



Aztec Construction Co., Inc.
1215 Fox Farm Road Cheyenne, WY 82007
(307) 637-6171
Office@Aztec-const.com

EMPLOYMENT APPLICATION

APPLICANT INFORMATION

Aztec construction Co., Inc. is a DRUG FREE workplace and has a ZERO tolerance policy regarding the use of drugs or alcohol on the job.

Full Name: Last First M.I. Today's Date:

Address: City State Zip Code Apt/ Unit # Phone #

Are you 18yrs of age or older? Email:

EMERGENCY CONTACT INFORMATION

PRIMARY

Full Name: Last First M.I. Phone #:

Email: Relationship to Applicant:

SECONDARY

Full Name: Last First M.I. Phone #:

Email: Relationship to Applicant:

EMPLOYMENT ELIGIBILITY

Start Date: Salary Desired: \$ Position you are applying for:

Job Related Skills:

Are you able to work the essential functions of the position with or without accommodations?

Are you a citizen of the United States: YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company before? YES NO If yes, when?

Have you ever been convicted of a felony? YES NO If yes, explain?

How did you hear about us? Were you referred by a current employee? YES NO

If yes, who referred you?

Do you have any relatives working for Aztec? YES NO If yes, who?

**EDUCATION**

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Diploma: \_\_\_\_\_

College/Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Degree: \_\_\_\_\_

**MILITARY SERVICE**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, please explain: \_\_\_\_\_

**PREVIOUS EMPLOYMENT**

Company: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

**REFERENCES**

Please list three professional references.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Years Known: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Years Known: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Years Known: \_\_\_\_\_

**AUTHORIZATION AND SIGNATURE**

**Please read the following carefully. If you agree with these terms, please sign and date below.**

If you are to be hired by Aztec Construction Co., Inc. (ACCI) you will be required to attest to your identity and employment eligibility, and to present documentation confirming your identity. You cannot be hired if you cannot comply with these requirements.

I authorize ACCI to thoroughly investigate all statements contained in my application or resume and I authorize my former employers and references to disclose information regarding my former employment. Character and general reputation. In addition, I release ACCI, and all former employees and references listed above from any and all claims, demands or liabilities.

I understand and agree that nothing contained in this application, or conveyed during your interview is intended and agree to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without a fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of the company. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon ACCI unless upon in writing.

If I am offered employment, I agree to submit to a drug test before starting work. If employed, I also agree to submit random drug test at any time deemed appropriate by ACCI and as permitted by law. As all results will remain confidential. I understand that my employment or continued employment is contingent upon satisfactory drug tests, and if I am hired this will remain a condition of my employment and I will abide by ACCI's Drug and Alcohol Policy.

I understand filling out this application does not indicate an open position and obligate ACCI to hire. If hired, I agree to abide by all ACCI's Policies and Procedures set forth. ACCI retains the right to revise policy and procedures, in whole or part, at any time.

If this application leads to employment, I certify that my answers are true and complete to the best of my knowledge and understand that false or misleading information in my application or interview may result in my release from employment with ACCI.

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

For office use only: Start Date: \_\_\_\_\_ Wage: \_\_\_\_\_ Approved By: \_\_\_\_\_





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DRIVER'S APPLICATION

APPLICANT INFORMATION

Aztec construction Co., Inc. is a DRUG FREE workplace and has a ZERO tolerance policy regarding the use of drugs or alcohol on the job.

Full Name: Last First Middle Today's Date:

Current Address: Apt/ Unit #

City State Zip Code How long have you been at this address?

Home Phone #: Cell Phone #: Social Security #:

Date of birth: Month/Day/Year Email:

EMERGENCY CONTACT INFORMATION

PRIMARY

Full Name: Last First M.I. Phone #:

Email: Relationship to Applicant:

SECONDARY

Full Name: Last First M.I. Phone #:

Email: Relationship to Applicant:

EMPLOYMENT ELIGIBILITY

Position you are applying for: Salary Desired: \$ Start Date:

Job Related Skills:

Have you ever been bonded?

Name of bonding company: Phone #:

Are you able to work the essential functions of the position with or without accommodations?

Are you a citizen of the United States: YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company before? YES NO If yes, when?

If yes, what was the reason for separation?

Have you ever been convicted of a felony? YES NO If yes, explain?

How did you hear about us? Were you referred by a current employee? YES NO

If yes, who referred you?

Do you have any relatives working for Aztec? YES NO If yes, who?

