



LJM
 Construction, LLC
 Excavation and Construction
 PO Box 2001
 Hillsborough, NH 03244

Application for Employment Trucking/Driver

Name: _____
First Middle Maiden Name if applicable Last

Address: _____
City State & Zip Code How Long? _____

Date of Birth: _____ Social Security #: _____ Telephone #: _____

ADDRESS PAST THREE YEARS:

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

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

Attach sheet if needed

EXPERIENCE AND QUALIFICATIONS- Driver				
DRIVER LICENSES	State	License Number	Type	Expiration date

DRIVING EXPERIENCE				
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROXIMATE NUMBER OF MILES (TOTAL)
		To	From	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR- TWO TRAILERS				
OTHER :				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)				
DATES	LOCATION	NATURE OF ACCIDENT	FATALITIES	INJURIES
1				
2				
3				

TRAFFIC CONVICTIONS (ATTACH SHEET IF MORE SPACE IS NEEDED)			
DATE	LOCATION	CHARGE	PENALTY

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

REFERENCES- Personal/Professional				
	Name	Address	Phone #	Relationship
1				
2				
3				

EMPLOYMENT HISTORY - Please be specific , start with most recent employer.				
NOTE: DOT REQUIRES THAT EMPLOYMENT FOR AT LEAST 3 YEARS AND /OR COMMERCIAL DRIVING EXPERIENCE FOR THE LAST 10 YEARS BE SHOWN				
Dates	Employer Name & Address	Rate of Pay	Job Duties	Reason for Leaving
From:				
To:				
Telephone:		Supervisor:		

Dates	Employer Name & Address	Rate of Pay	Job Duties	Reason for Leaving
From:				
To:				
Telephone:		Supervisor:		

Dates	Employer Name & Address	Rate of Pay	Job Duties	Reason for Leaving
From:				
To:				
Telephone:		Supervisor:		

REFERENCES			
Name	Address	Phone #	Relationship
1			
2			
3			

Referred by: _____

Date you are available to start: _____

Have you ever worked here before?: Yes No When: _____

Are you employed now?: Yes No May we contact your present employer?: Yes No

List your skills and any equipment you can Operate:

All of the jobs offered require physical exertion. Please look through the list below and tell us if you can perform these functions with or without reasonable accommodations:

	Yes	No		Yes	No
Standing:	<input type="checkbox"/>	<input type="checkbox"/>	Working in extreme heat/cold:	<input type="checkbox"/>	<input type="checkbox"/>
Lifting:	<input type="checkbox"/>	<input type="checkbox"/>	Repetitive motions:	<input type="checkbox"/>	<input type="checkbox"/>
Carrying:	<input type="checkbox"/>	<input type="checkbox"/>	Bending/Reaching:	<input type="checkbox"/>	<input type="checkbox"/>

LJM CONSTRUCTION, LLC, in accordance with state and federal law, does not discriminate on the basis of age, race, religion, color, sex, national origin, marital status or physical or mental disabilities.

Please read the following statements carefully, they constitute the conditions under which you might be employed by this company.

The information I have provided on this application is accurate to the best of my knowledge. It is subject to verification by LJM CONSTRUCTION, LLC. I hereby consent to having LJM CONSTRUCTION, LLC contact anyone it deems appropriate to investigate any information I have given, or discuss my suitability for employment, and I waive any claims I may have related to such discussions. I understand that any misrepresentation or omission by me on the data set forth in this application shall be just cause for no offer of employment or termination of my employment.

I understand that this is an application for employment and that no employment contract is being offered. I further understand that if I am hired I will be employed at will and that my employment may be terminated at any time, with or without cause, at the option of either LJM CONSTRUCTION, LLC or myself.

I understand that, if I receive a conditional offer of employment, I am required to take a pre-employment physical and drug test. My employment will be contingent upon the results of both tests. I have read and understand the above.

Applicant's Signature _____ Date _____

FOR OFFICE ONLY:
DATE RECEIVED _____
REVIEWED BY _____