



TRU PIPE, INC.
6765 Trade Center Ave.
Billings, MT 59101
(406) 294 - 5144

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION:

Name:		Date:	
Driver's License #:		Valid?: Yes <input type="radio"/> No <input type="radio"/>	CDL: Yes <input type="radio"/> No <input type="radio"/>
Endorsements/Restrictions:			
Street Address:			
Phone:	Alt. Phone:	DOB:	US Citizen?: Yes <input type="radio"/> No <input type="radio"/>
Do you have any physical conditions that restrict any movement that may be required for the position you are applying for?			
Yes <input type="radio"/> No <input type="radio"/> If Yes Please Explain:			
Have you had any physical conditions in the past 5 years resulting in time off, including Workers Compensation Claims?			
Yes <input type="radio"/> No <input type="radio"/> If Yes Please Explain:			
Have you ever been convicted of a felony?: Yes <input type="radio"/> No <input type="radio"/> If Yes Please Explain:			
Email Address:			

EMPLOYMENT:

Position Applying For:		Date Available to Start:	
Are you currently employed? Yes <input type="radio"/> No <input type="radio"/> If Yes, Where?:		How Long?:	
Have you ever applied with Castlerock Excavating Before? Yes <input type="radio"/> No <input type="radio"/> If Yes, When?:			
Would you be willing to work overtime if required? Yes <input type="radio"/> No <input type="radio"/> If No Please Explain:			

EDUCATION:

Have you completed High School? Yes <input type="radio"/> No <input type="radio"/> College or Trade School? Yes <input type="radio"/> No <input type="radio"/> When?:	
If you have attended College what is the highest level you have reached?	
Other Skills:	

PAST WORK EXPERIENCE:

Employer (1):		Job Title:	
Responsibilities:			
Start Date:	Ending Date:	Length of Employment:	
Starting Pay Rate/Salary:		Ending Pay Rate/Salary:	
Reason for Leaving:			Phone:
Supervisor:		May we contact this employer for a reference? Yes <input type="radio"/> No <input type="radio"/>	

Employer (2):		Job Title:	
Responsibilities:			
Start Date:	Ending Date:	Length of Employment:	
Starting Pay Rate/Salary:		Ending Pay Rate/Salary:	
Reason for Leaving:			Phone:
Supervisor:		May we contact this employer for a reference? Yes <input type="radio"/> No <input type="radio"/>	
Employer (3):		Job Title:	
Responsibilities:			
Start Date:	Ending Date:	Length of Employment:	
Starting Pay Rate/Salary:		Ending Pay Rate/Salary:	
Reason for Leaving:			Phone:
Supervisor:		May we contact this employer for a reference? Yes <input type="radio"/> No <input type="radio"/>	
DRIVING EXPERIENCE (CDL DRIVERS ONLY):			
Type (Straight Truck, Trailer, Side Dump, Transport, Etc...)	Dates		Approximate No. of Miles (Total)
	From	To	
ACCIDENT RECORD LAST 3 YEARS:			
Dates	Type of Accident (Rear-End, Speed, Head-On etc..)	Injuries?	
REFERENCES:			
Name:		Phone #:	
Relationship:		How long known?	
Name:		Phone #:	
Relationship:		How long known?	
Name:		Phone #:	
Relationship:		How long known?	
DISCLAIMER AND SIGNATURE:			
<p>I certify that the information submitted by me on this application is true and complete to the best of my knowledge. I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and if I am employed, my employment may be terminated at any time. In consideration of my employment, <u>I AGREE TO CONFORM TO THE COMPANY'S RULES AND DRUG FREE POLICIES</u> and I agree that my employment and compensation can be terminated without cause or notice at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, at any time by the company. I understand that no company representative, other than its president, and then only when in writing and signed by an owner, has any authority to enter any agreement for any specific period of time, or to make any agreement contrary to the foregoing.</p>			

Applicant's Signature:

Date: