



4511 Industrial Access Road, Douglasville, GA 30134

Phone: 770.949.0668 | Fax: 770.949.1409

www.pblasting.com

EMPLOYMENT APPLICATION

It is the policy of Precision Blasting LLC to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

APPLICANT INFORMATION

Applicant Name: _____

Address: _____

City/State/ZIP: _____

Number of years at this address: _____

(if less than 3 years, include previous address below)

Phone: _____ Cell: _____

Social Security Number: _____

Date of Birth: _____ E-mail: _____

Driver's License Number: _____ State: _____

EMERGENCY CONTACT

Who should be contacted if you are involved in an emergency?

Contact Name: _____

Relationship to you: _____

Address: _____

City/State/Zip: _____

Phone: _____ Cell: _____



EMPLOYMENT APPLICATION

JOB POSITION APPLIED FOR: _____

WHO REFERRED YOU TO OUR COMPANY? _____

HAVE YOU APPLIED TO OUR COMPANY PREVIOUSLY? _____ YES _____ NO

IF YES, WHEN? _____

HOW WILL YOU GET TO WORK?

IF APPLICABLE, ARE YOU AVAILABLE FOR OVERTIME? _____ YES _____ NO

IF YOU ARE OFFERED EMPLOYMENT, WHEN WOULD YOU BE AVAILABLE TO BEGIN WORK?

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? _____ YES _____ NO

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB POSITION WITH OR WITHOUT REASONABLE ACCOMODATION? _____ YES _____ NO

WHAT REASONABLE ACCCOMODATION, IF ANY, WOULD YOU REQUIRE? _____

RATE OF PAY REQUESTED: _____

DO YOU HAVE A CURRENT BLASTER'S LICENSE? _____ YES _____ NO

WHAT STATE? _____

PLEASE LIST ANY MACHINES AND/OR EQUIPMENT THAT YOU CAN OPERATE OR HAVE WORKING KNOWLEDGE OF OR EXPERIENCE WITH: _____

HAVE YOU EVER BEEN CONVICTED OF ANY MISDEMEANOR, FELONY, OR OTHER LEGAL VIOLATION, EXCLUDING MINOR TRAFFIC VIOLATIONS OR ARRESTS? (CRIMINAL RECORD DOES NOT AUTOMATICALLY BAR EMPLOYMENT.) _____ NO _____ YES, PLEASE EXPLAIN CONVICTION DETAILS _____



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APPLICANT EMPLOYMENT HISTORY - LIST YOUR CURRENT OR MOST RECENT EMPLOYMENT FIRST – DOT REQUIRES THAT EMPLOYMENT **FOR AT LEAST 3 YEARS AND/OR COMMERCIAL DRIVING EXPERIENCE FOR THE PAST 10 YEARS BE SHOWN.**

Employer Name: _____

Supervisor Name: _____

Address: _____

City/State/ZIP: _____

Job Duties: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): _____

Was applicant subject to the FMCSRs while employed by previous employer? Yes___ No___

Was job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes___ No___

Employer Name: _____

Supervisor Name: _____

Address: _____

City/State/ZIP: _____

Job Duties: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): _____

Was applicant subject to the FMCSRs while employed by previous employer? Yes___ No___

Was job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes___ No___

Employer Name: _____

Supervisor Name: _____

Address: _____

City/State/ZIP: _____

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*Attach resume if available



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APPLICANT'S EDUCATION AND TRAINING

COLLEGE/UNIVERSITY NAME AND ADDRESS

DID YOU RECEIVE A DEGREE? YES NO IF YES, DEGREE RECEIVED: _____

HIGH SCHOOL/GED NAME AND ADDRESS

DID YOU RECEIVE A DEGREE? YES NO

OTHER TRAINING (GRADUATE, TECHNICAL, VOCATIONAL):

AWARDS, HONORS, SPECIAL ACHIEVEMENTS:

MILITARY SERVICE:

ACTIVE DUTY:

YES NO

YES NO

BRANCH: _____

SPECIALIZED TRAINING: _____

REFERENCES:

LIST ANY TWO PEOPLE WHO WOULD BE WILLING TO PROVIDE A REFERENCE FOR YOU.

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE: _____

RELATIONSHIP: _____

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE: _____

RELATIONSHIP: _____

PLEASE PROVIDE ANY OTHER INFORMATION THAT YOU BELIEVE SHOULD BE CONSIDERED:



EMPLOYMENT APPLICATION

DRIVING HISTORY INFORMATION

DRIVER'S LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

TYPE OF EQUIPMENT	TYPE OF TRAILER (VAN, TANK, FLAT, ETC)	DATES		APPROX. NO OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR TRAILER				
TRACTOR-DOUBLES				
OTHER				

ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE

DATES	NATURE OF ACCIDENT HEAD-ON, REAR-END, UPSET, ETC.	FATALITIES	INJURIES

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS

LOCATION	DATE	CHARGE	PENALTY



EMPLOYMENT APPLICATION

DRIVING HISTORY INFORMATION

HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE?

YES _____ NO _____

HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED?

YES _____ NO _____

IF THE ANSWER TO ANY OF THE ABOVE QUESTIONS IS YES, PLEASE EXPLAIN BELOW.



EMPLOYMENT APPLICATION

CERTIFICATION TO BE READ AND SIGNED BY APPLICANT

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Precision Blasting, LLC to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its President, the employment relationship will be "at-will". In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Precision Blasting, LLC, except in a specific written contract of employment signed on behalf of the organization by its Owner, has the power to alter or vary the voluntary nature of the employment relationship.

I understand that my employment is contingent on passing any job related pre-employment physical, a drug screen, and a criminal background check. DOT Drivers must also present a valid CDL with required endorsements and pass written and road tests. If employed, I agree to comply with all rules of the company as a condition of continued employment. In the event the company advances me money or other things of value, or I otherwise become indebted financially to the company, I agree to repay the company and also that any wages due me upon termination may be offset by payroll deduction against any such monies due the company.

This certifies that this application was completed by me and that all entries on it and information in it are true and complete to best of my knowledge.

Applicant Signature _____

Date _____