



**An Equal Opportunity Employer  
EMPLOYMENT APPLICATION**

Please type or print clearly in ink. To insure full consideration, application must be completed in full including required dates and all job related education and experience. Make sure all blanks are filled in. If a question does not apply, please enter "N/A" or "None."

Assistance is available if help is needed with the application/hiring process.

ALTHOUGH YOU ARE WELCOME TO ATTACH A RESUME, WE WOULD LIKE YOU TO CONTINUE TO COMPLETE ALL SECTIONS OF THE APPLICATION

Last Name				First		M.I.	Date
Street Address						Apartment/Unit #	
City				State		Zip	
Mailing Address (If different than above)						Apartment/Unit #	
City				State		Zip	
Phone				E-mail Address			
Date Available						Desired Salary \$_____per hr/mth/year	
Previous Address (3 yrs):							
Street			City			State/Zip Code	
Street			City			State/Zip Code	
Street			City			State/Zip Code	
Employment Type & Position(s) Applied for:		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary / Seasonal		Position(s) _____			
Are you a citizen of the United States?		YES <input type="checkbox"/> NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for this company?		YES <input type="checkbox"/> NO <input type="checkbox"/>		If so, when?			
Have you ever been convicted of a crime other than a minor traffic violation?		YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, explain:			
Are you age 18 or over?		YES <input type="checkbox"/> NO <input type="checkbox"/>					
<b>EDUCATION</b>							
High School				Address			
From	To	Did you graduate?		YES <input type="checkbox"/> NO <input type="checkbox"/>			
College				Address			
From	To	Did you graduate?		YES <input type="checkbox"/> NO <input type="checkbox"/>		Area of Study	
Other				Address			
From	To	Did you graduate?		YES <input type="checkbox"/> NO <input type="checkbox"/>		Area of Study	
<b>REFERENCES – DO NOT LIST REFERENCES THAT YOU DO NOT WANT CONTACTED</b>							
Please list <u>three</u> personal references that you have known for at least 2 years. ( <b>not former supervisors or relatives</b> )							

#1 Full Name		Relationship	
Company/Title		Phone ( )	
Address			
#2 Full Name		Relationship	
Company/Title		Phone ( )	
Address			
#3 Full Name		Relationship	
Company		Phone ( )	
Address			
<b>EMPLOYMENT HISTORY: PLEASE LIST ALL PREVIOUS EMPLOYMENT FOR (3 YRS/ALL DRIVING JOBS 10 YRS) BEGINNING WITH YOUR PRESENT OR MOST RECENT JOB FIRST AND INCLUDING ANY GAPS BETWEEN EMPLOYERS</b>			
***IF YOU NEED MORE ROOM PLEASE USE THE BACK OF THE APPLICATION***			
<b>Company</b>		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities:			
From	To	Reason for Leaving:	
May we contact this company for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
<b>Company</b>		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities:			
From	To	Reason for Leaving:	
May we contact this company for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
<b>Company</b>		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities:			
From	To	Reason for Leaving:	
May we contact this company for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
<b>Company</b>		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities:			
From	To	Reason for Leaving:	
May we contact this company for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

