



MARV MCQUEARY EXCAVATING, INC

49 INDUSTRIAL PARKWAY, MOUNDHOUSE NV 89706

P O BOX 1841, CARSON CITY NV 89702

(775) 246-3976

APPLICATION FOR EMPLOYMENT

PLEASE NOTE: You must pass a drug test **BEFORE** we hire you. Marijuana stays in your system for 30 days. If you have done drugs within the past 30 days, please don't waste our time or yours by filling this out.

Date: _____

Phone# _____

Name: _____

FIRST

MIDDLE

LAST

Address: _____

STREET/PO BOX

CITY

STATE

ZIP CODE

Position you are applying for: _____

What is your desired hourly wage? \$ _____ / hour

How did you hear about our company? Newspaper Friend Internet

Do you have a current Driver's License? Yes _____ No _____

Do you have your own transportation? Yes _____ No _____

CDL (Commercial Drivers License)? Yes _____ No _____

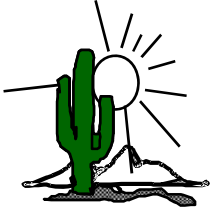
Hazmat Endorsement? Yes _____ No _____

Do you have a Tanker Endorsement? Yes _____ No _____

Do you have a current SPPCO-Gas Training Card? Yes _____ No _____

Do you have a current Flagger's Card? Yes _____ No _____

Have you ever worked in our type of business?
Underground utilities, asphalt paving, dirt
work, etc Yes _____ No _____



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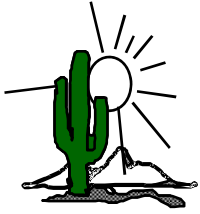
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LIST THE TYPES OF PROJECTS YOU HAVE WORKED ON:

LIST EQUIPMENT YOU HAVE USED:

WHAT TYPE OF TRAINING HAVE YOU RECEIVED TO RUN THE ABOVE EQUIPMENT?
(SCHOOLS ATTENDED, PREVIOUS JOBS, TOTAL HOURS ON EQUIPMENT, ETC.)

WHAT DO YOU FEEL YOU ARE BEST QUALIFIED FOR?



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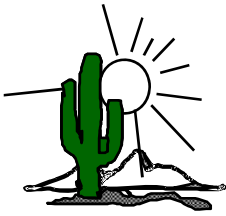
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	YEARS OF EXPERIENCE	TYPES OF EQUIPMENT
BACKHOE	_____	_____
EXCAVATORS	_____	_____
PADDLEWHEEL/SCRAPERS	_____	_____
BLADES	_____	_____
LOADERS	_____	_____
DOZERS	_____	_____
COMPACTORS	_____	_____
ROLLERS	_____	_____
WACKERS	_____	_____
TRANSFERS	_____	_____
TRACTORS	_____	_____
WATER TRUCKS	_____	_____
OTHER	_____	_____

ADDITIONAL COMMENTS:



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PRESENT/LAST EMPLOYER: _____

ADDRESS: _____

PHONE: _____

SUPERVISOR: _____

DATES OF EMPLOYMENT: FROM _____ TO _____ YOUR TITLE: _____

DUTIES: _____

REASON FOR LEAVING: _____

MAY WE CONTACT THIS EMPLOYER: YES _____ NO _____

PREVIOUS EMPLOYER: _____

ADDRESS: _____

PHONE: _____

DATES OF EMPLOYMENT: FROM _____ TO _____ YOUR TITLE: _____

DUTIES: _____

REASON FOR LEAVING: _____

MAY WE CONTACT THIS EMPLOYER: YES _____ NO _____

PREVIOUS EMPLOYER: _____

ADDRESS: _____

PHONE: _____

DATES OF EMPLOYMENT: FROM _____ TO _____ YOUR TITLE: _____

DUTIES: _____

REASON FOR LEAVING: _____

MAY WE CONTACT THIS EMPLOYER: YES _____ NO _____

I certify that this application was completed by me, and that all entries and information in it are true and complete to the best of my knowledge!
I Herby authorize you to give Marv McQueary Excavating, Inc. all information regarding my services, character, conduct and the results of any positive controlled substance tests, alcohol test, evidence of refusal to be tested (including adulterated or substituted test results); other violations of the FMCSA alcohol and controlled substance testing rules and information on any required substance abuse professional(SAP) evaluation and compliance with SAP recommendations for the proceeding three years. I release you from any and all liability, which may result from furnishing such information to the above named company.

Signature

Date