NO CONTEST TO OR BEEN CONVICTED OF A CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>HAVE YOU EVER BEEN DISCIPLINED, EITHER ORALLY OR IN WRITING, BY ANY PREVIOUS EMPLOYER OR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>HAVE YOU EVER BEEN DISCHARGED FROM A PLACE OF EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>HAVE YOU EVER BEEN ASKED TO RESIGN FROM A PLACE OF EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>HAVE YOU EVER HAD ANY PROFESSIONAL LICENSE OR CERTIFICATION REVOKED OR SUSPENDED? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>HAVE YOU EVER HAD A MOTOR VEHICLE LICENSE OR REGISTRATION REVOKED OR SUSPENDED? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF YOU HAVE ANSWERED YES TO ANY QUESTION ABOVE, PLEASE ATTACH A SEPARATE PAGE OR PAGES WITH A COMPLETE EXPLANATION FOR EACH QUESTION TO WHICH YOU ANSWERED YES. ANY EXPLANATION SHALL INCLUDE A DETAILED DESCRIPTION AND THE DATES OF THE CIRCUMSTANCES REQUIRING YOU TO ANSWER YES.</p>	
V. OTHER INFORMATION	

PLEASE LIST ANY OTHER INFORMATION THAT YOU WOULD LIKE THE COMPANY TO CONSIDER IN MAKING A DECISION CONCERNING YOUR EMPLOYMENT SUCH AS ACADEMIC OR VOCATIONAL TRAINING, DEGREES, AWARDS OR OTHER RELEVANT EXPERIENCES:

VI. CERTIFICATION, CONSENT, AUTHORIZATION AND RELEASE

PLEASE READ CAREFULLY BEFORE SIGNING

I CERTIFY THAT I HAVE READ AND UNDERSTAND THE CONTENTS OF THIS APPLICATION IN ITS ENTIRETY. I FURTHER CERTIFY THAT THE INFORMATION I HAVE PROVIDED IN THIS APPLICATION AND IN ANY ATTACHED PAGES IS TRUTHFUL AND ACCURATE BASED ON MY PERSONAL KNOWLEDGE. I UNDERSTAND THAT ANY MISSTATEMENT OR CONCEALMENT OF FACTS WILL SUBJECT ME TO DISQUALIFICATION BEFORE HIRING OR DISMISSAL AFTER HIRING.

I CONSENT TO SARGENT CORPORATION'S VERIFICATION OF ALL INFORMATION PROVIDED HEREIN OR HERewith. VERIFICATION MAY INCLUDE, WITHOUT LIMITATION, OBTAINING ADDITIONAL INFORMATION AND DOCUMENTS FROM THE APPLICANT OR THIRD PARTIES, CRIMINAL CONVICTION RECORD CHECKS AND INTERVIEWS OF REFERENCES, PREVIOUS EMPLOYERS, SUPERVISORS AND CO-WORKERS.

I AUTHORIZE SARGENT CORPORATION TO OBTAIN AND I AUTHORIZE ALL CURRENT AND PRIOR EMPLOYERS OR SUPERVISORS TO RELEASE TO SARGENT CORPORATION ALL RECORDS AND FILES RELATED TO MY EMPLOYMENT, INCLUDING BUT NOT LIMITED TO ALL ATTENDANCE AND LEAVE RECORDS, ALL DISCIPLINARY RECORDS, ALL DRIVING RECORDS AND ALL PERSONNEL FILES, REGARDLESS OF WHETHER SUCH RECORDS OR FILES ARE OTHERWISE CONFIDENTIAL UNDER STATE OR FEDERAL LAW. I FURTHER AUTHORIZE ANY LOCAL, STATE OR FEDERAL INVESTIGATORS OR LAW ENFORCEMENT AGENCY TO RELEASE TO SARGENT CORPORATION ALL RECORDS OR INVESTIGATORY INFORMATION PERTAINING TO ME.

I HEREBY RELEASE SARGENT CORPORATION FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION THAT I MAY NOW OR HEREAFTER HAVE, INCLUDING BUT NOT LIMITED TO CLAIMS BASED ON PRIVACY, CONFIDENTIALITY OR DEFAMATION, AS A RESULT OF ITS VERIFICATION OF ANY INFORMATION CONTAINED HEREIN OR SUBMITTED HERewith OR AS A RESULT OF ITS OBTAINING ADDITIONAL INFORMATION RELATING TO MY PROSPECTIVE EMPLOYMENT.

I FURTHER HEREBY RELEASE ANY CURRENT OR PREVIOUS EMPLOYER OR SUPERVISOR AND ANY REFERENCE NAMED HEREIN FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION THAT I MAY NOW OR HEREAFTER HAVE, INCLUDING BUT NOT LIMITED TO CLAIMS BASED ON PRIVACY, CONFIDENTIALITY OR DEFAMATION, AS A RESULT OF ITS/HIS/HER HAVING PROVIDED, UPON THE REQUEST OF SARGENT CORPORATION TRUTHFUL, FACTUAL INFORMATION OR ANY RECORDS OR FILES AS DESCRIBED ABOVE.

DATE:

SIGNATURE:

PRINTED NAME:

EQUAL EMPLOYMENT OPPORTUNITY AND AFFIRMATIVE ACTION STATISTICS

AS A FEDERAL CONTRACTOR, SARGENT CORPORATION IS REQUIRED TO TRACK EQUAL EMPLOYMENT OPPORTUNITY AND AFFIRMATIVE ACTION STATISTICS. THE INFORMATION REQUESTED BELOW IS REQUIRED BY STATE AND FEDERAL REGULATIONS AND FOR AFFIRMATIVE ACTION PURPOSES AND DOES NOT INFLUENCE EMPLOYMENT DECISIONS.

THE FOLLOWING INFORMATION IS REQUESTED TO BE COMPLETED VOLUNTARILY. FAILURE TO DO SO WILL NOT EFFECT THE APPLICATION PROCESS.

SEX (PLEASE CHECK ONE):

MALE FEMALE

ETHNICITY (PLEASE CHECK ONE):

AFRICAN AMERICAN CAUCASIAN MEXICAN / SPANISH / LATIN AMERICAN NATIVE AMERICAN ASIAN

I DO NOT WISH TO SELF-IDENTIFY