

APPLICATION FOR EMPLOYMENT

Belmire Sprinkler & Landscaping, Inc.
2790 S. Lincoln Ave., PO Box 7932 Loveland, CO 80537

Applicants Name _____
 (First) (Middle) (Last) (Maiden Name if Applicable)

Address _____ How Long? _____
 (Street) (City) (State and Zip Code)

Date of Birth _____ Social Security Number _____

Applicants Phone # :	
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Addresses for Past Three Years	Street	City	State/Zip Code	How long
	Street	City	State/Zip Code	How long

DRIVERS LICENSES	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE	

DRIVING EXPERIENCE:

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc)	DATES		Approx. # of miles (Total)
		From	To	
Straight Truck:				
Tractor and Semi Trailer:				
Tractor - Two Trailers:				
Other:				

Accident Record For Past 3 Years or More (Attach Sheet if More Space is Needed)

Dates	Nature of Accident (Head-On, Rear-End, Upset, Etc.)	Fatalities Injuries	

Traffic Convictions and Forfeitures for the Past 3 Years (Other than Parking Violations)

LOCATION	DATE	CHARGE	PENALTY

ATTACH SEPARATE SHEET IF MORE SPACE IS NEEDED

- A. Have you ever been denied license, permit, or privilage to operate a motor vehicle? Yes _____ No _____
 B. Has any license, permit or privilage ever been suspended or revoked? Yes _____ No _____

If the Answer to either A or B is Yes. ATTACH STATEMENT GIVING DETAILS.

Education:

Check the Appropriate Line:

High School: 9__ 10__ 11__ 12__

College: 1__ 2__ 3__ 4__ 5__

Employment Record (Attach separate sheet if more space is needed)

NOTE: DOT Requires Employment for at least 3 years and/or Commercial Driving Experience for the past 10 years

Last/Present Employer:			
Address:			
Position Held:	From:	To:	Salary:
Reason for Leaving:			
Second Last Employer:			
Address:			
Position Held:	From:	To:	Salary:
Reason for Leaving:			
Third Last Employer:			
Address:			
Position Held:	From:	To:	Salary:
Reason for Leaving:			

Do you have any special training or skills that will benefit you in this job?
Please list below. (e.ge. Languages, Machine Operation, etc.)

References:			
Name:		Address:	
Phone:		Title:	
Name:		Address:	
Phone:		Title:	
Name:		Address:	
Phone:		Title:	

TO BE READ AND SIGNED BY APPLICANT

This Certifies that this Application was completed by me, and that all entries on it, and the information in it are true and complete to the best of my knowledge

Date

Applicant's Signature

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