



PO Box 518
 25 West 10th Street
 Lovell, WY 82431
 (307) 548-7186
 fax (307) 548-6976
 office@mountainconstruction.net

APPLICANT INFORMATION

Last Name		First	M.I.	Date
Street Address			Apartment/Unit #	
City		State	ZIP	
Phone		Driver's License # and Class		
Date Available		Social Security No.	Desired Salary	
Position Applied for				
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	
Are you over the age of 18?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you willing to travel?	YES <input type="checkbox"/> NO <input type="checkbox"/>

EDUCATION

High School		Address		
From To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address		
From To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		Address		
From To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

PLEASE LIST ALL ADDRESSES FOR THE PREVIOUS THREE YEARS

Street Address		Apartment/Unit #
City	State	ZIP
Street Address		Apartment/Unit #
City	State	ZIP
Street Address		Apartment/Unit #
City	State	ZIP
Street Address		Apartment/Unit #
City	State	ZIP

PREVIOUS EMPLOYMENT

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

DRIVING EXPERIENCE—DRIVERS ONLY

CLASS	TYPE	DATE FROM	DATE TO	MILES
STRAIGHT TRUCK				
TRACTOR & SEMI TRAILER				
TRACTOR- TWO TRAILERS				
MOTOR COACH				

PLEASE LIST ALL ACCIDENTS FOR PREVIOUS THREE YEARS

Nature of Accident	Date
Nature of Accident	Date
Nature of Accident	Date

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

YES NO

Has any license, permit or privilege ever been suspended or revoked?

YES NO

EQUIPMENT EXPERIENCE

EQUIPMENT	DATE FROM	DATE TO

Is there any reason you might be unable to perform the functions of the job for which you have applied for? If yes explain

DISCLAIMER AND SIGNATURE

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 authorize Mountain Construction Company to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally inquiries regarding medical history will be made only if and after a conditional employment has been extended) I hereby release employers, schools, healthcare providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I understand, also, that I am required to abide by all rules and regulations of Mountain Construction Company.

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Signature

Date