

Cunningham Sandblasting and Painting Co., Inc.

2012 W 2nd St. Joplin, MO 64801

Application for Employment

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status or the presence of non-job related medical condition or handicap.

Date _____

Name _____

Address _____

City, State, Zip _____

Cell Phone _____

Home Phone _____

Social Security Number _____

Single

Married

Dating

Divorced

Date of Birth _____ Place of Birth _____

Height _____ Weight _____ General Health _____

Hearing Defects? _____ Vision Defects? _____

Physical Handicaps or serious illness? _____

**TO BE ELIGIBLE FOR EMPLOYMENT YOU MUST HAVE A DOT MEDICAL CARD AND CLASS E DRIVER'S LICENSE.
YOU MUST ALSO PROVIDE YOUR PERSONAL MOTOR VEHICLE RECORD**

Have you ever drawn workers compensation or other company insurance? Yes No

What for? _____

Currently Employed? Yes No By Whom? _____

Dates of Military Service _____ Branch/Rank _____

Do you own an operating vehicle? Yes No

Do you have a VALID driver's license? Yes No If hired we will ask to make a copy of it.

Have you ever been convicted for other than a traffic violation? Yes No

If yes, please explain _____

Do you have a parole or probation officer? Yes No Name & phone # _____

Are you willing to be away from home for several weeks at a time? Yes No

If hired, when can you start work? _____

Will you submit to a drug test? Yes No Result _____

Person to notify in case of an emergency _____

Phone Number _____

Relationship _____

Three References(not related or previous employer)	Phone Numbers

- Can you arc weld Yes No
- Can you work up high- 150 Ft Yes No
- Have you operated:
- Sandblasting equipment Yes No
- Airless spray equipment Yes No
- Air compressor Yes No
- Conventional spray equipment Yes No
- Heavy trucks Yes No

List other equipment you have operated. _____

Misc. Comments _____

Education

	Name & Address of School	Course of Study	Years Completed	Diploma/Degree
Elementary School				
High School				
Undergraduate College				
Undergraduate Professional				
Other-Specify				
Other-Specify				

Driver's License Information

Drivers Licenses	State	License No.	Type	Expiration Date

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Date Started	Date Ended	Approximate number of Miles
Straight Truck				
Tractor and Semi-Trailer				
Tractor- Two trailers				
Other				

Accident record for the past 3 years or more (attach another sheet if more is needed)

	Date	Nature of Accident (Head-on, Rear-end, Upset, Etc.)	Fatalities	Injuries
Last Accident				
Next Previous				
Next Previous				
Next Previous				

Traffic convictions and forfeitures for the past 3 year. (Other than parking violations)

Location	Date	Charge	Penalty

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

If yes, details _____

Has any license, permit or privilege ever been suspended or revoked? Yes No

If yes, details _____

Employment History

Note: DOT requires that employment for at least 3 years and/or commercial driving experience for the past 10 years be shown.

DOT ALSO REQUIRES THAT WE REQUEST INFORMATION FROM YOUR LAST EMPLOYER.

Employer _____ Telephone _____

Employer Address _____ Supervisor _____

Job Title _____ Duties _____

Employed From _____ To _____

Starting wage _____ Ending Wage _____

Reason for leaving _____

Employer _____ Telephone _____

Employer Address _____ Supervisor _____

Job Title _____ Duties _____

Employed From _____ To _____

Starting wage _____ Ending Wage _____

Reason for leaving _____

Employer _____ Telephone _____

Employer Address _____ Supervisor _____

Job Title _____ Duties _____

Employed From _____ To _____

Starting wage _____ Ending Wage _____

Reason for leaving _____

Employer _____ Telephone _____

Employer Address _____ Supervisor _____

Job Title _____ Duties _____

Employed From _____ To _____

Starting wage _____ Ending Wage _____

Reason for leaving _____

I authorize you to make sure investigations and inquiries to 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 offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company.

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 information provided by current/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 a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature of Applicant _____ Date _____

I understand that, if at any time during my employment with Cunningham Sandblasting, I am caught driving a company owned vehicle under the influence of any mind altering substance (alcohol or drugs) that I can and will be dismissed from employment. I also understand that if I am found to be under the influence of any mind altering substances (alcohol or drugs) during work or within two hours before starting work that I will be immediately be dismissed. Yes No

I understand that if I quit prior to the completion of any job, that I will not be paid for the job. Yes No

I certify 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.

Signature of Applicant _____ Date _____