



P O Box 458
1110 Muleshoe Road
Battle Mountain, NV 89820
775.635.5188 Phone
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600 S. 21st Street
Sparks, NV 89431
775.348.1898 Phone
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APPLICATION FOR EMPLOYMENT

_____ **FULL NAME (FIRST M, LAST)** _____ **DATE**

POSITION APPLIED FOR: _____ **CONTACT PHONE NUMBER** _____

ADDRESS: _____
_____ **STREET** _____ **CITY** _____ **STATE** _____ **ZIP**

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE? YES _____ NO _____

IF YES, GIVE DATES AND LOCATION: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME (IE: MISDEMEANOR OR FELONY, ETC.)? YES _____ NO _____

IF YES, PLEASE STATE TYPE OF CRIME(S): _____

LOCATION(S): _____ **DATE(S):** _____

LIST ALL TRAFFIC VIOLATIONS FOR THE PAST THREE (3) YEARS, OTHER THAN PARKING VIOLATIONS:

Type of Vehicle: _____

Date: _____ **Location:** _____ **Charge:** _____

Type of Vehicle: _____

Date: _____ **Location:** _____ **Charge:** _____

Type of Vehicle: _____

Date: _____ **Location:** _____ **Charge:** _____



HAS YOUR LICENSE EVER BEEN REVOKED? YES____ NO____

IF YES, WHEN AND FOR WHAT REASON: _____

EXPERIENCE

Type _____ Years

Type _____ Years

Type _____ Years

Type _____ Years

Drivers Licenses held in the last three (3) years:

State of License(s) _____ License # _____ Exp Date: _____

State of License(s) _____ License # _____ Exp Date: _____

List all states that you operated in during the last three (3) years:

List all/any schools or training that you have received:



EMPLOYMENT HISTORY:

- PROVIDE EMPLOYMENT HISTORY FOR THE PAST 10 YEARS - BEGIN WITH THE MOST RECENT EMPLOYER FIRST.
- ACCOUNT FOR ALL PERIODS OF UNEMPLOYMENT IN SPACE PROVIDED BETWEEN POSITIONS.

	COMPANY STREET/ CITY/ STATE IMMEDIATE SUPERVISOR / TELEPHONE #	POSITION	REASON FOR LEAVING
END DATE			
START DATE			
END DATE			
START DATE			
END DATE			
START DATE			
END DATE			
START DATE			
END DATE			
START DATE			
END DATE			
START DATE			



I certify that all information herein is true and correct. I also hereby authorize this company to perform all background checks and investigations necessary to verify the information that I have provided. I understand that falsification or omissions by me of pertinent information shall be grounds for declining my application or revoking my safety clearance if discovered after its issuance. I understand that I have provided the above information so that the company may determine whether I meet their safety, character and experience criteria. I also understand that decisions based on this information are provisional and that final decision is contingent upon my successfully passing a physical and drug screen as provided for in federal regulations.

If I should be insurable at the time that I am hired and then later become uninsurable at any time during my employment due to driving citations, my employment will end immediately.
3D Concrete, Inc. is unable to have employees that cannot be insured to drive their vehicles.

I understand that the company is relying upon all of the representations, both written and oral, which I have made or do during the entire process of applying for employment with 3D Concrete, Inc. I acknowledge that 3D Concrete, Inc. has the right to investigate any other information that the company believes relevant including but not limited to, employment history, educational background, references, credit history and conviction records. I understand and agree that if anything in my Employer Lynx background check or driver's record report shows that I am uninsurable as a driver of any type of vehicle or equipment, my employment with 3D Concrete, Inc. will end immediately. I hereby agree to hold 3D Concrete, Inc. its officers and agents harmless from any and all liability resulting in any way from such investigation and from any and all attorney fees resulting from any legal action I may institute which is within the scope of this waiver. I also authorize my former employers, schools, and references to provide any information they may have regarding me, whether or not it is in their records. I hereby release them and their company from all liability for divulging same.

In the event that employment is granted, 3D Concrete Inc., as employer, may at its discretion, with or without notice, modify, amend, or terminate present or future policies or practices relating to but not limited to, piece-rates, hours, job duties and descriptions, benefits or any other terms of employment.

In the event that employment is granted, I have no objection to making application for security clearance. And if necessary, signing an employee agreement on confidential information and inventions, or taking a job related medical examination.

In the event that employment is granted, in consideration of such employment, I promise to ascertain and abide by all pertinent rules and regulations, and I understand that failure to do so may be cause for discharge from such employment.

I understand that if 3D Concrete, Inc., employs me, my employment will be "at will" and I may terminate my employment at any time, with or without notice and with or without reason. Similarly, 3D Concrete, Inc. is free to terminate an employment relationship with me at any time with or without notice and with or without reason. Nothing in the company employment procedure or in subsequent employment is intended to be or convey a contract of employment, expressed or implied.

I have read and understand the foregoing application and agreement. By my signature below, I understand that incomplete or inaccurate employment applications will not be considered for employment. All the responses I have made on this application are true and correct to the best of my knowledge. I understand that if I make any false statements, misrepresentations, or omissions in this application process, this application could be rendered void and may be reason for my immediate discharge at any time during my employment.

Applicant signature

Date

Print full name



We are an Equal Opportunity Employer

All applicants will be considered for employment without regard to actual or perceived race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, disability, medical condition, pregnancy, genetic information, marital status, amnesty, or status as a covered veteran or any other characteristic protected by applicable federal, state or local laws.

Please provide the following when submitting application:

Copy of Driver's License (front and back) (**Must have both sides copied for all positions applied for**)

Printout of current driving record (minimum of 3 years)

Copy of current Medical Certificate for CDL Holders

Copy of any certifications or documentations that may pertain to the position applied for
Example: MSHA, OSHA, etc.

