



WARDELL BROTHERS CONSTRUCTION
EMPLOYMENT APPLICATION
An Equal Opportunity Employer

All applicants are considered without regard to race, color, gender, religion, national origin, age, marital or veteran status, mental or physical disability unrelated to job performance or any other legally protected status.

PERSONAL INFORMATION

Date: _____

(Legal Name) First: _____ Last: _____ MI: _____

(Address) Street: _____ City: _____ State: _____ Zip: _____

Social Security #: _____ Email: _____

Cell Phone #: _____ Home Phone #: _____

Driver's License #: _____ State: _____

(If position requires operation of a company vehicle)

Are you legally eligible for employment in the United States? YES NO

United States Visa status, if applicable: _____

Have you been convicted of a felony? YES NO

If yes, please explain the circumstances: _____

Are you at least 18 years old? YES NO Birth Date: _____

POSITION INFORMATION

Position applying for: _____ If hired, start date: _____

Employment status desired: Full Time Part Time Temporary

Hours and days available to work: _____

EMPLOYMENT HISTORY

1. Job Title: _____
Employer: _____
Dates of Employment (month/year): From _____ To _____
Duties: _____

Starting Salary: _____ Ending Salary: _____
Employment status: _____ Full Time _____ Part Time _____ Temporary
Employer's Address: _____
Supervisor: _____ May we contact? _____ Yes _____ No
Reason for Leaving: _____

2. Job Title: _____
Employer: _____
Dates of Employment (month/year): From _____ To _____
Duties: _____

Starting Salary: _____ Ending Salary: _____
Employment status: _____ Full Time _____ Part Time _____ Temporary
Employer's Address: _____
Supervisor: _____ May we contact? _____ Yes _____ No
Reason for Leaving: _____

3. Job Title: _____
Employer: _____
Dates of Employment (month/year): From _____ To _____
Duties: _____

Starting Salary: _____ Ending Salary: _____
Employment status: _____ Full Time _____ Part Time _____ Temporary
Employer's Address: _____
Supervisor: _____ May we contact? _____ Yes _____ No
Reason for Leaving: _____

EDUCATION HISTORY

(High School) Name: _____ City: _____ State: _____
Dates Attended (month/year): From _____ To _____
Degree Received: _____ Did you graduate? _____ Yes _____ No
Subjects Studied: _____

(College/University) Name: _____ City: _____ State: _____
Dates Attended (month/year): From _____ To _____
Degree Received: _____ Did you graduate? _____ Yes _____ No
Subjects Studied: _____

(Graduate School) Name: _____ City: _____ State: _____
Dates Attended (month/year): From _____ To _____
Degree Received: _____ Did you graduate? _____ Yes _____ No
Subjects Studied: _____

(Tech School) Name: _____ City: _____ State: _____
Dates Attended (month/year): From _____ To _____
Degree Received: _____ Did you graduate? _____ Yes _____ No
Subjects Studied: _____

(Other) Name: _____ City: _____ State: _____
Dates Attended (month/year): From _____ To _____
Degree Received: _____ Did you graduate? _____ Yes _____ No
Subjects Studied: _____

EXPERIENCE

Special courses, training, certification, awards, volunteer work, or experience acquired, including military

experience: _____

SKILLS

Clerical / Office Skills: _____
Computer Skills: _____
Name of Software: _____ PC or Mac: _____ WPM Field Skills: _____
Languages: _____
Please add any additional information you feel may be helpful to us in considering your application: _____

APPLICANT CERTIFICATION & AUTHORIZATION

I hereby certify that all statements made in this application are true and correct to the best of my knowledge and belief. I understand that any misrepresentations or omissions of facts in this application are grounds for disqualification from further consideration or for dismissal from employment.

I authorize the company to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position.

If employed, I agree to conform to the rules, regulations and policies of the company. I understand that I will be an employee "at will" and either the company or I may terminate my employment relationship at any time and for any reason not in violation of law.

I hereby acknowledge that I have read and fully understand the forgoing and seek employment under these conditions.

Signature of Applicant

Date

Print Name of Applicant



Driver (MVR) Motor Vehicle Records Policy

- All drivers must have a valid driver’s license with the proper class and appropriate endorsements for the vehicles they are operating.
- Drivers must not drive if their license has been suspended or revoked.
- Drivers must report all accidents, moving violations and license suspensions to their supervisor immediately.

