



**"PIONEER SAND CO.
IS A DRUG FREE
WORKPLACE"**

We offer equal employment opportunity to qualified applicants regardless of race, creed, color, sex, age, national origin, disability, veteran status, or marital status.

***Incomplete Applications
Will Not Be Considered.***

APPLICATION FOR EMPLOYMENT

P E R S O N A L	Last Name _____ First _____ Middle _____			Date _____
	Street Address _____			Home Telephone _____ () _____
	City, State, Zip _____			Alternate Telephone _____ () _____
	Have you ever been employed at any Pioneer Sand Company or any of its affiliates? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year _____ Location _____			Social Security # _____
	Position Desired _____ Location Desired _____			Driver's License # _____
	Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____			Exp. Date _____
	Are you legally eligible for employment in the United States? This information will be verified according to federal laws.			Medical Certification _____ Expiration Date _____
	Other special training or skills (languages, machine operation, etc.) _____			Pay Expected _____
	Telephone number to be used in the event of an emergency: _____ () _____			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Name _____ Telephone number _____ Relationship _____			When will you be available to begin work? _____

R E S I D E N C E	List all addresses which you have resided at during the past three years, starting with the most recent. Per 391.21 (6)(3) C.F.R.			
	From _____ To _____			
	Street Address _____	City _____	State _____	Zip _____
	From _____ To _____			
	Street Address _____	City _____	State _____	Zip _____
	From _____ To _____			
Street Address _____	City _____	State _____	Zip _____	
Use additional sheets if necessary.				

E D U C A T I O N	School	Name and Location of School	Course of Study	No. of Years Completed	Did You Graduate?	Degree or Diploma
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Bus/Trade/ Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	

S K I L L S	List all equipment operated with a brief description of job application.	
	1	_____
	2	_____
	3	_____
	4	_____

EMPLOYMENT

List the names and addresses of all employers during the last ten years, complete with dates of employment and reason for leaving. Use an additional sheet if necessary. Begin with last employer first.

1	Company Name	Telephone ()
	Address / City / State / Zip Code	Employed (State month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work	Reason for leaving
2	Company Name	Telephone ()
	Address / City / State / Zip Code	Employed (State month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work	Reason for leaving
3	Company Name	Telephone ()
	Address / City / State / Zip Code	Employed (State month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work	Reason for leaving
4	Company Name	Telephone ()
	Address / City / State / Zip Code	Employed (State month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work	Reason for leaving
5	Company Name	Telephone ()
	Address / City / State / Zip Code	Employed (State month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work	Reason for leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.

DO NOT CONTACT

Employer Number(s) _____ Reason _____

SURVEY

To comply with U.S. Dept. of Labor, Pioneer Sand Co. must conduct the following survey regarding each employee's veteran status. Your answers are voluntary.

Are you a "Special Disabled Veteran"? Yes _____ No _____
 Are you a veteran of the Vietnam era? Yes _____ No _____
 Other Eligible Veteran? Yes _____ No _____

ADDITIONAL
INFO

Have you been convicted of a crime in the past seven years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? Yes No If "Yes" describe in full.

Are you able to perform the tasks and functions of the job which you applied for with or without reasonable accommodation? Yes No

In compliance with the Colorado Youth Employment Opportunity Act of 1971, Pioneer Sand Company, Inc., will not employ any "minor" due to employment restrictions set forth in this act. The definition of "minor" in this case is any person under 18 years of age. Are you a minor? Yes No

COMMERCIAL MOTOR VEHICLE DRIVER APPLICANTS

Per Federal Motor Carrier Safety Regulation, §383.21, drivers of commercial motor vehicles should possess only one driver's license. I certify that I have read and understand the preceding statement and comply with this requirement.

I also certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral, a list of all vehicle accidents, and details pertaining to any permit or license denial, revocation, or suspension during the past 36 months.

Signature _____ Date _____

***LIST ALL UNEXPIRED OPERATOR'S LICENSES OR PERMITS**

(1) State _____ Number _____ Exp. Date _____ Class _____ Endorsement _____

(2) State _____ Number _____ Exp. Date _____ Class _____ Endorsement _____

As required by Federal Motor Carrier Safety Regulation §391.21, state your date of birth: _____

***SUPPLY A DETAILED LIST OF ALL VEHICLE ACCIDENTS FOR THE PREVIOUS 3 YEARS, SPECIFYING DATE AND NATURE OF EACH ACCIDENT AND ANY FATALITIES OR PERSONAL INJURIES IT CAUSED.**

***SUPPLY DETAILS OF ANY LICENSE OR PERMIT DENIAL, REVOCATION, OR SUSPENSION OF PRIVILEGES TO OPERATE A MOTOR VEHICLE, OR STATE THAT NO DENIAL, REVOCATION, OR SUSPENSION HAS OCCURED.**

***LIST ALL MOTOR VEHICLE VIOLATION CONVICTIONS AND BOND OR COLLATERAL FORFEITS (EXCEPT FOR PARKING) DURING THE PREVIOUS 3 YEARS.**

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This application form is intended for use in evaluating your qualifications for employment. This application is considered current for 30 days. In order to be considered for future positions, a new application must be filed to maintain current status. This is not an employment contract. Acceptance of an offer of employment does not create an obligation to continue employment in the future. All qualified applicants will receive consideration regardless of sex, marital status, race, age, creed, national origin or the presence of disabilities. Additional testing of job related skills will be required prior to employment. As a condition of employment, and after receipt of a conditional offer of employment, you will be required to authorize the release of information concerning but not limited to workman's compensation claims, motor vehicle driving records, criminal history and medical records. Worker's compensation and medical record information will only be requested and used in compliance with Colorado and federal laws. Any legal licensing requirements must be secured and maintained as an employment condition.

By my signature below, I certify that I have read and understand all questions and applicant notes in this form and that all answers given and statements made are true to the best of my knowledge and belief. I understand that false or misleading information and statements given by myself shall be grounds for terminating the application process or employment if offered. I authorize the company and/or its agents to verify any of this information. I authorize all persons, schools, companies, agencies and law enforcement authorities to release any information concerning my background and release same from any liability from any damage whatsoever for issuing this information. I also understand that the use of illegal drugs and reporting to work or working under the influence of alcoholic beverages is prohibited during my employment period. I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Signature: _____

Date: _____

**Applicants
Do NOT Complete**

REFERENCE CHECK

**For Pioneer
Office Use ONLY**

**REFERENCE
#1**

**REFERENCE
#2**

**REFERENCE
#3**

When did this individual work for your company?			
What type of work was done?			
How would you rate the quality of work?			
What type of vehicle(s) were operated?			
Was this individual involved in any traffic accidents? How many? _____ Were they preventable? Yes _____ No _____			
Did this individual have any lost time injuries on the job?			
Did this individual have an attendance problem?			
Why did this worker leave your company?			
Is this person eligible to rehire?			