



**PYRAMID CONSTRUCTION INC**  
**YOUR ROAD BEGINS HERE.**

PRE-EMPLOYMENT QUESTIONNAIRE

EQUAL OPPORTUNITY EMPLOYER

**PERSONAL INFORMATION**

DATE

LAST NAME		FIRST NAME		MI	SSN
MAILING ADDRESS			CITY	STATE	ZIP
PHYSICAL ADDRESS			CITY	STATE	ZIP
PHONE NO ( )		REFERRED BY			
EMAIL ADDRESS			PHYSICAL EXAM EXPIRATION DATE		

**EMPLOYMENT DESIRED**

POSITION		DATE YOU CAN START	SALARY DESIRED
ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF SO, MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE?		<input type="checkbox"/> YES <input type="checkbox"/> NO	WHEN?
EVER WORKED FOR THIS COMPANY BEFORE?		<input type="checkbox"/> YES <input type="checkbox"/> NO	DATES OF EMPLOYMENT: _____ TO _____

**EDUCATION HISTORY**

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

**GENERAL INFORMATION**

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS	
US MILITARY OR NAVAL SERVICE	RANK

**EMPLOYMENT HISTORY (GIVE A COMPLETE RECORD FOR ALL EMPLOYMENT FOR THE PAST THREE (3) YEARS:**

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
COMPANY PHONE:			COMPANY FAX:	
WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED HERE?				<input type="checkbox"/> YES <input type="checkbox"/> NO
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG & ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?				<input type="checkbox"/> YES <input type="checkbox"/> NO

**EMPLOYMENT HISTORY (CONTINUED)...**

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
COMPANY PHONE:			COMPANY FAX:	

WERE YOU SUBJECT TO THE FMCSRS WHILE EMPLOYED HERE?  YES  NO  
 WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG & ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?  YES  NO

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
COMPANY PHONE:			COMPANY FAX:	

WERE YOU SUBJECT TO THE FMCSRS WHILE EMPLOYED HERE?  YES  NO  
 WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG & ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?  YES  NO

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
COMPANY PHONE:			COMPANY FAX:	

WERE YOU SUBJECT TO THE FMCSRS WHILE EMPLOYED HERE?  YES  NO  
 WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG & ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?  YES  NO

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	FROM	TO	APPROXIMATE NUMBER OF MILES
STRAIGHT TRUCK			
TRACTOR & SEMI-TRAILER			
TRACTOR & TWO TRAILERS			
TRACTOR & TRIPLE TRAILERS			
OTHER			

LIST STATES OPERATED IN, FOR THE LAST FIVE (5) YEARS: \_\_\_\_\_

LIST SPECIAL COURSES/TRAINING COMPLETED (PTD/DDC, HAZMAT, ETC): \_\_\_\_\_

LIST ANY SAFE DRIVING AWARDS YOU HOLD AND FROM WHOM: \_\_\_\_\_

**ACCIDENT RECORD FOR PART THREE (3) YEARS: (ATTACH SHEET IF MORE SPACE IS NEEDED):**

DATE OF ACCIDENT	NATURE OF ACCIDENT (HEAD ON, REAR END, ETC)	LOCATION OF ACCIDENT	# OF FATALITIES	# OF PEOPLE INJURED

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE LAST (3) YEARS (OTHER THAN PARKING VIOLATIONS)**

DATE	LOCATION	CHARGE	PENALTY

**DRIVER'S LICENSE (LIST EACH DRIVER'S LICENSE HELD IN THE PAST THREE (3) YEARS:**

STATE	LICENSE	TYPE	ENDORSEMENTS	EXPIRATION DATE

HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATOR A MOTOR VEHICLE?  YES  NO

HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED?  YES  NO

IS THERE ANY REASON YOU MIGHT BE UNABLE TO PERFORM THE FUNCTIONS OF THE JOB FOR WHICH YOU HAVE APPLIED?  YES  NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY?  YES  NO

IF THE ANSWERS TO ANY QUESTIONS LISTED ABOVE ARE "YES", GIVE DETAILS: \_\_\_\_\_  
 (Attach a sheet if necessary)

**REFERENCES** BELOW GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS	BUSINESS	YEARS KNOWN

**TO BE READ AND SIGNED BY APPLICANT:**

I authorize Pyramid Construction to run a background check as a part of my employment.

I understand that Pyramid Construction, Inc. has a random drug test program that I may be subject to.

*It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty.*

*It is agreed and understood that the motor carrier or his agents may investigate the applican'ts background to obtain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and person named herein from all liability for any damages on account of his furnishing such information.*

*It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.*

*I agree to furnish such additional information and complete such examinations as may be required to complete my application file.*

*It is agreed and understood that this Application in no way obligates the motor carrier to employ or hire the applicant.*

*It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse.*

*I certify that the facts contained in this application are true to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.*

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

**REMARKS**

CONCRETE DIVISION <input type="checkbox"/>	HIRE FULL TIME <input type="checkbox"/>	TODAY'S DATE
ASPHALT DIVISION <input type="checkbox"/>	HIRE PART TIME <input type="checkbox"/>	

START DATE	POSITION
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WILL REPORT TO	PAY RATE
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APPROVED: \_\_\_\_\_  
 HIRING MANAGER SIGNATURE CHIEF EXECUTIVE OFFICER