



**TRU PIPE, INC.**  
6765 Trade Center Ave.  
Billings, MT 59101  
(406) 294 - 5144

Submit Form

## APPLICATION FOR EMPLOYMENT

### PERSONAL INFORMATION

Name:			Date:		
Driver's License #:		State:	Valid?:	CDL?:	
Endorsements / Restrictions:					
Street Address:					
Phone:		Alt. Phone:		DOB:	US Citizen?:
Are you prevented from lawful employment in this country due to Visa or Immigration Status?:					
Do you have any physical conditions that restrict any movement that may be required on a position that you are applying for?					
If Yes Please Explain:					
Have you had any physical conditions in the past 5 years resulting in time off, including Workers Compensation Claims?					
If Yes Please Explain:					
Have you ever been convicted of a felony?:			If Yes Please Explain:		
Email Address:					

### EMPLOYMENT

Position Applying For:		Date Available to Start:	
Are you currently employed?	If Yes, Where?:	How Long?:	
Have you ever applied with Castlerock Excavating Before?		If Yes, When?:	
Would you be willing to work overtime if required?		If No, Please Explain:	

### EDUCATION

Have you completed High School?	College or Trade School?	When?:
If you have attended College what is the highest level you have reached?		
Other Skills:		

### PAST WORK EXPERIENCE

Employer (1):		Job Title:	
Responsibilities:			
Start Date:	Ending Date:		Length of Employment:
Starting Pay Rate/Salary:		Ending Pay Rate/Salary:	
Reason for Leaving:			Phone:
Supervisor:		May we contact this employer for a reference:	

Employer (2):		Job Title:	
Responsibilities:			
Start Date:	Ending Date:	Length of Employment:	
Starting Pay Rate/Salary:		Ending Pay Rate/Salary:	
Reason for Leaving:			Phone:
Supervisor:		May we contact this employer for a reference:	
Employer (3):		Job Title:	
Responsibilities:			
Start Date:	Ending Date:	Length of Employment:	
Starting Pay Rate/Salary:		Ending Pay Rate/Salary:	
Reason for Leaving:			Phone:
Supervisor:		May we contact this employer for a reference:	
DRIVING EXPERIENCE			
Type:	Dates		Approximate number of Miles:
	From	To	
ACCIDENT RECORD LAST 3 YEARS			
Date:	Type of Accident (Rear-End, Speed, etc..)	Injuries?:	
Date:	Type of Accident (Rear-End, Speed, etc..)	Injuries?:	
REFERENCES			
Name:		Phone #:	
Relationship:		How long known?	
Name:		Phone #:	
Relationship:		How long known?	
Name:		Phone #:	
Relationship:		How long known?	
DISCLAIMER AND SIGNATURE			
<p>I certify that the information submitted by me on this application is true and complete to the best of my knowledge. I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and if I am employed, my employment may be terminated at any time. In consideration of my employment, <i>I AGREE TO CONFORM TO THE COMPANY'S RULES AND DRUG FREE POLICIES</i> and I agree that my employment and compensation can be terminated without cause or notice at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, at any time by the company. I understand that no company representative, other than an owner, and then only when in writing and signed by an owner, has any authority to enter any agreement for any specific period of time, or to make any agreement contrary to the foregoing.</p>			

Applicant's Signature:

Date:

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