



ROCKY MOUNTAIN RECLAMATION

APPLICATION FOR EMPLOYMENT

ROCKY MOUNTAIN RECLAMATION is an Equal Opportunity/Affirmative Action Employer committed to excellence through diversity. In compliance with Federal and State Equal Opportunity laws, employment offers are made on the basis of qualifications, and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

PLEASE TYPE OR PRINT. Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (do not indicate "See Resume.")

POSITION APPLYING FOR: Equipment Operator Landscape Laborer _____

TYPE OF EMPLOYMENT: Full-Time/Permanent Part-Time/Permanent
 Full-Time/Temporary Part-Time/Temporary

APPLICANT INFORMATION		
Full Name:	_____	
	<i>Last Name</i>	<i>First Name</i> <i>M.I.</i>

	<i>Mailing Address</i>	<i>Apartment/Unit Number</i>
	<i>City</i>	<i>State</i> <i>Zip Code</i>
Contact Phone:	_____	
	<i>Permanent Address</i>	<i>Apartment/Unit Number</i>

	<i>City</i>	<i>State</i> <i>Zip Code</i>
	()	E-mail Address: _____

PREVIOUS ADDRESSES FOR THE PAST 3 YEARS		
Equipment Operator/CDL Driver Applicants Only		

<i>Address</i>	<i>Apartment/Unit Number</i>	
<i>City</i>	<i>State</i>	<i>Zip Code</i>

<i>Address</i>	<i>Apartment/Unit Number</i>	
<i>City</i>	<i>State</i>	<i>Zip Code</i>

<i>Address</i>	<i>Apartment/Unit Number</i>	
<i>City</i>	<i>State</i>	<i>Zip Code</i>

Are you at least 18 years of age? Yes No

As safety is our number one priority, it is imperative that you are able to communicate effectively with the rest of the RMR Team.

Are you eligible to work in the U.S.? Yes No

Are you able to read, write, and speak English fluently? Yes No

D.L.# & State:	_____
Driver's License D.L. Class	_____
Expiration:	_____

If you do not have a current D.L. please explain: _____

Have you ever had your driver's license suspended or revoked? Yes No

If yes please explain: _____

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

If yes please explain: _____

Have you had any traffic violations or accidents in the last 5 years? Yes No

If yes please provide detailed information about the violation(s) in the area provided at the end of this application.

Do you currently have a CDL? Yes No

Have you ever held a CDL? Yes No

If no, are you willing to obtain a CDL? Yes No

Have you ever been disqualified under §383 or §391 of the Federal Motor Carrier Safety Regulations? Yes No

If yes please explain _____

Do you have experience driving large or commercial vehicles? Yes No

If yes please provide detailed information about your experience in the area provided at the end of this application.

Have you been previously been convicted of any crime? Yes No

If yes please provide detailed information about the conviction(s) in the area provided at the end of this application.

Have you ever tested positive for or refused to take a drug/alcohol test? Yes No

If yes please explain: _____

Have you ever had MSHA Training? Yes No Date of Last Recertification _____

Have you ever had OSHA 40 hour HAZMAT Training? Yes No Date of Last Recertification _____

Are you able to lift 70 lbs. without difficulty? Yes No

After reading the job description provided, do you feel you can perform the necessary tasks and functions of the position without limitation? Yes No

If no please explain: _____

Smoking is not allowed on job sites, in company vehicles, on company property or near other RMR employees. How would this affect you? _____

Have you ever been disciplined for violating another company's tobacco, drug, or alcohol policy? Yes No

How many hours per day can you work comfortably? _____ How early in the morning can you be to work? _____

Are you able to work evenings and weekends on a regular basis? Yes No

Are you able to work out of town on a regular basis for extended periods of time? Yes No

Do you enjoy travelling? Yes No Why/Why Not? _____

Do you have any previous experience with farming operations? Yes No If yes please describe: _____

Have you ever operated a semi-truck? Yes No If yes please describe: _____

Have you ever operated a farm tractor over 120 hp? Yes No If yes please describe: _____

Have you ever drill seeded? Yes No If yes please describe: _____

Have you ever done any landscaping work? Yes No If yes please describe: _____

Do you have welding experience? Yes No If yes please describe: _____

Have you ever rebuilt an engine? Yes No If yes please describe: _____

Do you have any mechanical repair experience with the following (if yes please describe):

Vehicles Yes No _____

Tractors Yes No _____

Other Yes No _____

Where did you grow up? _____

What was the last wage rate you received from working? \$ _____ per

Do you feel this wage was sufficient? Yes No Why/Why Not? _____

If hired for this position, what do you feel would be an acceptable wage? \$ _____ per

EMPLOYMENT HISTORY

Non-CDL driver applicants must provide (3) years employment history. Equipment Operator/CDL driver applicants must provide (10) years. We are required under §391.23 to investigate your safety performance history with all Federal Motor Carrier Safety Administration regulated employers that you worked for in the preceding (3) years. We are required to investigate your participation in a U.S. DOT mandated drug and alcohol testing program, whether you violated any prohibitions under §382 subpart B, and whether you failed to undertake or complete rehabilitation as required under §382.605 or subpart O §40 for all U.S. DOT regulated employers that you worked for in the preceding (3) years. You must give written consent for these investigations in order to be considered for employment as a driver. You have due process rights regarding the information received from these investigations under §391.23(i).

