



P.O Box 853
 Lovell, WY 82431
 (307) 548-6155 phone
 (307) 548-7723 fax

Last Name	First	Middle	Date
Street Address		Home Telephone ()	
City, State, Zip		Business Telephone ()	
*If at the above residence less than three years, list all residences for the past three years. Attach a separate sheet if necessary.			
Street		City	State Zip
Street		City	State Zip
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year _____ Have you ever worked for this company under another name? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, under what name? _____ Pay Expected: _____		Names of any relatives employed by this company: _____ Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, how long since leaving last employment? _____	
EDUCATION			
Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 Degree Awarded: _____ Last school attended _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Name Address </div>			
GENERAL			
Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Bonding Company: _____ (Answer only if a job requirement) Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment – all circumstances will be considered.			
ALL APPLICANTS FILL OUT			
Driver Experience & Qualification			
Date of Birth _____ The U.S. Department of Transportation requires that driver applicants state their date of (month/day/year) birth (391.21 (b)(2))			
Social Security No. _____ - _____ - _____			
Signature of Applicant: _____			

Driver Experience & Qualification

Driver's License held in the past 3 years must be shown.

State	License No.	Class	Endorsement(s)	Expiration Date
A.	Have you ever been denied a license, permit, or privilege to operate a motor vehicle?			<input type="checkbox"/> Yes <input type="checkbox"/> No
B.	Has any license, permit, or privilege ever been suspended or revoked?			<input type="checkbox"/> Yes <input type="checkbox"/> No
C.	Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered yes to A, B, or C, attach a statement providing details.				

Driving Experience: For applicants applying for a driving position

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Date From	Date To	Approximate Total Miles
Straight Truck				
Tractor & Semi-Trailer				
Twin Trailers – LVC's				
Other				
List states operated in during the last five years: _____				
List special courses or training that will help you as a driver: _____				
List driving awards held and who awards were presented by: _____				

ALL APPLICANTS:

Accident and/or Motor Vehicle Violation Review for the past 3 years: (Attach separate sheet of paper if more space is needed)

Dates	Nature of accident or violation (Head-on, Rear-end, Overturn, etc.)	Fatalities	Injuries

EMPLOYMENT RECORD – ALL APPLICANTS

Start with last or current position, including military experience, and work back. Attach a separate sheet of paper if necessary.

The U.S. Department of Transportation requires that driver applications show all employment for the past three years. Effective July 1987, the driver must also show commercial driver employment for the seven years immediately preceding this year period. 391.2(B)(10), (11).

PLEASE FILL IN COMPLETE MAILING ADDRESS FOR EACH EMPLOYER

Current Employer:		Supervisor's Name:	
Address:		Phone: ()	
Position Held:	Salary:	From: _____ Month/year	To: _____ Month/year
Reason for leaving:			

Current Employer:		Supervisor's Name:	
Address:		Phone: ()	
Position Held:	Salary:	From: _____ Month/year	To: _____ Month/year
Reason for leaving:			

EMPLOYMENT APPLICATION

GK Construction, Inc.

Current Employer:		Supervisor's Name:	
Address:		Phone: ()	
Position Held:	Salary:	From: _____ Month/year	To: _____ Month/year
Reason for leaving:			
MAINTENANCE EXPERIENCE & QUALIFICATIONS			
List courses and training in maintenance work:			
Job Function:			

Indicate training & experience in the following	Formal Training (check)	Years of Experience	Area	Formal Training (check)	Years of Experience
Drive Line Components			Body Work		
Diesel Engine Tune-Up & Rebuild			Electrical Repair		
Gas Engine Tune-Up & Rebuild			Frame & Wheel Alignment		
Tire Service			Brakes		
Trailer Repair			Cooling System		
Air Conditioning			Inspections		
General Car Repair					

SHOP EQUIPMENT					
Indicate training & experience in the following	Formal Training (check)	Years of Experience	Area	Formal Training (check)	Years of Experience
Electrical Diagnostic Equipment			Time Servicing Machine		
			Wheel & Tire Balancing Machine		
			Tire Recapping Mold		
Sheet Metal Equipment			Engine Dynamometer		
Frame & Axle Straightening Equipment			Chassis Dynamometer		
Engine Rebuilding			Magnetic Crack Defector		
Electric Welder			Diesel Injection Equipment		
Oxyacetylene Welder			Engine Analyzer		
Paint Spray Gun			Noise Measuring Equipment		
Air Conditioning			Smoke Measuring Equipment		
Inspections			General Car Repair		

HEAVY EQUIPMENT EXPERIENCE (Check all applicable)					
Equipment Type	Loader <input type="checkbox"/>	Scraper <input type="checkbox"/>	Dozer <input type="checkbox"/>	Back-Hoe <input type="checkbox"/>	Other <input type="checkbox"/>
Years Experience	Yr. Mo.	Yr. Mo.	Yr. Mo.	Yr. Mo.	Yr. Mo.
PLATFORM EXPERIENCE & QUALIFICATIONS					
List types of platform experience, equipment & number of years each:					
List courses or training:					

APPLICANT MUST READ AND SIGN

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason. It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91.508, I have been told that this investigation may include an investigative Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living. I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal. If hired, I agree to abide by all the rules and policies of the employer.

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.

Date

Applicant Signature