



Employment Application

P.O. Box 130 Coalville Utah 84017

Flare Construction, Inc. (FCI) is an equal opportunity employer. We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital status, military/veteran status, disability, or any other legally protected status.

Date of Application: _____

Last Name: _____, First Name: _____ MI _____

Present address: _____ City _____ State _____ Zip Code _____

Phone #: _____ - _____ - _____ SS#: _____ - _____ - _____ Date of Birth: _____ - _____ - _____

Are you a U.S. Citizen or have a legal right to work in the U.S.? _____ Yes _____ No

Emergency Contact Name and Phone #: _____

If your above address is less than 3 years continue listing them below to cover the previous 3 year period:

Address	City	State	Zip Code	Start date	End date

Position applied for: _____ Wage Requested: _____

If the Position applied for requires an Interstate Commercial Drivers License, you must be 21 years of age and you must list your D.O.B. _____.

Have you ever been employed by FCI? _____ if yes; dates of employment: _____.

Do you have a relative working for FCI? _____ if yes; name and relationship: _____.

Have you ever been convicted of a felony? _____

The following questions are for positions that may require the employee to operate a vehicle on a public roadway:

Have you ever had your Drivers license suspended or revoked? _____ Yes or _____ No; if yes, When? _____ Where? _____.

Please explain: _____



Employment Information

applicants (last, first) name: _____

Have you ever been denied a license, permit or privilege to operate a motor vehicle? _____ If yes; please explain _____

Please list all Traffic convictions and forfeitures for the past three (3) years (other than parking violations). If none; write "none"

Location	Date	Violation	Penalty

List of all motor vehicle accident during the past three (3) years

Date of Accident	Description (head-on, roll over, rear end, backing, ect.)	Fatality/Injuries	Citations or at Fault

List all Drivers Licenses held in the past three years starting with your current license.

State of issue	License number	Type (Class) endorsements and/or restrictions	Expiration date

Please list all driving experience

Type of equipment (van, truck, bus, tank, etc...)	From date / to date	Years	Approximate miles

Indicate highest level of education achieved or completed:

High School Name	City/ State	Grad (Y-N)	University, College, Tech. Name	City/State	Grad (Y-N)	Major/ Degree or certificate
GED						



Employment History

applicants (last, first) name: _____

Please provide a complete employment history for the past (3) three years. Include all periods of unemployment with an explanation, any periods of military service, and or periods of self employment. Start with most recent or current employer. **If any gaps in employment longer than 1 month, you must complete "Declaration of Employment Status" form.**

Applicants who may be operating a regulated Commercial Motor Vehicle shall provide (10) years work history or information for all current or past employers where the applicant had operated a regulated Commercial Motor Vehicle. A regulated Commercial Motor Vehicle is any vehicle having a GVWR of 26,001 lbs. or GVWR of 10,001 lbs. when in combination with a trailer during an interstate trip or a vehicle designed to transport (15) fifteen or more passengers or any size vehicle used to transport hazardous material in any quantity that requires a placard.

Are you currently employed? _____; if yes, May we contact your current employer? _____ Yes or _____ No.

Current or most recent employer:	Position:	Indicate "yes" or "no" to the following question.
		Was position subject to *FMCSA or *PHMSA regulations?
Address:	Start Date to End Date	Indicate "yes" or "no" to the following question.
		Was position subject to Federal or State Drug and Alcohol testing?
City State Zip Code	Contact Name Phone #	Reason for leaving

Previous Employer:	Position:	Indicate "yes" or "no" to the following question.
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City State Zip Code	Contact Name Phone #	Reason for leaving

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*FMCSA: Federal Motor Carrier Safety Administration

*PHMSA: Pipeline and Hazardous Materials Safety Administration



Employment History

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***PHMSA: Pipeline and Hazardous Materials Safety Administration**

Please list (3) three personal references:

Personal Reference Name	Relationship	Years Known	Contact Phone #

This certifies that this application was completed by me, and that all entries on it are true and complete to the best of my knowledge. I recognize that any falsification, or misrepresentation (including omissions) made by me in connection with this application may subject me to discharge at any time after discovery. I hereby authorize FCI and FCI representatives to make any necessary investigations as deemed proper and or required regarding my background and to determine accuracy of the furnished information. I authorize my previous employer(s) to release all records of employment including assessments of job performance and I do release my previous employer(s) from any and all liability of any type as a result of providing above mentioned information. I understand that any offer of employment is conditional as to the results of any physical or Functional Capacity tests, background and MVR checks and satisfactory results of any required substance abuse tests. I also understand that all new employees are subject to an introductory period (90 Days from date of hire). The satisfactory completion of the introductory period does not constitute an obligation by FCI to continue the employment. All employees are subject to termination without cause as determined by the best interest of the company.

Signature of applicant: _____

Date: _____