



1065 West 750 South, Woods Cross, UT 84087

Employment Application

Thank you for considering Greene's Inc. as a possible employer. Your thorough and accurate answers to the following questions will help us to evaluate your qualifications for a position with us. Please print throughout the form except in areas requiring a signature.

Greene's Inc. is an equal opportunity employer. Prospective employees will receive consideration without discrimination based upon race, color, religion, sex, national origin, disability, age, sexual orientation, or any other protected class. Greene's Inc. does not discriminate against anyone who is associated with or related to a person who falls into any protected class.

Greene's Inc. is a drug free workplace. Prospective employees will be required to submit to a screen test for illegal drugs in connection with consideration for employment. By completing and submitting this application, you consent to submit to a screen test for illegal drugs. A copy of Greene's Inc. Drug and Alcohol Testing Policy is available for your review upon request.

By completing and submitting this application, you understand and consent to requests for background inquiries. The information can come from various Federal, State, and other agencies which maintain records concerning the applicant's past activities relating to driving, credit, criminal, civil, and other experiences.

PERSONAL INFORMATION			
<i>SECTION I: Please print</i>			
Date:		Date Available for Work:	
Name:			
<i>Last</i>	<i>First</i>	<i>Middle</i>	Social Security Number
Address:			
<i>City</i>	<i>State</i>	<i>Zip</i>	Phone
Email:			
Are you at least 18 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/>		If hired, can you furnish proof that you are eligible to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>	
What position are you applying for?		Salary Expected	Current Salary
Do you have any experience concrete cutting? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, please explain:	
Have you previously applied or worked for Greene's Inc.? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, when?	
How did you hear about us? (<i>Referral, Internet Ad, Other</i>)		Name of person who referred you:	
Are you able to perform the essential functions of the job you are applying as they have been described to you with or without accommodation? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you ever been convicted of a crime other than a minor traffic violation? If yes, please state the offense, date when the offense occurred, and place of conviction.			
Are you willing to submit to a screen test for illegal drugs? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Are you willing to consent to a background screening? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you have reliable means of transportation? Yes <input type="checkbox"/> No <input type="checkbox"/>			

REFERENCES

SECTION II: Please list three professional references.

Name: Occupation: Phone:

Address:

Name: Occupation: Phone:

Address:

Name: Occupation: Phone:

Address:

EDUCATION

SECTION III: APPLICANTS MAY BE ASKED TO FURNISH TRANSCRIPTS OF SCHOOL OR COLLEGE WORK

	Name and Location	Did you graduate?	List Degree and GPA
HIGH SCHOOL			
COLLEGE(S)			
GRADUATE SCHOOL			
SPECIAL SCHOOLING <i>BUSINESS OR VOCATIONAL</i>			

PLEASE LIST ANY SCHOLASTIC HONORS, SCHOLORSHIPS, ETC.

PLEASE LIST ANY ADDITIONAL SKILLS. (Typing, machinery, software, languages, etc.)

EMPLOYMENT HISTORY

SECTION IV: LIST ANY FULL-TIME WORK ONLY. ATTACH ADDITIONAL SHEET IF NECESSARY. START WITH MOST RECENT POSITION. PLEASE COMPLETE ENTIRE SECTION. "SEE RESUME" WILL NOT BE ACCEPTED.

1. Employer: Phone:

Address:

City State

Start Date Starting Salary Starting Position

End Date Ending Salary Ending Position

Name and Title of Supervisor Reason for Leaving

Brief description of your responsibilities

2. Employer: Phone:

Address:

City State

Start Date Starting Salary Starting Position

End Date Ending Salary Ending Position

Name and Title of Supervisor	Reason for Leaving
Brief description of your responsibilities	

3. Employer:	Phone:	
Address:		
City	State	
Start Date	Starting Salary	Starting Position
End Date	Ending Salary	Ending Position

Name and Title of Supervisor	Reason for Leaving
Brief description of your responsibilities	

EXPERIENCE AND QUALIFICATIONS

SECTION V: NEXT SECTIONS ARE FOR DRIVING POSITIONS ONLY, IF NON-DRIVER PLEASE CONTINUE TO SECTION VI.

DRIVER'S LICENSES

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

CLASS OF EQUIPMENT

	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX NO. OF MILES (TOTAL)
		FROM	TO	
Straight Truck				
Tractor and Semi-Trailer				
Tractor-Two Trailers				
Other				

ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES <i>(Start with most recent)</i>	NATURE OF ACCIDENT	FATALITIES	INJURIES

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

HAVE YOU EVER BEEN DENIED A LICENES, 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 EITHER A OR B IS YES, PLEASE ATTACH STATEMENT GIVING DETAILS.

DOT EMPLOYMENT RECORD
 (ATTACH SHEET IF MORE SPACE IS NEEDED)

NOTE: DOT REQUIRES THAT EMPLOYMENT FOR AT LEAST 3 YEARS AND/OR COMMERCIAL DRIVING EXPERIENCE FOR THE PAST 10 YEARS BE SHOWN.

Last Employer: _____

Address: _____
City State

Start Date	Position	Reason for Leaving
End Date	Salary	

Second Last Employer: _____

Address: _____
City State

Start Date	Position	Reason for Leaving
End Date	Salary	

Third Last Employer: _____

Address: _____
City State

Start Date	Position	Reason for Leaving
End Date	Salary	

SECTION VI: APPLICANT'S ACKNOWLEDGEMENT

TO BE READ AND SIGNED BY APPLICANT

1. I certify that all statements contained in this application or made in conjunction with it are true and correct. I understand that any misrepresentation or omission of facts requested is grounds for disqualification from employment if I am hired.
2. I understand that this application for employment does not in any way constitute an offer of employment or a contract of employment. Employment with Greene's Inc. is not by contract express or implied. Furthermore, should I be employed I understand that my employment is for no definite duration but is at an "at will" basis and no representative of Greene's Inc. has the authority to make any assurances to the contrary.
3. I give Greene's Inc. the right to investigate all references and the right to secure additional information about me including the right to investigate reports made through consumer reporting agencies. Furthermore, I authorize all my current and former employers, school officials, instructors, or any other persons whether or not named in this application to give Greene's Inc. any information they may have regarding me, whether or not such information is in their written records. I release Greene's Inc. and its representatives from any liability for any damage whatsoever resulting from their requesting reference information regarding me. I release those companies, agencies, and individuals supplying reference information from any liability for any damages whatsoever resulting from giving such information to Greene's Inc.
4. I certify that I have read the job description or in the absence of a job description, the essential functions of the job have been described to me which sets forth the essential functions of the job for which I have applied.
5. I understand that Greene's Inc. policies and procedures including its Employee Handbook do not constitute a contract of employment. I agree to read and familiarize myself with all written employment guidelines including the Employee Handbook if hired.
6. I understand that this application is current for sixty (60) days following the date entered below. At the conclusion of the sixty (60) days, if I have not heard from Greene's Inc. and still wish to be considered for employment, I will fill out a new application.

I have read and understand the information provided. My signature certifies that this application was completed by me, and all entries on it and information in it are true and complete to the best of my knowledge.

_____ **Date**

_____ **Applicant's Signature**

NOTE: A motor carrier may require an application to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.