From	To	Reason for Leaving:
May we contact this company for a reference?		YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>MILITARY SERVICE</b>		
Branch	From	To
Rank at Discharge	Type of Discharge	
If other than Honorable, explain:		
<b>ADDITIONAL INFORMATION</b>		
<b>WORK EXPERIENCE, SPECIFIC TRADE(S), QUALIFICATIONS, CERTIFICATIONS, SKILLS, ABILITIES, REGISTRATIONS, PROFESSIONAL LICENSES, PAST ACCOMPLISHMENTS, What do you think we should know about you, ETC.</b>	<i>PLEASE BE PREPARED TO PROVIDE DOCUMENTATION IF REQUESTED FOR THE ABOVE</i>	
Do you have a valid driver's license?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Class _____ State of _____ Expires _____
<b>LIST ALL LICENSES HELD WITHIN THE PREVIOUS 3 YEARS:</b>		
Class _____ State _____ Exp Date _____		
Class _____ State _____ Exp Date _____		
Class _____ State _____ Exp Date _____		
<b>LIST ALL TRAFFIC VIOLATIONS/CONVICTIONS:</b> last 3 yrs (write NONE, if none):		
Date: _____	Location: _____	Violation: _____ Commercial Vehicle: <input type="checkbox"/> YES <input type="checkbox"/> NO
Date: _____	Location: _____	Violation: _____ Commercial Vehicle: <input type="checkbox"/> YES <input type="checkbox"/> NO
Date: _____	Location: _____	Violation: _____ Commercial Vehicle: <input type="checkbox"/> YES <input type="checkbox"/> NO
Date: _____	Location: _____	Violation: _____ Commercial Vehicle: <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>LIST ALL ACCIDENTS:</b> last 3 yrs (write NONE, if none):		
Date:	Nature of Accident:	Fatalities: Y N Injuries: Y N
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**Have you ever had any driver's license:** **denied, suspended, revoked or canceled by any state agency?**  YES  NO

If yes, give state of issuance & explanation of the circumstances:

TYPES OF EQUIPMENT (Truck, tractor/trailer, tank, etc.)	DRIVING EXPERIENCE DATES		APPROX. MILEAGE DRIVEN (Total)
	To	From	


**Do you hold a valid CDL driver's license?**  YES  NO If yes, what class and/or endorsements? \_\_\_\_\_ State of \_\_\_\_\_  
 YES  NO Were you subject to the Federal Motor Carrier Safety Regulations at any time?  
 YES  NO Were you subject to 49 CFR part 40 controlled substances & alcohol testing at any time?

If requested, will you provide a copy of your driving record from the DMV?  YES  NO Do you have reliable transportation to and from work and/or worksite?  YES  NO

Do you have a valid DOT card?  YES  NO

Experience operating Heavy Equipment?  YES  NO What type(s) \_\_\_\_\_

If requested, are you willing to take a pre-employment drug screening test?  YES  NO Are you subject to anyone else's non-compete agreement?  YES  NO  N/A

**How did you hear about us?**  Ad  Friend  Family  Existing Employee  Other  
Where/Who? \_\_\_\_\_

**AUTHORIZATION AND RELEASE**

READ CAREFULLY BEFORE SIGNING BELOW  
The following AUTHORIZATION AND RELEASE has been prepared to expedite background inquiries on employment applicants. You are not required to sign this form in order to have your application considered. However, failure to sign may impede our ability to obtain information pertinent to your qualifications for employment.

AUTHORIZATION AND RELEASE  
I, \_\_\_\_\_, hereby specifically authorize and direct any previous or current employers to release to the Human Resources Director of BHI or his/her designee, any and all information of whatever kind possessed by them in either verbal or written form, as may be requested, regarding myself, including opinions as to job performance, character, competency, honesty, ability, work injuries and safety record, and any records related to me personally, which may have been kept either public or private.

I hereby release BHI and its officers, agents, and employees from any liability for the use of any and all of the foregoing information, in consideration for being reviewed for the aforesaid position. I further release any previous and current employers from liability or damage which may result from furnishing the information requested. I also request that a copy of this release be treated as conveying the same authority as the signed original.

**DISCLAIMER AND SIGNATURE**

I understand that BHI is an "At-Will" Employer and further certify that all information on this application and any attached resume are true, correct and complete to the best of my knowledge. I have withheld nothing that would, if disclosed, affect this application unfavorably.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my immediate release.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return all completed applications to:**  
**BHI**  
**Attn: Human Resources Department**  
**P.O. Box 1848**  
**826 S 1500 E**  
**Vernal, UT 84078**  
**Tel 435.789.5252**  
**Fax 435.789.7782**  
**Email [hr@bhi-ut.com](mailto:hr@bhi-ut.com)**