Other documentation may be requested later, if needed.



Employer Lynx, Inc.
NV Lic #793

EMPLOYER LYNX RELEASE AND AUTHORIZATION FOR CONSUMER REPORTS

I hereby authorize procurement of consumer report(s) and investigative consumer report(s) by Company. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for Company to procure such reports at any time during my employment, contract, or volunteer period. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information.

This authorization is conditioned upon the following representations of my rights:

I understand that I have the right to make a request to the consumer reporting agency: Employer Lynx, Inc. ("Agency"), 501 E. Caroline Street, Carson City, NV 89701, telephone number (775) 883-3733, upon proper identification, to obtain copies of any reports furnished to Company by the Agency and to request the nature and substance of **all information** in its files on me at the time of my request. The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to Company obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency's privacy policy at their website: www.employerlynx.com.

I understand that if the Company is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report the Company receives on me at the time the report is provided to Company. By checking the following box, I request a copy of all such reports be sent to be. Check here:

As a California applicant, I understand that I have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 a.m. to 5:00 p.m. (PST) Monday through Friday) to obtain all information in Agency's file for my review. I may obtain such information as follows: 1) In person at the Agency's office, which address is listed above. I can have someone accompany me to the Agency's office. Agency may require this third party to present reasonable identification. I may be required at the time of such visit to sign an authorization form for the Agency to disclose to or discuss Agency's information with this third party; 2) By certified mail, if I have previously provided identification in a written request that my file be sent to me or to a third party identified by me; 3) By telephone, if I have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in my file to me and if the file contains any information that is coded, such will be explained to me.

I understand that if I am applying for employment in New York, that I have the right to receive a copy of Article 23-A of the New York Correction Law _____ (initial if this applies).

I understand that if the report is provided to an employer in the State of Washington, that I can contact the following office for more information regarding my rights under Washington state law in regard to these reports: State of Washington Attorney General, Consumer Protection Division, 800 5th Ave., Ste. 2000, Seattle, Washington 98104-3188, (206) 464-7744.



Employer Lynx, Inc.
NV Lic #793

DISCLOSURE FOR CONSUMER REPORTS

In connection with my application for employment (including contract or volunteer services) or application to rent a dwelling with _____, I understand consumer reports will be requested by you ("Company"). These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, reason for termination of employment, work experience, reasons for termination of tenancy, former landlords, education, accidents, licensure, credit, etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, worker's compensation claims, judgments, bankruptcy proceedings, evictions, criminal records, etc., from federal, state, and other agencies that maintain such records.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work or tenant performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

If I am hired /contracted, I understand that my employer / landlord can use this disclosure and authorization to continue to obtain such consumer reports throughout my employment, contract period or volunteer service.

Signature: _____

Printed Name: _____

Date: _____



DISCLOSURE AND AUTHORIZATION DOT DRUG AND ALCOHOL TESTING

In connection with my application as a driver whether by hire, contract, or otherwise with: _____ ("Carrier"), I understand that Carrier is required to obtain, per United States Department of Transportation regulations, information regarding my history of drug and alcohol testing. I understand that this information will be sought for a minimum of my past three (3) year of employment.

AUTHORIZATION

In accordance with DOT Regulations 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT – regulated employer listed below to Employer Lynx, Inc., a consumer reporting agency, for the purpose of Employer Lynx, Inc. transmitting such records to Carrier listed above. I understand that information/documents released is limited to the following DOT – regulated testing items, including pre-employment testing results, occurring during the previous three (3) years: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug test; (iii) refusals to be tested (including adulterated and/or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e. violations of 49 CFR 382 subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

If the company listed below furnishes Employer Lynx, Inc. with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to Employer Lynx, Inc., if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous three (3) years; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous three (3) years.

List all DOT - regulated employers you have applied with and/or worked for in a safety - sensitive function during the previous three (3) years. If necessary, you are required to sign a separate authorization for each employer for when you worked in a safety-sensitive function during the previous three (3) years.			
Previous DOT- Regulated Employer	City	State	Telephone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this disclosure and authorization for release; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and (vi) facsimile or photographic copies of this authorization are as valid as an original.

Print Applicant Name: _____ **Social Security #:** _____

Applicant Signature: _____ **Date:** _____

CDL # _____ **State:** _____



CIVIL NAME CHECK
BACKGROUND WAIVER
AUTHORIZATION AND RELEASE OF INFORMATION

In consideration for processing my application for employment or volunteer services, I, [redacted] the undersigned, whose name and personal identification information voluntarily appear below, do hereby and irrevocably agree to the following:

- 1. I hereby authorize the Nevada Department of Public Safety, the Las Vegas Metropolitan Police Department and any other agency of criminal justice, to search for and release criminal history record information to the authorized participant named below.
2. In giving the authorization outlined herein, I understand all information provided may be reviewed by the authorized participant and/or any other eligible person authorized pursuant to Nevada Revised Statute Chapter 179A, in order to make an informed hiring decision. This information is confidential, and may not be further disseminated without my expressed written permission or an order from a court of law having jurisdiction. [redacted] (date and initial)
3. I understand that I may review and challenge the accuracy of any and all criminal history records which are returned to the authorized participant, and that the proper forms and procedures will be furnished to me by the Nevada Department of Public Safety upon request.
4. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the requestor for any statement(s), omission(s), or infringement(s) upon my current legal rights.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

PERSONAL IDENTIFICATION INFORMATION:

Name: (LAST) (FIRST) (MIDDLE)

Any Other Name used: (LAST) (FIRST) (MIDDLE)

Date of Birth: Social Security Number: Sex:

Race: Height: Weight: Hair Color: Eye Color:

Authorized Participant:

Applicants Signature:

Applicants Physical Address:

Date: