

APPLICATION FOR EMPLOYMENT

		PERSO	DNAL INFORMATION					
Full Name	ime: Soc			Social:				
Date of Bi	rth: /		Phone:	()				
Current		/						
Address: _	Street	t or PO Box	City		State	Zip		
Last 3 Years								
rears	Street	or PO Box	City		State	Zip		
Last 3 Years								
		or PO Box	City		State	Zip		
	DRIVER'	S LICENSE INFORM	IATION (This information	on will be verij	ied)			
DL #:		Iss	uing State:	Exp:				
License Ty	pe (CDL, A):	CDL	Endorsements:					
Have you	ever been denied a lice	nse, permit, or priv	rilege to operate a moto	or vehicle?	Yes	☐ No		
Has your l	icense, permit or privile	Yes	☐ No					
		EDUCATION,	ABILITIES & EMPLOYN	IENT				
Please circ	cle highest grade compl	leted: 1 2 3 4	5 6 7 8 9 10	11 12 (College: 1 2	3 4		
Other training or certifications:								
	_							
Are you able and willing to lift 50lbs or more repetitively if required to do so? Yes No								
Have you ever worked for RK&R before? If Yes, when?					Yes	☐ No		
			ou be available?		Yes	☐ No		
Are you legally able to work within the United States?			·		Yes	☐ No		
Have you ever been convicted of a felony, misdemeanor, or criminal violation? Yes No								
		DRIVING/	OPERATING EXPERIENC	Œ				
	pe Of Equipment	Start D	oate – End Date	Tota	al Months/Years	, Etc.		
Straight Tr								
	Semi Trailer							
Tractor &								
Double/Tr	iple					_		
Dozer								
Motor Gra	nder							
Scraper								
Backhoe								
Tractor								
Roller						<u>-</u>		

	ACCIDENT F	RECORD – LAST THREE YEARS (OR MORE (Thi	s inform	ation will b	e verified)		
Date		Nature of the Accident	T	# of	# of	Commercial	Personal	
(Recent First)	(Overturn, Jack Knife, Rear End, Etc.)		<i>)</i> 1	njuries	Fatalities	Vehicle	Vehicle	
TRAFFIC CON\	/ICTIONS AND	FORFEITURES (Other than Parki	ng) FOR THE L	AST THR	EE YEARS (1	his information w	ill be verified	
Date	State	Charge		Penalty		Commercial	Personal	
(Recent First)		3 -				Vehicle	Vehicle	
PREVIOUS	EMPLOYMEN	IT (DOT requires 3 years of wo	ork history and	l 10 year	rs of driving	experience be	shown)	
Company Nam			c.	ınonico	r.			
Company Nam	ie		Supervisor:					
Address:								
			Phone:					
Position:			Start Date:	Start Date: End Date:				
			<u> </u>					
Duties:			Reason f	or Leavi	ng:			
Company Nam	ie:		Supervisor:					
Company Name:			· ·					
Address:			Pl	hone:				
			6		_			
Position:			Start Date: End Date:					
Dution								
Duties:			Reason i	or Leavii	ıg:			
			6					
Company Nam	ie:		Supervisor:					
Addross:			Phone:					
Address:			Pi	none:				
Position:			Start Date: End Date:					
Position:			Start Date: End Date:					
Duties:			Reason for Leaving:					
				or Leavi	.0.			
Company Name:			Supervisor					
Company Name:			Supervisor:					
Address:			Phone:					
.30.000.			' ' '					
Position:			Start Date: End Date:					
-			<u> </u>					
Duties:			Reason for Leaving:					

REFERENCES (Three, non-family related)						
Name	Address	Phone/Email				
1)						
2)						
3)						
	DISCLOSURE					
If hired by RK&R Dozer Service, the	following information will be required p	rior to the start of work:				
	orms loyer forms (DOT required, CDL carriers o -Employment drug and alcohol test, back					
accurate. I understand that RK&R Do	t of my knowledge, that the information i ozer Service has the right to refuse emplo tion is found to have been falsified on an	yment, or to take disciplinary action, up to				
•	o take a pre-employment drug and alcoho hile employed with RK&R Dozer Service.	ol test prior to employment, and that I will				
-	ozer Service that I will be employed "At W ninated at any time, for any reason, with					
Printed Name:		_ Date:				

You can drop the completed application by the office, email to amber@rkrdozerservice.com, or fax to (580) 455-2249. If you have any questions regarding completion of this application, you can contact the office at (580) 455-2218.