

# BP Excavation

## Little Falls, New York

### EMPLOYMENT APPLICATION

#### TO THE APPLICANT:

BP Excavation does not discriminate in hiring or employ on the basis of race, color, religion, sex, national origin, age, disability or any other legally protected status. No question on this application is intended to secure information to be used for such discrimination.

Consideration of this application will be given. However, by receiving this document, BP Excavation is under no obligation of employment to the applicant.

### GENERAL INFORMATION

DATE \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

NAME \_\_\_\_\_

LAST

FIRST

M.I.

ADDRESS \_\_\_\_\_

NUMBER

STREET

APT.

CITY

STATE

ZIP

PHONE \_\_\_\_\_ CELL \_\_\_\_\_

#### IN CASE OF EMERGENCY, NOTIFY:

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

What position(s) are you applying for, include expected rate of pay for each position?

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Are you 18 years of age or older? \_\_\_\_ Yes \_\_\_\_ No

Do you have the legal right to live and work in the U.S.? \_\_\_\_ Yes \_\_\_\_ No  
(If hired, documented proof of legal right to work is required.)

Have you ever been convicted of a misdemeanor or felony? \_\_\_\_ No \_\_\_\_ Yes

If so, please advise nature and date \_\_\_\_\_

NOTE: A conviction will not necessarily disqualify you from employment. Each conviction will be judged on its own merits with respect to time, circumstances and seriousness.

Do you have any relatives employed by this company? \_\_\_\_No \_\_\_\_Yes

If so, please state name(s) \_\_\_\_\_

Were you referred to this company by a current employee? \_\_\_\_No \_\_\_\_Yes

If so, who? \_\_\_\_\_

The following information is required by the U.S. Department of Transportation, Section 391.21. Your application will not be considered if all information is not furnished.

**PREVIOUS RESIDENCY**

Please furnish the addresses at which you resided during the 3 years preceding the date on which the application is submitted.

**BEGIN WITH MOST RECENT**

ADDRESS	CITY	STATE	ZIP	DATES AT RESIDENCE

**MOTOR VEHICLE OPERATOR'S LICENSE**

Please furnish the issuing state, number and expiration of each unexpired motor vehicle operator's license or permit that has been issued to you in the lines provided below.

TYPE / CLASS	STATE	NUMBER	EXPIRATION	LICENSE / PERMIT

Have you ever been denied a license, permit or privilege to operate a motor vehicle? \_\_\_\_No \_\_\_\_Yes

If so, please explain. \_\_\_\_\_

Have you ever had a suspended license? \_\_\_\_No \_\_\_\_Yes

If so, please explain. \_\_\_\_\_

Have you ever been disqualified for a violation of Safety Regulations? \_\_\_\_No \_\_\_\_Yes

If so, please explain. \_\_\_\_\_

**EMPLOYMENT RECORD**

The U.S. Department of Transportation requires that driver applicants show all employment for the past three years. Effective July, 1987, applicants must show all commercial driver employment for seven years immediately proceeding this three year period. 391.21 (b) (10) (11)

**Authorization**

I authorize BP Excavation to obtain information about me from my previous employers, schools and credit sources. I authorize my previous employers, schools that I have attended and all credit sources to disclose to BP Excavation such information about me as BP Excavation may request.

\_\_\_\_\_ Initials

Are you currently employed? \_\_\_\_No \_\_\_\_Yes

If so, may we contact your present employer? \_\_\_\_Yes \_\_\_\_No

If you are accepted for employment, when would you be available? \_\_\_\_\_

List below present and past employment, begin with most recent.

NAME AND ADDRESS OF COMPANY	FROM MO. / YR.	TO MO. / YR.	STARTING HOURLY RATE	ENDING HOURLY RATE	REASON FOR LEAVING
DESCRIBE THE WORK YOU DID:					
PHONE					
SUPERVISOR					

NAME AND ADDRESS OF COMPANY	FROM MO. / YR.	TO MO. / YR.	STARTING HOURLY RATE	ENDING HOURLY RATE	REASON FOR LEAVING
DESCRIBE THE WORK YOU DID:					
PHONE					
SUPERVISOR					

NAME AND ADDRESS OF COMPANY	FROM MO. / YR.	TO MO. / YR.	STARTING HOURLY RATE	ENDING HOURLY RATE	REASON FOR LEAVING
DESCRIBE THE WORK YOU DID:					
PHONE					
SUPERVISOR					

**Present and past employment continued from previous page.**

NAME AND ADDRESS OF COMPANY	FROM MO. / YR.	TO MO. / YR.	STARTING HOURLY RATE	ENDING HOURLY RATE	REASON FOR LEAVING
DESCRIBE THE WORK YOU DID:					
PHONE					
SUPERVISOR					

NAME AND ADDRESS OF COMPANY	FROM MO. / YR.	TO MO. / YR.	STARTING HOURLY RATE	ENDING HOURLY RATE	REASON FOR LEAVING
DESCRIBE THE WORK YOU DID:					
PHONE					
SUPERVISOR					

**EDUCATION**

**Please list your education below and the institute you attended.**

	NAME AND ADDRESS	DATES ATTENDED	YEARS COMPLETED	DID YOU GRADUATE?	DIPLoma OR CERTIFICATE?
HIGH SCHOOL		FROM			
		TO			
COLLEGE		FROM			
		TO			
COLLEGE		FROM			
		TO			
TRADE SCHOOL		FROM			
		TO			
TRADE SCHOOL		FROM			
		TO			
OTHER		FROM			
		TO			
OTHER		FROM			
		TO			

**TRAINING**

Please list below all OSHA Safety Training Courses or other relevant trainings you have attended.

TRAINING COURSE	DATE(S) ATTENDED	TRAINING LOCATION

**PAST EXPERIENCE**

Please list below the nature and experience (in hours) in the operation of heavy equipment (ex. scrapers, backhoes, loaders, excavators, skid steers, tri-axel dump trucks, tractors with trailer/dump box), including the type and size of equipment you have operated.

NATURE (ex. hauled material, excavation demolition, utility trench excavation, backfilling, clearing & grubbing)	EXPERIENCE (years)	TYPE & SIZE OF VEHICLE/EQUIPMENT

**MOTOR VEHICLE ACCIDENTS**

Please list all of the motor vehicle accidents in which you have been involved during the 3 years preceding the date of this application.

DATE	NATURE	PERSONAL INJURIES/PROPERTY DAMAGE (explain)

**MOTOR VEHICLE VIOLATIONS**

Please list all violations of motor vehicle laws or ordinances (other than violations involving only parking) of which you were convicted or forfeited bond or collateral during the 3 years preceding the date of the application.

DATE	NATURE

**REFERENCES**

**Please list 3 non-related professional references.**

<b>NAME</b>	<b>OCCUPATION</b>	<b>PHONE</b>	<b>NUMBER OF YEARS AQUANTED</b>

**Please list 3 non-related personal references.**

<b>NAME</b>	<b>OCCUPATION</b>	<b>PHONE</b>	<b>NUMBER OF YEARS AQUANTED</b>

**NOTICE TO APPLICANT**

- 1. All information submitted will be considered in reviewing my application and is subject to investigation. I authorize BP Excavation to investigate all statements applicable, except as indicated. \_\_\_\_\_ Initial**
- 2. I certify that the facts set forth in this employment application are true and complete to the best of my knowledge. I understand that misrepresentation or omission of facts called for is cause for dismissal upon discovery of such information. \_\_\_\_\_ Initial**
- 3. If accepted for employment, I hereby agree to comply with the rules, regulations and policies of BP Excavation \_\_\_\_\_ Initial**
- 4. I am aware that an investigative consumer report may be made in connection with my application for employment. This report may include information as to my character, general reputation, personal habits, and mode of living, obtained from or through personal interview with persons with whom I am acquainted, or those persons who may have knowledge concerning any such items of information. \_\_\_\_\_ Initial**
- 5. In the event that such an investigative consumer report is procured, upon my written request of BP Excavation, I will be provided with a complete and accurate disclosure of the nature and scope of investigation conducted. \_\_\_\_\_ Initial**
- 6. I understand that BP Excavation follows an employment-at-will policy, in that I or BP Excavation may terminate my employment at any time, for any reason consistent with applicable State or Federal Law. \_\_\_\_\_ Initial**

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

\_\_\_\_\_  
**DATE**

**NOTE: Failure to initial and sign the above consent discontinues the employment process.**

**Equal Opportunity Employer – Our hiring policy is simple: We follow the law! This company hires lawful workers only. We hire U.S. citizens or national and non-citizens with valid work authorization – without discrimination.**

**PRE-EMPLOYMENT/RANDOM SUBSTANCE DETECTION CONSENT**

**I understand that according to the Pre-employment/Random Substance Detection Program at BP Excavation I am required to submit a sample for chemical analysis prior to employment. I understand that this pre-employment/random substance detection will be conducted by a reputable outside physician and/or testing agency by a certified laboratory. \_\_\_\_\_Initials**

**I consent freely and voluntarily to this request for a pre-employment/random specimen. I hereby and herewith release BP Excavation their employees, agents and contractors from any liability whatsoever arising from this request to furnish a pre-employment/random sample, the testing of the sample and decisions made concerning my application for employment or continued employment based upon the results of these tests. \_\_\_\_\_Initials**

**I understand a positive test for controlled substances, will disqualify me from employment and/or the operation of a commercial motor vehicle for BP Excavation. \_\_\_\_\_Initials**

**I understand that if the substance detection results are positive, I can request a second independent confirmatory test using the same specimen. The cost of this test will be borne by me. \_\_\_\_\_Initials**

**I understand that BP Excavation has a zero tolerance policy for a positive test and my employment will terminated immediately as a result. BP Excavation will not be liable for any type of substance rehabilitation. \_\_\_\_\_Initials**

**I understand a documented chain of specimen custody exists to ensure the identity and integrity of my sample throughout the collection and testing process. The Medical Review Officer will maintain the results of the test. Negative and positive results will be reported to the company. \_\_\_\_\_Initials**

**I understand that if my employment is terminated for any reason with BP Excavation during the 90 days of my probationary period, I am liable for the cost of the chemical analysis. \_\_\_\_\_Initials**

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**This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I have also read and understand the above Notice to the Applicant and the conditions for the Pre-employment/Random Urinalysis Consent Agreement.**

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

\_\_\_\_\_  
**DATE**

**NOTE: Failure to initial and sign the above consent discontinues the employment process.**