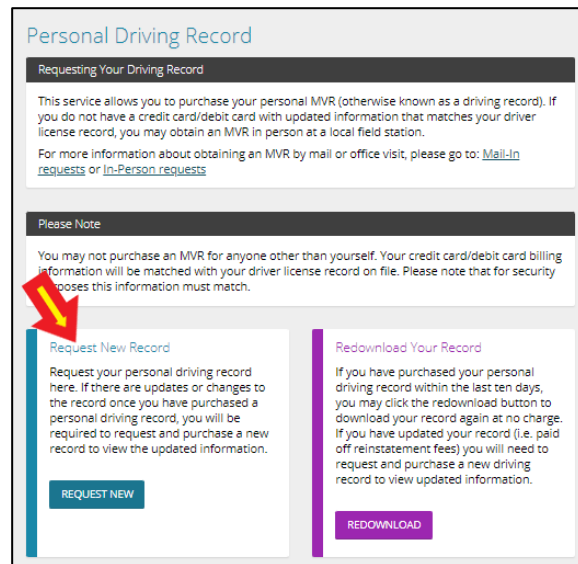
Prospective employees will be required to report all accidents and moving violations with their application for WBC employment. Existing employees moving into driving positions will be required to complete a similar report at the time of transition. All drivers will be required to complete an accident and moving violation report annually.

MVRs will be obtained on new drivers at the time of employment or when transitioning into a driving position. MVRs will be obtained annually thereafter. Management will determine the acceptability of a driver’s MVR. Prospective employees must have an MVR that is CLEAR or ACCEPTABLE in order to be hired for positions requiring driving. Current drivers must have an MVR record that is CLEAR, ACCEPTABLE, or BORDERLINE. Management may restrict the driving privileges of individuals with BORDERLINE MVR records or require drivers to receive additional training or monitoring. Drivers with POOR MVR records will be suspended from driving on organization business.

To obtain your online MVR, go to the following Utah Department of Public Safety website link:

<https://publicsafety.utah.gov/>

Under *Featured Services* click on **Personal Driving Record** then under *Request New Record* click on **REQUEST NEW**



Fill in the required fields under *Request Your Driving Record*, click the **SUBMIT** button to make the \$11 payment.

MVR by Mail: See the attached page including the required form.

(Checks should be made payable to Utah Department of Public Safety — Do Not Send Cash)

Department of Public Safety
 Driver License Division
 PO Box 144501
 Salt Lake City, Utah 84114-4501

Please provide your Driving Record with your WBC application.

REQUEST FOR MVR

This form shall be used by persons making requests for a driving record (**MVR** -Motor Vehicle Record) under Utah Code Ann. § 53-3-104 or a commercial motor vehicle driver record (**CDL - MVR**) under Utah Code Ann. § 53-3-420. The form shall be completed by any requester who required written consent of the person to whom the information pertains. An MVR shall be released by the division only to qualifying requesters pursuant to 'permissible uses' articulated in the federal Driver Privacy Protection Act (**DPPA**) and a CDL-MVR shall be released by the division only to qualifying requesters pursuant the definitions listed in § 384.225 of the Federal Motor Carrier Safety Administration (**FMCSA**).

PERSON REQUESTING THE MVR

Please type or print all information.

Name of Requester _____ Daytime telephone _____

Name of Company (if applicable) _____ Date of Request _____

Mailing Address _____
Street City/State ZIP

Certification Statement: I certify under penalty of law that I am entitled to personal information from the requested driver record. I am aware that there are criminal and civil penalties for knowingly obtaining, disclosing, or using the personal information for a purpose not permitted under DPPA (18 U.S.C. §§ 2721-2724).

(Signature of person requesting driving record)

Fee of \$8.00 enclosed.

PERSON TO WHOM THE MVR PERTAINS

The requester listed above requests access to driver record(s), including personal information as defined in 18 U.S.C. §§ 2721-2724, concerning the following person:

Name _____
Last (First) (Middle) (Date of Birth)

Driver License Number _____ Address (if available) _____

DRIVER PRIVACY PROTECTION ACT PERMISSIBLE USES

- 9a For use by an employer or its agent or insurer to obtain or verify information relating to a holder of a commercial driver's license that is required under chapter 313 of title 49.
- 9b Motor Carrier or Prospective Motor Carrier - After notification to a driver, all information on that driver's, or prospective driver's CDL MVR. **(Person to whom the CDL MVR pertains must complete the approval below.)**
- 13 For use by any requester, if the requester demonstrates it has obtained the written consent of the individual to whom the information pertains. **(Person to whom the MVR pertains must complete the approval below.)**
- 14 For any other use specifically authorized under the law of the State that holds the record, if such use is related to the operation of a motor vehicle or public safety.

APPROVAL OF THE PERSON TO WHOM THE MVR OR CDL-MVR PERTAINS

I am the individual to whom the MVR or CDL-MVR pertains and I grant permission for the above requester to receive a copy of my Utah driver license record (MVR) ____ (initials) or full commercial driver record (CDL-MVR) ____ (initials) from the Utah Driver License Division.

Driver's Signature

Subscribed and sworn to me this ____ day of _____, 20__

In the county of _____, State of _____

Notary Signature _____

Notary expires: _____

Notary Public Seal or Stamp

DLD USE ONLY

Date received

DLD employee

DLD60b

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