**EDUCATION**

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Diploma: \_\_\_\_\_

College/Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Degree: \_\_\_\_\_

**MILITARY SERVICE**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, please explain: \_\_\_\_\_

**PREVIOUS EMPLOYMENT**

**Please read the following carefully and fill out to the best of your knowledge.**

All driver applicants to drive interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state, and zip code.

All applicants to drive a commercial motor vehicle\* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle. (NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

Company: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO Were you subject to the FMCSRs while employed? \_\_\_\_\_

Company: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO Were you subject to the FMCSRs while employed? \_\_\_\_\_

Company: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO Were you subject to the FMCSRs while employed? \_\_\_\_\_

Company: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO Were you subject to the FMCSRs while employed? \_\_\_\_\_

\*Includes vehicles having GCWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

The federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has GVWR of 10,001 pounds or more. (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity placarding.

Was any of the jobs listed on the previous page designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR PART 40? YES NO

If yes, Which employers were designated? \_\_\_\_\_

### REFERENCES

Please list three professional references.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Years Known: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Years Known: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Years Known: \_\_\_\_\_

**Accident Record**

Please fill out the past 3 years or more (Attach a sheet if more space is needed) If None, write none. Please start with your most recent accident and work backwards.

Dates	Nature of the Accident <small>(Head-on, rear-end, upset, ETC.)</small>	Fatalities	Injuries	Hazardous Material Spill

**Traffic Convictions and past 3 years or more (Attach sheet if more space is needed) If none, write none.**

Date	Location	Charge	Penalty

**Experience and Qualifications – Driver**

List all driver licenses or permits held in the past 3 years. (Please Attach a sheet if you more than the spaces provided.)

Driver Licenses	State	License #	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, Give details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Driving Experience** (Circle Yes or No)

Class of Equipment			Circle Type of Equipment	Dates		Approx NO. of Miles (Total)
				From (M/Y)	To (M/Y)	
Straight Truck	YES	NO	(Van, Tank, Flat, Dump, Refer)			
Tractor & Semi-Trailer	YES	NO	(Van, Tank, Flat, Dump, Refer)			
Tractor – Two Trailers	YES	NO	(Van, Tank, Flat, Dump, Refer)			
Tractor – Three Trailers	YES	NO	(Van, Tank, Flat, Dump, Refer)			
Motorcoach – School Bus <small>(More than 8 Passengers)</small>	YES	NO	-			
Motorcoach – School Bus <small>(More than 15 Passengers)</small>	YES	NO	-			
Other:						

List States operated in for the last 5 years: \_\_\_\_\_  
 Show special courses or training that will help you as a driver: \_\_\_\_\_  
 Which safe driver awards do you hold and from whom? \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS – OTHER**

Show Any trucking, transportations or other 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 (other than shown elsewhere in this application): \_\_\_\_\_  
\_\_\_\_\_

**TO BE READ**

**Please read the following carefully. If you agree with these terms, please sign and date below.**

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, veteran status, non-job-related disability, or any other protected group status.

**TO BE READ AND SIGNED BY APPLICANT**

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) 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 the rules and regulations of the company.

I understand that the information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers.
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information if the previous employer(s) and I cannot agree on that accuracy of the information.

If you understand and agree to these terms, please sign, and date below.

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

**For Company Use Only**

**PROCESS RECORD**

Applicant Hired: \_\_\_\_\_ Rejected: \_\_\_\_\_

Date Employed: \_\_\_\_\_ Point Employed: \_\_\_\_\_

Department: \_\_\_\_\_ Classification: \_\_\_\_\_

(If rejected, summary report of reasons should be placed in the file)

Signature of the interviewer: \_\_\_\_\_

**Termination of Employment**

Date Terminated: \_\_\_\_\_ Department Released From: \_\_\_\_\_

Dismissed: \_\_\_\_\_ Voluntarily Quit: \_\_\_\_\_ Other: \_\_\_\_\_



# **AZTEC'S DRUG POLICY AND PROCEDURE**

**Aztec Contruction Co., Inc. is a "Drug-Free" workplace and has a zero tolerance policy regarding the use of drugs on or off the job. If your application information advances you to the second stage of the hiring process, you will be required to pass a drug test.**

**If you feel you may not pass, please do not waste your time.**

**Our Superintendents, Foremen's and employees complete an annual drug training class to stay abreast of any new drug related information. They are also trained to recognize signs of drug use.**

**Please fill out your application and turn it into our office. If you have any questions or concerns please contact us.**



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**Please keep this page for your use.**