



EMPLOYMENT APPLICATION CHECKLIST

1. _____ Application for employment (UDOT Format)
2. _____ Background Research Release Form
3. _____ Copy of MVR (Motor Vehicle Report)
4. _____ Driver's License (Must be from a US State)*
5. _____ Social Security Card

*Note: You will be required to obtain a Utah Driver's License within two weeks of employment, if you do not already have one.

**APPLICATION FOR EMPLOYMENT
MORGAN PAVEMENT MAINTENANCE
625 SOUTH MAIN
CLEARFIELD, UT 84015**

NAME _____ TELEPHONE # _____

ADDRESS _____ HOW LONG? _____
(Street) (City) (State & Zip)

DATE OF BIRTH _____ SOCIAL SECURITY NO _____

ADDRESS FOR PAST THREE YEARS

_____ HOW LONG? _____
(Street) (City) (State & Zip)

_____ HOW LONG? _____
(Street) (City) (State & Zip)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATION -DRIVER

DRIVER	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE
LICENSES				

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	DATE/ FROM	TO	APPROX. # OF MILES
STRAIGHT TRUCK				
TRACTOR AND SEMI TRAILER				
TRACTOR - TWO TRAILERS				
OTHER				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

	DATE	NATURE OF ACCIDENT	FATALITIES	INJURIES
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS OTHER THAN PARKING VIOLATIONS

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE NEEDED)

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____
- B. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____
- C. Have you ever been convicted of a Felony? YES _____ NO _____

EMPLOYMENT RECORD (Attach Sheet If More Space Is Needed)

NOTE: DOT Requires That Employment for at Least 3 Years and/or Commercial Driving Experience for the Past 10 Years Be Shown.

LAST EMPLOYER: NAME _____

ADDRESS _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

SECOND LAST EMPLOYER: NAME _____

ADDRESS _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

THIRD LAST EMPLOYER: NAME _____

ADDRESS _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

TO BE READ AND SIGNED BY APPLICANT

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.

Date

Applicant's Signature

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

APLUS

Background Research Release

Authorization and General Release

The undersigned _____ in connection with this application, authorizes all corporations, companies, educational institutions, person, law enforcement agencies, military services and former employees to release information they may have about me to (Company) or its agents and releases them from any liability or responsibility from doing so. Further, I authorize the procurement of an investigative consumer report and understand that such a report may contain information about my background, character and personal reputation. I understand that this notice will also apply to any future update reports that ma be requested.

Applicant's Signature

(Witness's Name), Witness

Date

The information contained in this box should be provided only after a conditional offer of employment has been extended.

Social Security # _____

Driver's License # _____ Issued in the state of _____

Birth date _____

Telephone _____

APLUS

Background Research Release

Please read this section carefully and acknowledge your understanding by signing your name in the space below.

I certify that all the statements made by me on this application for employment are true, correct and complete to the best of my knowledge.

1. Consent To Conduct Background Investigation

As a condition of and in consideration for (Company)'s consideration of this application, I give permission to (Company) to investigate my personal and employment history. I understand that this background investigation will include, but not be limited to, verification of all information on this application, as well as interviews with past employers. I further give permission to (Company) to conduct this investigation and to discuss the results of this investigation in connection with my application for employment.

2. Consent To Contact Past Employers

I give permission to (Company) to contact all employers listed in this application (except those specifically excluded) for references. I further give permission to all current or previous employers and/or managers or supervisors to discuss my relevant personal and employment history with (Company), consent to the release of such information orally or in writing, and hereby release them from all liability and agree not to sue them for defamation or other claims based upon any statements they make to any representative of (Company). I further agree to indemnify all past employers for any liability they may incur because of their reliance upon this release.

3. Consent To Contact Government Agencies

I give permission to any agent, attorney or representative of (Company) to receive a copy of any information obtained in the file of any federal, state or local court, governmental agency, law enforcement agency or investigator concerning or relating to me. I further consent to the release of such information. In the event a state law does not provide for prospective employers to have access to information, I hereby delegate (Company) as my agent for receipt of information. I understand that the scope of this investigation will be limited to criminal an/or civil records that relate to my honest, integrity and/or abilities.

4. Cooperation With Investigation

I agree to fully cooperate in (Company)'s background investigation, and to sign any waivers or releases that may be necessary to obtain access to relevant information.

5. Falsification Statement

I understand that any falsification or willful omission of fact made in this application or in connection with any background investigation may be sufficient grounds for rejection of this application, or, if discovered after an offer of employment, for immediate dismissal.

6. Employment "At Will"

In consideration of my employment, I agree to conform to the rules and regulations of (Company), and my employment and compensation is "at will" in that they can be terminated with or without cause, and with or without notice, at any time, at the option of either (Company) or myself, except as otherwise provided bylaw. I understand that no manager or representative of (Company) other than the CEO of (Company) has authority to enter into any agreement for employment for any specified period of time or to make any agreement or contract to the foregoing, and that any promise to the contrary will only be relied upon by me if they are in writing and signed by the CEO of (Company).

Applicant's Signature

Date

This Employer Participates in E-Verify

E-Verify™



This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this employer is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants or to re-verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9.

Employment Verification.  Done.

For more information on E-Verify, please contact DHS at:

1-888-464-4218

In order to determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo screening tool to match the photograph appearing on some permanent resident and employment authorization cards with the official U.S. Citizenship and Immigration Services' (USCIS) photograph.

NOTICE:

Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or

citizenship status, please call the Office of Special Counsel at 1-800-255-7688 (TDD: 1-800-237-2515).



E-VERIFY IS A SERVICE OF DHS AND SSA

Este Empleador Participa en E-Verify

E-Verify™



Este empleador le proporcionará a la Administración del Seguro Social (SSA), y si es necesario, al Departamento de Seguridad Nacional (DHS), información obtenida del Formulario I-9 correspondiente a cada empleado recién contratado con el propósito de confirmar la autorización de trabajo.

IMPORTANTE: En dado caso que el gobierno no pueda confirmar si está usted autorizado para trabajar, este empleador está obligado a proporcionarle las instrucciones por escrito y darle la oportunidad a que se ponga en contacto con la oficina del SSA y, o el DHS antes de tomar una determinación adversa en contra suya, inclusive despedirlo.

Los empleadores no pueden utilizar E-Verify con el propósito de realizar una preselección de aspirantes a empleo o para hacer nuevas verificaciones de los empleados actuales, y no deben

restringir o influenciar la selección de los documentos que sean presentados para ser utilizados en el Formulario I-9.

A V I S O

La Ley Federal le exige a todos los empleadores que verifiquen la identidad y elegibilidad de empleo de toda persona contratada para trabajar en los Estados Unidos.

A fin de poder determinar si la documentación del Formulario I-9 es válida o no, este empleador utiliza la herramienta de selección fotográfica de E-Verify para comparar la fotografía que aparece en algunas de las tarjetas de residente y autorizaciones de empleo, con las fotografías oficiales del Servicio de Inmigración y Ciudadanía de los Estados Unidos (USCIS).

Si usted cree que su empleador ha violado sus responsabilidades bajo este programa,

o ha discriminado en contra suya durante el proceso de verificación debido a su lugar de origen o condición de ciudadanía, favor ponerse en contacto con la Oficina de Asesoría Especial llamando al 1-800-255-7688 (TDD: 1-800-237-2515).

Employment Verification.  Done.

Para mayor información sobre E-Verify, favor ponerse en contacto con la oficina del DHS llamando al:

1-888-464-4218



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