



K. R. SWERDFEGER CONSTRUCTION, INC.

421 E Industrial Blvd. ● Pueblo West, CO 81007
(719) 547-0242 ● (719) 547-9297 Fax

Application for Employment

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex (including pregnancy, gender identity, and sexual orientation), national origin, age, disability or genetic information.

Date of Application _____

Position(s) applied for _____

Name _____ Social Security No. _____
Last First MI

Phone Number _____
Street City State Zip

Have you worked for this company before? Yes No Where? _____

Dates: From _____ To _____ Position _____

Reason for leaving _____

Who referred you? _____

Are you 18 years or older? Yes No

Do you have the legal right to work in the United States? Yes € No

Education

Circle highest grade completed: 1 2 3 4 5 6 7 8 High School: 9 10 11 12 College: 1 2 3 4

High School(s) attended _____
Name City State

College or University _____
Name City State Degree

Experience and Qualifications – Other

List any experience that may help in your work for this company _____

List courses and training other than shown elsewhere in this application _____

List special equipment or technical materials you can work with _____

Employment History

EMPLOYER		DATES	
Name		From	To
Address		Position Held	
City	State Zip		
Fax Number ()	Phone Number ()	Reason for Leaving	
<i>Did you operate a commercial motor vehicle while in employment? (Vehicles used in interstate commerce that weigh 10,001 pounds or more)</i>		Yes _____ No _____	

EMPLOYER		DATES	
Name		From	To
Address		Position Held	
City	State Zip		
Fax Number ()	Phone Number ()	Reason for Leaving	
<i>Did you operate a commercial motor vehicle while in employment? (Vehicles used in interstate commerce that weigh 10,001 pounds or more)</i>		Yes _____ No _____	

Driving Record

Circle One CDL-A CDL-B

Driver's License # _____ Expiration Date _____

Please list all traffic convictions and forfeitures for the past 3 years (other than parking violations)

If none, write none.

LOCATION	DATE	CHARGE	PENALTY

This certifies that this application was completed by me, and that all entries and information on it are true and complete to the best of my knowledge. I authorize you to make such investigation and inquiries of my personal, employment, financial, motor vehicle driving record or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given on my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of K.R. Swerdfeger Construction, Inc.

I understand that if I am offered employment, I must successfully complete a drug screen. If I test positive for drugs, I will not be eligible for employment. I hereby consent to pre and post employment drug screening.

_____ Date

_____ Applicant's Signature

Continuation of Application For CDL & CMV Drivers Only

Applicants to drive a commercial motor vehicle (vehicles having a GVWR of 10,001 lbs. or more, a GVWR of 26,001 lbs., vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding) in intrastate or interstate commerce shall provide an additional 8 years of information completing a total of 10 years of employment history on those employers for whom you operated such vehicles. (Note: List employers in reverse order starting with the most recent.)

EMPLOYER		DATES	
Name		From	To
Address		Position Held	
City	State		
Fax Number ()	Phone Number ()	Reason for Leaving	

EMPLOYER		DATES	
Name		From	To
Address		Position Held	
City	State		
Fax Number ()	Phone Number ()	Reason for Leaving	

EMPLOYER		DATES	
Name		From	To
Address		Position Held	
City	State		
Fax Number ()	Phone Number ()	Reason for Leaving	

EMPLOYER		DATES	
Name		From	To
Address		Position Held	
City	State		
Fax Number ()	Phone Number ()	Reason for Leaving	

For CDL & CMV Drivers Only

Date of Birth _____ - _____ - _____
 (Required for Commercial Drivers)

Previous Addresses for the past 3 years

Street	City	State	Zip	How Long? _____
Street	City	State	Zip	How Long? _____
Street	City	State	Zip	How Long? _____

Accident Record for Past 3 Years or More (Attach Sheet if Necessary)

DATES	NATURE OF ACCIDENT	FATALITIES	INJURIES
Last Accident			
Next Previous			
Next Previous			

Experience and Qualifications – Driver

Driver Licenses	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
- B. Has any license, permit or privilege ever been suspended or revoked? Yes No

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

Driving Experience – If None, Write None

Class of Equipment	Type of Equipment (van, tank, flat, etc.)	Dates		Approx. No. of Miles Total
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Tractor – Two Trailers				
Motorcoach – School Bus				
Other				

List states operated in for last five years _____

Show special courses or training that will help you as a driver _____