

**T-Cor, LLC /MJS Excavation, Inc.**  
5783 E BARREL HORSE LANE  
KUNA, ID 83634

**Phone (208) 433-0933**  
**Email:mj.tcor@gmail.com**

**Your Email Address:** \_\_\_\_\_  
(Please print)

**Date of Application:** \_\_\_\_\_

**A. NAME:** \_\_\_\_\_  
(Last) (First) (Middle)

**Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_  
(Street) (City) (Zip)

**B. PERSONAL DATA:**

- Date of Birth: \_\_\_\_\_ (REQ for DOT Drivers) Can you produce proof of age? Yes  No
- CITIZENSHIP: Do you have a legal right to work in the United States? Yes  No
- Social Security Number \_\_\_\_\_ Required for DOT Drivers

**D. EDUCATIONAL AND TRAINING BACKGROUND:**

- Name of High School: \_\_\_\_\_ Did you graduate Yes  No
- College or Trade School: \_\_\_\_\_ Credits / Associates / Bachelors
- OSHA Training 10/40 HR: \_\_\_\_\_
- MSHA Training: \_\_\_\_\_  
(Years/Months) (Year Completed) (Subject) (School or Company)
- HAZWOPER Training: \_\_\_\_\_  
(Years/Months) (Year Completed) (Subject) (School)
- Armed Forces **or OTHER Training:** \_\_\_\_\_
- Other Courses or Classes:** \_\_\_\_\_

**F. EMPLOYMENT INQUIRY:**

Positions desired (preference order): 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Regular Employ: Yes  No  Temporary Employ: Yes  No  Part-Time Employ: Yes  No

Date you can start? \_\_\_\_\_ Salary or Wage desired to start: \_\_\_\_\_

Are you employed now? Yes  No  If yes, may we inquire of your current employer? Yes  No

**G. EMPLOYMENT HISTORY:**

<i>Current or last employer</i>	<i>Telephone</i>	<i>Street</i>	<i>City/State</i>	<i>Beginning /Ending Wage</i>
1. _____				
From: _____	To: _____	Supervisor: _____		
Nature of Business: _____		Responsibilities / Duties: _____		
Reason for leaving: _____				

<i>Next previous employer</i>	<i>Telephone</i>	<i>Street</i>	<i>City/State</i>	<i>Beginning /Ending Wage</i>
2. _____				
From: _____	To: _____	Supervisor: _____		
Nature of Business: _____		Responsibilities / Duties: _____		

Reason for leaving: \_\_\_\_\_

Next previous employer Telephone Street City/State Beginning /Ending Wage

3. \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Nature of Business: \_\_\_\_\_ Responsibilities / Duties: \_\_\_\_\_

**I. Driving Experience/Equipment: (Straight Truck, Tractor, Semi,)**

Type Make/Model Years of Experience / Miles Driven

1. \_\_\_\_\_

2. \_\_\_\_\_

List States Operated in For The Last Five Years: \_\_\_\_\_

Do you have a: CLASS A CDL: Yes  No  RCRA: Yes  No  Hazmat: Yes  No  Tanker: Yes  No

Do you have any violations on your driving record? If yes, explain: \_\_\_\_\_

State Issued License: DL#: \_\_\_\_\_ State: \_\_\_\_\_ Are there any restrictions? Yes  No

Do you have more than one State Issued License? Yes  No  Do you have a Passport Yes  No

Are you taking any prescription medications that would restrict your ability to perform the duties you are applying for?

Yes  No  / Can you lift 50-70 lbs and climb a ladder? \_\_\_\_\_

**J. List Equipment Operated Experience: Make, Model, Years ran, type of work**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Years: \_\_\_\_\_ Work Type: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Years: \_\_\_\_\_ Work Type: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Years: \_\_\_\_\_ Work Type: \_\_\_\_\_

PLEASE REVIEW THIS FORM AND MAKE SURE THAT YOU ANSWERED EACH ITEM

**NOTE: THE FOLLOWING ITEMS ARE IMPORTANT WITH RESPECT TO YOUR PRIVACY AND EMPLOYMENT RIGHTS. PLEASE READ CAREFULLY. BY SIGNING OR ENTERING YOUR NAME IN THE BOX BELOW, YOU ARE ACKNOWLEDGING YOUR AGREEMENT.**

I authorize MJ or T-Cor, LLC investigation of all statements contained in this application. I further consent and agree to the disclosure of any information about me contained in private and government files relevant to this application for employment. I request all present and former employers to supply this information to MJ Excavation or T-Cor, LLC., or its agents upon their request. If employed, I understand that misrepresentation or omission of facts called for may be cause for dismissal. In accordance with the Fair Credit Reporting Act of 1996, I understand that a consumer report may be obtained on my behalf for employment purposes. By signing this application, I authorize MJ/T-Cor to obtain consumer report information, now & in the future, should it be required, and perform a background check should it be required. I authorize MJ/T-Cor, their representatives and/or insurance agent or insurance company to obtain an MVR (motor vehicle report) on me during the course of my employment. This is for the purpose of being compliant with FMCSA Records.

I understand that any offer of employment will be contingent upon my passing a pre-employment drug test, and I agree to such testing.

If employed, I agree to conform to the rules of MJ/T-COR & their Policies & Procedures and Safety Regulations, and hereby acknowledge that my employment with such can be terminated at any time, with or without cause, at the option of either myself or the company. I further understand and acknowledge that nothing contained in any employee handbook or policy statement nullifies or modifies the foregoing employment at will policy.

In compliance with the Immigration and Reform Act of 1986, I understand any job offer is contingent upon presenting the required documentation to prove I am a U.S. citizen or authorized to work in the United States.

I certify that all statements made by me on this application are true and complete. I understand the misrepresentations or falsifications of statements made in this application constitute grounds for immediate dismissal Please sign and date below (or enter your name to digitally sign this application and submit via email).

DATE: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_

**TO BE COMPLETED BY COMPANY REPRESENTATIVE**

APPLICANT HIRED: Yes • No • IF YES: HIRE DATE: \_\_\_\_\_ STARTING WAGE: \_\_\_\_\_ PER HR  
BRANCH LOCATION: \_\_\_\_\_ BRANCH SUPERVISOR: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_