



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. Please 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 section

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:	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border-bottom: 1px solid black; padding-bottom: 5px;"><i>Last Name</i></td> <td style="width: 33%; border-bottom: 1px solid black; padding-bottom: 5px;"><i>First Name</i></td> <td style="width: 33%; border-bottom: 1px solid black; padding-bottom: 5px;"><i>M.I.</i></td> </tr> </table>	<i>Last Name</i>	<i>First Name</i>	<i>M.I.</i>
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	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border-bottom: 1px solid black; padding-bottom: 5px;"><i>City</i></td> <td style="width: 20%; border-bottom: 1px solid black; padding-bottom: 5px;"><i>State</i></td> <td style="width: 20%; border-bottom: 1px solid black; padding-bottom: 5px;"><i>Zip Code</i></td> </tr> </table>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
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Contact Phone:	<table style="width: 100%; border: none;"> <tr> <td style="width: 45%; border-bottom: 1px solid black; padding-bottom: 5px;">()</td> <td style="width: 55%; border-bottom: 1px solid black; padding-bottom: 5px;"><i>E-mail Address:</i></td> </tr> </table>	()	<i>E-mail Address:</i>	
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Are you at least 18 years of age? ☐ Yes ☐ No

Are you eligible to work in the U.S.? ☐ 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 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 _____

REFERENCES		
<i>Please list 3 people not related to you whom you have known for at least 2 years</i>		
<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>

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>

Straight Truck		From	
		To	
Tractor & Semi-Truck		From	
		To	
Tractor & Two Trailers		From	
		To	
Other		From	
		To	

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: _____