

Employment Application

P.O. Box 130 Coalville Utah 84017

Flare Construction, Inc. (FCI) is an equal opportunity employer. We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital status, military/veteran status, disability, or any other legally protected status.

| Date of Application: | | | | | |
|---|----------------------------------|---------------------|--------------------------|------------|----------|
| Last Name: | , First Name: | | MI | - | |
| Present address: | City | | State | Zip Code | |
| Phone # : | | | Date of Birth: | | |
| Are you a U.S. Citizen or have a legal right to work Emergency Contact Name and Phone #: | | | | | |
| If your above address is less than 3 years continue | listing them below to cover the | orevious 3 year pe | riod: | | |
| Address | City | State | Zip Code | Start date | End date |
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| Position applied for: | · | Wage Requeste | d: | | |
| If the Position applied for requires an Interstate Co | ommercial Drivers License, you m | ust be 21 years of | age and you must list yo | our D.O.B | · |
| Have you ever been employed by FCI? | if yes; dates of employment | : | | | · |
| Do you have a relative working for FCI? | if yes; name and relationshi | p: | | | · |
| Have you ever been convicted of a felony? | | | | | |
| The following questions are for positions that may | require the employee to operate | e a vehicle on a pu | blic roadway: | | |
| Have you ever had your Drivers license suspended | or revoked? Yes or | No; if yes, W | hen? Wl | here? | · |
| Please explain: | | | | | |

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| | | Trinege to operate a mot | tor vehicle?If yo | es; please explain | |
|--------------------------------|---|----------------------------|-------------------------------|-----------------------------|-----------------|
| se list all Traffi | c convictions and forfeitures fo | or the past three (3) year | s (other than parking violati | ons). If none; write "none" | |
| ation | Da | ate | Violation | Penalt | У |
| | | | | | |
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| | | | | | |
| of Accident | hicle accident during the past t Description (head-on, roll ov | | t.) Fatality/Injuries | Citations or at Fault | |
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| | | | | | |
| all Drivers Lice | nses held in the past three year | rs starting with your curr | rent license. | | |
| | nses held in the past three year License number | | | estrictions | Expiration date |
| | | | | estrictions | Expiration date |
| all Drivers Lice e of issue | | | | estrictions | Expiration date |

| Type of equipment (van, truck, bus, tank, etc) | From date / to date | Years | Approximate miles |
|--|---------------------|-------|-------------------|
| | | | |
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| | | | |

Indicate highest level of education achieved or completed:

| High School Name City/ State | Grad (Y-N) | University, College, Tech. Name | City/State | Grad (Y-N) | Major/ Degree or certificate |
|------------------------------|------------|---------------------------------|------------|------------|------------------------------|
| | | | | | |
| | | | | | |
| GED | | | | | |
| | | | | | |

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Employment History

| applicants (last, first) name: | |
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Please provide a complete employment history for the past (3) three years. Include all periods of unemployment with an explanation, any periods of military service, and or periods of self employment. Start with most recent or current employer. If any gaps in employment longer than 1 month, you must complete "Declaration of Employment Status" form.

Applicants who may be operating a regulated Commercial Motor Vehicle shall provide (10) years work history or information for all current or past employers where

| 10,001 lbs, when in combinati | ion with a trailer during a | n interstate trin | norav | enicie designe | d to transport (15) fifteen or more passengers or any size vehicle used to |
|---|-----------------------------|-------------------------------------|----------|------------------|--|
| transport hazardous material | • | | , o. u . | co.c aco.6c | a to dianoport (25), interest of more passed (84), of all 1, of the decent |
| Are you currently employed? | | if yos May | wo con | tact vour curre | ent employer? Yes or No. |
| Are you currently employed: | | , ii yes, iviay | we con | tact your curre | ric employer:res orNo. |
| Current or most recent employer: | | Position: | | | Indicate "yes" or "no" to the following question. |
| | | | | | Was position subject to *FMCSA or *PHMSA regulations? |
| Address: | | Start Date | to | End Date | Indicate "yes" or "no" to the following question. |
| | | | | | Was position subject to Federal or State Drug and Alcohol testing? |
| City Stat | te Zip Code | Contact Name | e | Phone # | Reason for leaving |
| | | | | | |
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| | | | | | , |
| Previous Employer: | | Position: | | | Indicate "yes" or "no" to the following question. |
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| City State | Zip Code | Contact Nam | ie | Phone # | Reason for leaving |
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*FMCSA: Federal Motor Carrier Safety Administration

*PHMSA: Pipeline and Hazardous Materials Safety Administration

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Employment History

| applicants (last, first) name: | |
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