



SMH West, LLC
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APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer

Date: _____

Personal Information

Name: _____

Present Address: _____ How Long: _____

City: _____ State: _____ Zip Code: _____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Driver's License Number: _____ Union Affiliation: _____

Are you either a U.S. Citizen or an Alien authorized to work in the United States? _____ Yes _____ No

Employment Desired

Position: _____ Date you can start: _____ Salary Desired: _____

Are you employed now? _____ Yes _____ No If so, may we inquire of your present employer? _____

Ever applied to this Company before? _____ Yes _____ No If so when? _____

Referred By: _____ Name/Department: _____

Will you abide by the policies, procedures and rules of this company? _____ Yes _____ No

If injured, will you accept the medical facilities recommended by your employer? _____ Yes _____ No

Education

	Course of Study		Graduated	
	Yes	No	Yes	No
Grade/High School Last Completed				
College				
Vocational School				
Training/Apprenticeships				

Special Skills: _____

U.S. Military or Naval Service: _____ Rank: _____

Present membership in National Guard or Reserves: _____

Former Employers

NOTE: DOT requires that employment for at least 3-years and/or commercial driving experience for the past 10-years be shown

Date Month/Year	Name & Address of Employer	Salary	Position	Reason for Leaving
From: To:				
From: To:				
From: To:				
From: To:				

References

Give the names of three persons not related to you, whom you have known at least one year

Name	Address	Business	Years Acquaintance

DOT APPLICANTS ONLY

Drivers License Information

State	License Number	Type	Expiration Date

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Date From:	Date To:	Approx. No. of Miles (Total)
Straight Truck				
Tractor & Semi Trailer				
Tractor/Two Trailers				
Other				

DOT APPLICANTS ONLY

Continued

Accident record for past 3-years or more

Dates	Nature of Accident (head-on, rear-end, upset, etc)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			
Next Previous			
Next Previous			

Traffic Convictions and forfeitures for the past 3-years (other than parking violations)

Location	Date	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 to either A or B is yes, attach a statement giving details

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements on this application shall be grounds for dismissal. I understand that alcoholic beverages or drugs are forbidden from the job site and also understand that use of alcohol or drugs may be grounds for discharge.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no defined period and may, regardless of the date of payment of my wage and salary be terminated at any time without prior notice and without cause.

Signature: _____

Date: _____



SMH West, LLC
Notification of Drug Test Requirement

As an employer concerned with the safety of its employees, the general public and the users of the nation's highways.

If you meet all the company, federal and state pre-employment requirements, and job offer is made where duties include laborer, operating company trucks, equipment and/or office help, you will be required to take a test to determine the presence of illegal drugs. The tests can detect trace amounts of drugs for up to thirty-days following use.

A negative drug test report must be received in order to be considered for employment.

The drug policy is available in the office. Please contact the payroll department if you wish to review it.

Applicant's Signature

Date



SMH West, LLC
DOT APPLICANTS ONLY
Acknowledgement of Employer's Right and Need for MVR Information

Employee: _____ Date: _____

The employee (undersign) understands the employer must comply with statutory insurance requirements as they pertain to employee driving employer's vehicles and/or use of employee's vehicle on the job. By the signature below, the employee acknowledges and agrees that the employer is entitled to receive/send proof of license(s) and/or motor vehicle reports/records (herein records), from employee and/or third parties.

Employer and employees understand that use of these records is limited to employer's obligation to comply with statutory insurance requirements and/or with underwriting process relating to securing insurance coverage. Employer will exercise best efforts to limit use of records herein specified.

Employee Driver License Number: _____

State of Issue: _____ Expiration Date: _____

Signature of Employee: _____

Signature of Employer: _____

This form authorizes employer to check my motor vehicle record periodically without further consent. This authorization expires upon termination of my employment.

Employee Signature: _____ Date: _____



Applicant Survey Form

Last Name

First Name

Middle Initial(s)

Date

Position(s) for which you are applying

Please read carefully: As an affirmative action employer, we must monitor our equal employment opportunity and affirmative action program and report the results to government agencies. Please help us gather this information by identifying your sex, race or ethnicity, and disability status on this form. Providing this information is **completely voluntary**. If you choose not to provide some or all this information, you will not be subject to any negative or adverse treatment. The information you provide will be used **only** to monitor our compliance with equal opportunity laws and regulations and *for no other purpose*. * When we receive this form, we will immediately place it in a confidential file separate from your application. If you wish, you may mail this form to us in an envelope separate from the one that contains your application.

Race/Ethnicity – Select one or more

- American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American: A person having origins in any of the black racial groups of Africa.
- Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Disability - Are you a person with a disability?

- Yes
- No

Sex – Select one

- Female
- Male

Veteran Status – Select one

- Yes
- No

* **This form is not used for employment decisions.** If you have a disability and need an accommodation so that you can perform the duties of the job for which you are applying, please notify us in some other manner.



Equal Opportunity Employer