

Application

Name (First, Middle, La	st):					
Address:						
City:		State	:	Zip code: _		
Primary Phone #:_	rimary Phone #: Secondary Phone #:					
Date of Birth:		SSN#:				
Position Applied F	or:	 				
I attest, under penalty of perjury that I am (check one of the following): Output Ou						
Driver's License	State State	Y / License I	Number	Class (C, CDL, Etc.)	Expiration	
Do you have any restrictions on your driver's license now? Yes / No Have you had any traffic convictions in the last 3 years? Yes / No If yes please explain:						
Accident Record	N. C.A	• 1			•	
Dates		Nature of Accident (Head-On, Rear-End, Upset, Etc.)		Fatalities/Injuries		
Last Accident						
Next Previous						
Next Previous						

$Have \ you \ ever \ been \ convicted \ of \ a \ felony? \ {\tiny (Convictions \ will \ not \ necessarily \ disqualify \ an \ applicant \ for \ employment)} \ \ Y \ / \ N$						
If yes, describe conditions:						
Driving Experience						
Class of Equipment	Type of Equipment	Da From	tes To	Approx. # of miles (Total)		
Employment Record						
Last Employment						
Name:		Phone #:				
Position Held		From	To			
Reason for Leaving	:					
Salary / Hourly Rate	e					
Second Last Emplo	<u>yment</u>					
Name:Phone #:						
Position Held		From	To			
Reason for Leaving	:					
Salary / Hourly Rate						
Third Last Employr						
Name:		Phone #:				
Position Held		From	To			
Reason for Leaving	:					
Salary / Hourly Rate	e					

APPLICANT'S STATEMENT

I certify that all statements I have made in this application are true and agree that any misrepresentations or omission of facts may result in cancellation of my application for employment or immediate dismissal. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I further authorize any and all necessary reference checks and give permission for D & I Excavating, Inc. and any agent acting on their behalf, to obtain a current or future abstract of my driver's license.

I understand that Oregon Sewer & Drain LLC. has a Drug, Alcohol and Substance Use/Abuse policy and that any offered employment is conditional upon successful passing of a drug, controlled substance and alcohol-screening test.

This application for employment shall be considered active for a period of time not to exceed forty-five (45) days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

The applicant understands that neither this document nor any offer of employment from the employer constitutes an employment contract unless a specific document to that affect is executed by the employer and employee in writing.

In the event of employment, I understand that false or misleading information given in application of interview(s) may result in discharge. I understand also that I am required by all rules and regulations of the employer. I understand that my employment and compensation can be terminated, with or without cause, and with or without notice at any time, at the option of either the company or myself.

*NOTE: ANY APPLICATION NOT FILLED OUT	IN ITS ENTIRETY WILL NOT BE CONSIDERED.
Signature:	Date: