



Hauling Unlimited LLC is an equal Opportunity Employer. We recruit and hire applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability, or any other legally protected status.

PLEASE PRINT CLEARLY

Name (First, MI, Last) _____

Social Security Number _____ Date of Birth _____

Home Phone _____

Street _____

City _____ State _____ Zip _____

Position applying for _____ Rate of Pay _____

Have you ever been employed with us before? yes no

If yes, give date and foreman's name _____

Do you have your own reliable transportation that can get you to the job site each day? yes
 no

Do you understand that it is your responsibility to provide transportation to and from work? yes
 no

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? yes no

Have you been convicted of a felony within the last 7 years?

Conviction will not necessarily disqualify an applicant from employment.

yes no If yes, please explain _____

Is there any reason that may restrict your ability to perform the job for which you are applying? yes
 no

If yes, please describe _____

Have you ever had any accidents? yes no

If yes, please describe

As an employee of **Hauling Unlimited LLC** you are absolutely required to report any injury, no matter how minor, to your supervisor immediately. Do you understand that this is a job requirement?

yes no IF yes, please initial _____

EMERGENCY/BENEFICIARY INFORMATION

In the event of an emergency please contact:

Name _____ Home Phone _____
Address _____ Work Phone _____
City _____ State _____ Zip _____

Please list the name of your beneficiary below. *This is for your life insurance policy that becomes effective after 6 months of continuous employment.*

Name of beneficiary _____
Relationship to you: spouse child parent other
Address _____ Home Phone _____
City _____ State _____ Zip _____

How Did You Learn About *Hauling Unlimited LLC*

sign friend walk-in employment agency
 newspaper ad relative other
Name of friend, newspaper, agency or relative? _____

VOLUNTARY SURVEY

Since ***Hauling Unlimited LLC*** is a government contractor, we are required to submit periodic reports on the sex, ethnicity, handicap/disabled, veteran, and other protected status of employees. This data is for statistical analysis with respect to the success of the affirmative action Program. Submission of this information if voluntary.

Check one: male female

Check one of the following: (Ethnic Origin)
 White Black Hispanic other
 American Indian/Alaskan Native Asian/Pacific Islander

Check if any of the following are applicable:
 Vietnam Era Veteran Disabled Veteran Handicapped/Disabled

Answer the following questions "only" if you are applying for a driving position.

Do you have a valid commercial driver's license (CDL) ? yes no
IF yes, which of the following classes and endorsements do you have (circle)?

Class A Class B Class C
"P" – Passenger "H" – Hazardous Material "N" – Tanker
"T" – Double/Triple Trailers "X" – Combination Hazardous/Tanker

What was the date of your last D.O.T. physical examination? _____

Please list all moving violation convictions within the past five years: _____

Please list any vehicle accidents that you have had within the last five years?

EMPLOYMENT HISTORY

When applying for labor position, **Hauling Unlimited LLC** requires that a minimum of 5 past employers be shown. If applying for a driving position, D.O.T. requires that 10 years of employment be shown.)

Last Employer Name _____ Phone Number _____
Address _____
Supervisors Name _____ Salary _____
Position Held _____ From ___/___/___ to ___/___/___
Reason for leaving _____

Last Employer Name _____ Phone Number _____
Address _____
Supervisors Name _____ Salary _____
Position Held _____ From ___/___/___ to ___/___/___
Reason for leaving _____

Last Employer Name _____ Phone Number _____
Address _____
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Last Employer Name _____ Phone Number _____
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Supervisors Name _____ Salary _____
Position Held _____ From ___/___/___ to ___/___/___
Reason for leaving _____

Last Employer Name _____ Phone Number _____
Address _____
Supervisors Name _____ Salary _____
Position Held _____ From ___/___/___ to ___/___/___
Reason for leaving _____

WHICH OF THE FOLLOWING TASKS AND EQUIPMENT DO YOU HAVE EXPERIENCE IN? (CIRCLE THE NUMBER)

- | | |
|------------------------|-----------------------------|
| 1. Air Tools | 11. Arrowboards |
| 2. Building Wood Forms | 12. Trailer/Towing Hook-ups |
| 3. Steel Forms | 13. Pumps |
| 4. Rigging | 14. Jumping Jack |
| 5. Tying Steel | 15. Flagging |
| 6. Burning/Cutting | 16. Traffic Set-up |

- | | |
|-------------------------|---------------------|
| 7. Welding | 17. Transits |
| 8. Placing Concrete | 18. Lasers |
| 9. Installing Handrails | 19. Hand Tools |
| 10. Chain Saw | 20. Air Compressors |

EQUIPMENT

Deere / Case / JBC / Cat / Komatsu / Hitachi

- | | |
|-------------------------|-------------|
| 21. Rubber Tire Backhoe | 25. Loaders |
| 22. Trackhoe | 26. Rollers |
| 23. Gradall | 27. Dozer |
| 24. Hydraulic Crane | 28. Moxy |

HAVE YOU BEEN FORMALLY TRAINED IN ANY OF THE FOLLOWING?

- | | |
|----------------------------------|-------------------------------|
| 29. Hazard Communication Act | 34. Hazard Recognition |
| 30. Confined Space | 35. Work Zone Traffic Control |
| 31. First Aid | 36. Subpart P (Excavation) |
| 32. Leadership/Management Skills | 37. CPR |
| 33. Respiratory Protection | |

Please list below any other construction related training, certificates, education, and safety experience.

APPLICANT'S STATEMENT

I certify that answers given herein are true and completed to the best of my knowledge. I further authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with **Hauling Unlimited LLC** is of an "at will" nature, which means that the Employee may resign at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledge in writing by an authorized executive of this organization.

Your medical representative has my authorization to request from my personal physicians, hospitals, clinics and any other medical care providers any medical information regarding my medical history, physical condition or diagnosis. I consent to the release of any information from any medical provider from whom I have received treatment or who has records of my physical condition, and waive any privilege. I understand that I will not be notified of any specific requests for information that might be made by the company.

In the event of employment, I understand that false or misleading information given on my application interviews may result in discharge. I understand, also that I am required to abide by all rules and regulation of the employer.

Signature of Applicant

Date

ALCOHOL AND CONTROLLED SUBSTANCES AGREEMENT

I, _____, hereby acknowledge **Hauling Unlimited LLC**
Please Print name

Company Alcohol and Controlled Substance Policy and Guidelines on _____, and as a condition of employment I accept and agree to be bound by its terms as set forth herein and as may be subsequently revised, amended and substituted. In addition, I am aware that I may request a copy or peruse this policy made available to me in the Human Resources Department at any time.

I understand that, pursuant to job-related substances screening, I may have certain rights under applicable state and federal laws.

My acceptance and agreement includes, but is not limited to, my consent to any substance screening (and, if applying for a truck driving position, a DOT physical examination) which may be required pursuant to this Policy and Guidelines, my authorization to release any test results to the Company's authorized representative(s) and my authorization to release any Employee Assistance Program treatment results to the Company's authorized representative(s).

Employee or Applicant Signature