PLEASE DO NOT complete this information with the notation "See Resume."

Rocky Mountain Reclamation reserves the right to contact all current and former employers for reference information.

		Supervisor's Name		
		Supervisor's Phone		
Last Position		Job Duties		
Start Date		Starting Wage	\$	Reason for Leaving
End Date		Ending Wage	\$	

Employer		Address/Location		Supervisor's Name	
				Supervisor's Phone	
Last Position		Job Duties			
Start Date		Starting Wage	\$	Reason for Leaving	
End Date		Ending Wage	\$		

Employer		Address/Location		Supervisor's Name	
				Supervisor's Phone	
Last Position		Job Duties			
Start Date		Starting Wage	\$	Reason for Leaving	
End Date		Ending Wage	\$		

Please use the additional pages at the end of this application if necessary.

EDUCATION & SKILLS			
College/Business/Trade			
Location		Dates Attended	
Did you Graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree Obtained:	
Honors/Awards			

College/Business/Trade			
Location		Dates Attended	
Did you Graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree Obtained:	
Honors/Awards			

High School			
Location		Dates Attended	
Did you Graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree Obtained:	<input type="checkbox"/> Diploma or <input type="checkbox"/> GED
Honors/Awards			

Other credentials/licenses/professional affiliations, etc.:

Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert)

Please tell us why you are interested in this position with our company:

Please tell us why you feel you are qualified for this position:

Please feel free to include any other information/skills that you would like us to consider:

REFERENCES

Please list 3 people not related to you whom you have known for at least 2 years

<i>Name</i>	<i>Phone #</i>	<i>Relationship</i>
<i>Name</i>	<i>Phone #</i>	<i>Relationship</i>
<i>Name</i>	<i>Phone #</i>	<i>Relationship</i>

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize ROCKY MOUNTAIN RECLAMATION to investigate, without liability, all statements contained in this application and supporting materials including inquiries of my personal, employment, financial, or medical history. I authorize references, former employers, educational institutions, health care providers, and other persons, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical and/or medical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that employees of ROCKY MOUNTAIN RECLAMATION serve at-will, and the employment relationship may be terminated at any time by either party, for any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States and to comply with company and departmental regulations.

Applicant Signature: _____

Date: _____

IF YOU ARE AN EQUIPMENT OPERATOR/CDL DRIVER APPLICANT
PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION

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 I have the right to:

- Review the 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 rebuttal statements attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Applicant Signature: _____

Date: _____

Complete the following sections only as they apply to you for this application.

ACCIDENT RECORD FOR THE PAST 5 YEARS

<i>Accident Date</i>	<i>Details of Accident</i>	<i>Fatalities</i>	<i>Injuries</i>

TRAFFIC VIOLATIONS FOR THE PAST 5 YEARS

<i>Violation Date</i>	<i>Details of Violation</i>	<i>Sentence Received</i>

LEGAL CONVICTIONS

<i>Date</i>	<i>Details of Charge</i>	<i>Sentence Received</i>

COMMERCIAL DRIVING EXPERIENCE

<i>Equipment Class</i>	<i>Type of Equipment (Van, Tank, Bus, Flatbed, etc.)</i>	<i>Dates of Operation</i>		<i>Approx. Total Miles</i>
		<i>From</i>	<i>To</i>	
Straight Truck		<i>From</i>		
		<i>To</i>		
Tractor & Semi-Truck		<i>From</i>		
		<i>To</i>		
Tractor & Two Trailers		<i>From</i>		
		<i>To</i>		
Other		<i>From</i>		
		<i>To</i>		

ADDITIONAL EMPLOYMENT HISTORY

Rocky Mountain Reclamation reserves the right to contact all current and former employers for reference information.

Employer		Address/Location		Supervisor's Name	
				Supervisor's Phone	
Last Position		Job Duties			
Start Date		Starting Wage	\$	Reason for Leaving	
End Date		Ending Wage	\$		

Employer		Address/Location		Supervisor's Name	
				Supervisor's Phone	
Last Position		Job Duties			
Start Date		Starting Wage	\$	Reason for Leaving	
End Date		Ending Wage	\$		

Employer		Address/Location		Supervisor's Name	
				Supervisor's Phone	
Last Position		Job Duties			
Start Date		Starting Wage	\$	Reason for Leaving	
End Date		Ending Wage	\$		

Employer		Address/Location		Supervisor's Name	
				Supervisor's Phone	
Last Position		Job Duties			
Start Date		Starting Wage	\$	Reason for Leaving	
End Date		Ending Wage	\$		

Please attach additional sheets if necessary.