

Erfurt Blasting Co., Inc.

PO BOX 186, Round Rock, TX 78680

Phone: (512) 255-6929 Fax: (512) 255-0494

Today's Date	Position(s) Applied for		
Last Name	First Name	Middle Name	Maiden/Former Names
Address		City	State Zip Code
Telephone Number ()	Date of Birth	Social Security Number:	

Previous Addresses

List addresses for the Last Three Years

Address	City	State	Zip Code
Address	City	State	Zip Code
Address	City	State	Zip Code

Past Employment

*Fill out this section in its entirety. List your current or most recent employer first. Account for employment experience for **past 10 years**, including military service.*

Previous Employer

Company Name:		Address:	
City:	State:	Zip Code:	
Telephone Number: ()	Position Held:	Immediate Supervisor's Name and Contact Number:	
Starting Date:	Ending Date:	Starting Rate:	Ending Rate:
Describe Duties:			
Reason for leaving:			
Was your position subject to the FMCSR's?		Was your position subject to DOT alcohol & controlled substance testing?	

Previous Employer

Company Name:		Address:	
City:	State:	Zip Code:	
Telephone Number: ()	Position Held:	Immediate Supervisor's Name and Contact Number:	
Starting Date:	Ending Date:	Starting Rate:	Ending Rate:
Describe Duties:			
Reason for leaving:			
Was your position subject to the FMCSR's?		Was your position subject to DOT alcohol & controlled substance testing?	

Previous Employer

Company Name:		Address:	
City:	State:	Zip Code:	
Telephone Number: ()	Position Held:	Immediate Supervisor's Name and Contact Number:	
Starting Date:	Ending Date:	Starting Rate:	Ending Rate:
Describe Duties:			
Reason for leaving:			
Was your position subject to the FMCSR's?		Was your position subject to DOT alcohol & controlled substance testing?	

MVR Information

Leave No Blanks

Driving Experience:

Valid driver's license number and issuing state _____ Class _____ Expires _____

List states operated in for the last three years _____

Has your license ever been revoked/suspended? Yes _____ No _____ Date of Birth _____

If yes, please explain _____

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Approximate Number of Total Miles
		From	To	
Straight Truck	_____	_____	_____	_____
Tractor and Semi-Trailer	_____	_____	_____	_____
Tractor-Two Trailers	_____	_____	_____	_____
Motor coach-School Bus	_____	_____	_____	_____
Other	_____	_____	_____	_____

Restrictions _____ (If no driver's license, please check none) None _____

Endorsements _____

List All Accidents for the past 3 years. If there are not any to report, write "NONE".

- Date _____ Location _____
Describe _____
- Date _____ Location _____
Describe _____
- Date _____ Location _____
Describe _____

List All Traffic Citations for the past 3 years, including the above reported vehicle accidents. Write "NONE" if it applies.

- Date _____ Location _____
Describe _____
- Date _____ Location _____
Describe _____
- Date _____ Location _____
Describe _____

List All Alcohol/Drug Related Driving Offenses (DWI, DUI, Etc.) Write "NONE" if it applies. Do not leave any blanks.

- Date _____ Location _____
Describe _____
- Date _____ Location _____
Describe _____
- Date _____ Location _____
Describe _____

I CERTIFY THIS APPLICATION WAS COMPLETED BY ME, AND ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Applicant Print Name: _____

Applicant Signature: _____

Date Signed: _____