

**TOM GREENAUER DEVELOPMENT, INC.**

**EMPLOYMENT APPLICATION**

**Any application with non-responsive or extraneous information will not be considered. Nothing in addition to this application form itself may be submitted. Failure to conform to this and the other rules provided with this application will result in automatic disqualification of your application.**

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 disability.

Application Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Position(s) Applied For: \_\_\_Operator \_\_\_Driver \_\_\_Laborer

Name \_\_\_\_\_  
Last
First
Middle

Home Phone Number \_\_\_\_\_

Residence Past 3 Years

Address:			
City:	St.	Zip	How long?
Address:			
City:	St.	Zip	How long?
Address:			
City:	St.	Zip	How long?

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Can you provide proof of Age - Yes / No

Are you legally permitted to work in the United States - Yes / No

Have you ever worked for this company before? Yes / No

If Yes:  
 Dates: From \_\_\_\_\_ To \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

List any friends/relatives currently employed by Tom Greenauer Development, Inc.

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

## DRIVERS LICENSE INFORMATION

License Number \_\_\_\_\_ Class \_\_\_\_\_ State \_\_\_\_\_ Expires \_\_\_\_/\_\_\_\_

Drivers License Endorsements: \_\_\_\_\_ Drivers License Restrictions \_\_\_\_\_

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

If Yes, date of denial \_\_\_\_\_ place of denial \_\_\_\_\_;

Reason for denial \_\_\_\_\_

B. Has any license, permit or privilege ever been suspended or revoked by any state? Yes / No

If Yes, date of suspension/revocation \_\_\_\_\_;

Place of suspension/revocation \_\_\_\_\_;

Reason for suspension/revocation \_\_\_\_\_.

HAVE YOU HAD ANY TRAFFIC CONVICTIONS AND/OR FORFEITURES FOR THE PAST THREE YEARS (DO NOT INCLUDE PARKING VIOLATIONS): YES / NO

If yes, provide:

Court Location	Date of Conviction	Conviction	Penalty	Points

HAVE YOU HAD ANY VEHICLE ACCIDENTS FOR THE PAST THREE YEARS YES / NO

If yes, provide:

Date of Accident	Location – City, State	Number and Type of Vehicles Involved	Any Fatalities?
			Yes / No
			Yes / No

### DRIVING EXPERIENCE

Equipment Class	Type of Equipment Van, Flat, Tank, Etc.	DATES From	DATES To	Approx. # of Miles Total
Straight Truck				
Tractor Semi Trailer				
Tractor with Doubles				
Tractor with Triples				
Tractor with Tank				
Other				

## EMPLOYMENT HISTORY

Most Recent

Employer: Name \_\_\_\_\_  
Address: \_\_\_\_\_  
                    Street  Town  State  Zip  
Phone (     ) \_\_\_\_\_ From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to present  
Supervisor's Name \_\_\_\_\_  
Company Job Classification \_\_\_\_\_  
Are you currently employed    Yes / No            If No, last day worked \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
If No, were you:       Laid off for lack of work    Yes / No ;    Did you resign    Yes / No ;  
  Were you terminated by the company    Yes / No .

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Employer: Name \_\_\_\_\_  
Address: \_\_\_\_\_  
                    Street  Town  State  Zip  
Phone (     ) \_\_\_\_\_ From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_  
Company Job Classification \_\_\_\_\_  
Were you:               Laid off for lack of work    Yes / No ;    Did you resign    Yes / No ;  
  Were you terminated by the company    Yes / No .

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Employer: Name \_\_\_\_\_  
Address: \_\_\_\_\_  
                    Street  Town  State  Zip  
Phone (     ) \_\_\_\_\_ From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_  
Company Job Classification \_\_\_\_\_  
Were you:               Laid off for lack of work    Yes / No ;    Did you resign    Yes / No ;  
  Were you terminated by the company    Yes / No .

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Employer: Name \_\_\_\_\_  
Address: \_\_\_\_\_  
                    Street  Town  State  Zip  
Phone (     ) \_\_\_\_\_ From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_  
Company Job Classification \_\_\_\_\_  
Were you:               Laid off for lack of work    Yes / No ;    Did you resign    Yes / No ;  
  Were you terminated by the company    Yes / No .

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**Note to driver applicants:**

All applicants for a position as a driver shall provide the information above on all employers during the 3 years preceding the date of application. If you operated a Commercial Motor Vehicle for a company or carrier during the 7 year period preceding the 3 year period above, you must also list that employment history. (Total of 10 years must be listed above).

**EDUCATION**

Circle the Highest Grade Completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

**ABILITY TO PERFORM JOB DUTIES**

Are you able to safely operate a Commercial Motor Vehicle? Yes / No

Are you fully able to perform the duties of the job(s) for which you have applied, with or without a reasonable accommodation? Yes / No

**MILITARY HISTORY**

Are you a Veteran of U.S. Military Service? Yes / No

If No, go to Criminal Conviction.  
If Yes, go on to next questions in this section.

What Branch: \_\_\_\_\_

List those pieces of construction-related equipment that you were trained and qualified to operate in the military

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

**CRIMINAL CONVICTION**

Have you ever been convicted of a crime? Yes / No

If so, list the crime, the date of conviction, and the place of conviction below:

CRIME	DATE OF CONVICTION	PLACE OF CONVICTION

## 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. I understand that I am required to abide by all rules and regulations pertaining to my duties while employed by Tom Greenauer Development, Inc. If I am a commercial driver applicant, I listed all previous employers for a 3 year period preceding the date of application. If I operated a commercial motor vehicle for a company or carrier during the 7 year period preceding the 3 year period, I also listed that employment history (total of 10 years must be listed). In accordance with section 391.23 (federal motor carrier safety regulations) the prior employers may be contacted for the purpose of investigating the applicant's background. In the event of employment as a commercial driver, I understand that I am required to abide by all federal, state, and local laws, rules, and regulations.

I understand that any application with non-responsive or extraneous information will not be considered. Nothing in addition to this application form itself maybe submitted. Failure to conform to the rules provided with the application will result in automatic disqualification of my application.

I understand and agree that if employed, the employment will be "at will". That is, either I or Tom Greenauer Development, Inc. may end the employment relationship at any time, for any reason, or for no reason.

I voluntarily give Tom Greenauer Development, Inc. the right to make inquiry of my past employment, and to release from all liability or responsibility all persons, companies, or corporations supplying such information. I agree to abide by all rules and policies of the company and to wear or use protective clothing or devices as required by the company and to comply with all safety rules. **I UNDERSTAND THAT ANY INACCURACY IN THE INFORMATION I PROVIDE OR MISREPRESENTATION BY ME IN THE APPLICATION PROCESS, REGARDLESS OF WHEN DISCOVERED, WILL BE SUFFICIENT GROUNDS FOR MY IMMEDIATE TERMINATION.**

### **Tom Greenauer Dev., Inc. Background Check Release**

I hereby authorize the release, to Tom Greenauer Dev., Inc. (TGDI), of any information help by parties regarding my prior employment, criminal, credit, and driving record. I release any providers of this information from any liability for such information. I further acknowledge that TGDI is relying on third party information and I therefore release TGDI its owners, officers, agents, and employees from any and all liability arising out of errors or omissions. I further acknowledge that TGDI can inquire background information randomly and annually.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_