



For Employer Use Only:

Supervisor: _____ Hire date: _____

Classification: Commercial Drivers License Commercial Motor Vehicles Non/CMV Non-Driver

EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

It is our policy to provide employment opportunity without regard to race, color, religion, national origin, sex, age, marital status, sexual orientation, disability, veteran status, or any other category protected by federal, state, or local law.

PLEASE PRINT ALL INFORMATION CLEARLY

LAST NAME	FIRST NAME	MIDDLE NAME	
ADDRESS (If at address less than one year, please provide prior residence address)			TELEPHONE NO.
CITY	STATE	ZIP CODE	COUNTY
ADDRESS (Prior residence)			
ARE YOU AUTHORIZED TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO		AGE – 18 OR OVER <input type="checkbox"/> YES <input type="checkbox"/> NO <small>If no, proof of eligibility to work will be required.</small> 21 OR OVER <input type="checkbox"/> YES <input type="checkbox"/> NO	
ONLY U.S. CITIZENS OR ALIENS WHO HAVE A LEGAL RIGHT TO WORK IN THE U.S. ARE ELIGIBLE FOR EMPLOYMENT. CAN YOU, UPON EMPLOYMENT PROVIDE GENUINE DOCUMENTATION ESTABLISHING YOUR IDENTITY AND ELIGIBILITY TO BE LEGALLY EMPLOYED IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO			
CHECK HIGHEST GRADE COMPLETED IN EACH CATEGORY.	HIGH SCHOOL 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>	COLLEGE 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	GRADUATE SCHOOL 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>

LIST THE SCHOOLS ATTENDED				
Type	Name of Institution	City, State, Zip	Degree(Y/N)	Course or Degree
College or University				
Business School				
Trade School				
High School				
Other				

MANDATORY FOR ALL APPLICANTS			
DO YOU HAVE A VALID DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO DO YOU HAVE A VALID COMMERCIAL DRIVERS LICENSE (CDL)? <input type="checkbox"/> YES <input type="checkbox"/> NO CAN YOU OPERATE COMMERCIAL MOTOR VEHICLES (CMV'S)? <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVERS LICENSE # CDL CLASS	STATE STATE	EXPIRATION DATE EXPIRATION DATE



EMPLOYMENT HISTORY

MANDATORY FOR ALL APPLICANTS

Please list your employer(s) for the past FIVE years, listing the most recent employer first. If additional space is required, please enter on a separate sheet.

FROM Month ____ Year ____ TO Month ____ Year ____	COMPANY	ADDRESS	PHONE NUMBER
JOB TITLE - POSITION		SUPERVISOR	REASON FOR LEAVING
DESCRIPTION OF JOB RESPONSIBILITIES (Indicate significant responsibilities, accomplishments and contributions)			SALARY
Were you subject to the FMCSR's* while employed? <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 and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO Account for period between jobs – include dates and reason.			(See definition below)
FROM Month ____ Year ____ TO Month ____ Year ____	COMPANY	ADDRESS	PHONE NUMBER
JOB TITLE - POSITION		SUPERVISOR	REASON FOR LEAVING
DESCRIPTION OF JOB RESPONSIBILITIES (Indicate significant responsibilities, accomplishments and contributions)			SALARY
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FROM Month ____ Year ____ TO Month ____ Year ____	COMPANY	ADDRESS	PHONE NUMBER
JOB TITLE - POSITION		SUPERVISOR	REASON FOR LEAVING
DESCRIPTION OF JOB RESPONSIBILITIES (Indicate significant responsibilities, accomplishments and contributions)			SALARY
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* The Federal Motor Carrier Safety Regulations (FMCSR's) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.



HAVE YOU EVER BEEN CONVICTED OF A FELONY IN THE LAST SEVEN YEARS THAT HAS NOT BEEN ANULLED, EXPUNGED OR SEALED BY A COURT?* YES NO If yes, provide details. (A conviction will not necessarily disqualify a candidate for employment)

***CALIFORNIA APPLICANTS:** Applicant may omit any convictions for the possession of marijuana (except for convictions for the possessions of marijuana on school grounds or possession of concentrated cannabis) that are more than two (2) years old, and any information concerning a referral to, and participation in, any pretrial or post trial diversion program."

***MASSACHUSETTS APPLICANTS:** Applicant may skip this question.

LIST THREE INDIVIDUALS WHO HAVE KNOWLEDGE OF YOUR OCCUPATIONAL SKILLS AND BACKGROUND.

NAME	LENGTH OF TIME KNOWN	ADDRESS	TELEPHONE #	OCCUPATION

ARE YOU AVAILABLE FOR EMPLOYMENT NOW?
 YES NO

IF NOT, WHEN WILL YOU BE?

PLEASE ADD ANY OTHER INFORMATION REGARDING YOUR SKILLS OR OTHER EXPERIENCE WHICH COULD HELP US IN MAKING A HIRING DECISION:

ORGANIZATIONS, LICENSES, CERTIFICATES, CERTIFICATIONS (Please include date and state of issuance):

Do you have any relatives working for H.L. Chapman Ppl Const? Yes **No**
 If YES, please identify who they are:

Have you ever been employed by HL Chapman Pipeline Const? Yes **No**
 If YES, which company and when?

What type of position are you applying for? _____

What are your wage/salary expectations? _____

WOTC Pre-Screening Notice (PSN)

Applicant Name: _____

Quanta Services is participating in the Work Opportunity Tax Credit (WOTC) program. This program is designed by the federal government to help companies with federal incentives for hiring and retaining individuals from certain targeted groups into the workforce.

Your preliminary response to the IRS Form 8850 questions below will help determine if Quanta Services qualifies for this program. Any information you provide will be kept confidential and will not negatively affect your job, wages, or taxes. Thank you in advance for your time and participation.

In order to determine if Quanta Services potentially qualifies for this program, please check the box, at your discretion, if any of the statements below apply to you.

One or more of these statements apply.

-
- ▶ I received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
 - ▶ If **any** of the following statements apply to you.
 - ▶ I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - ▶ I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - ▶ I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veteran Affairs.
 - ▶ I am at least age 18 but **not** age 40 or older and I am a member of a family that:
 - a. Received SNAP benefits (food stamps) for the past 6 months, **or**
 - b. Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
 - ▶ During the past year, I was convicted of a felony or released from prison for a felony.
 - ▶ I received supplement security income (SSI) benefits for any month ending during the past 60 days.
 - ▶ I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.
 - ▶ I am a veteran and was unemployed for a period or periods totaling at least 6 months during the past year.
 - ▶ I am a veteran entitled to compensation for a service-connected disability and I was discharged or released from active duty in the U.S. Armed Forces during the past year.
 - ▶ I am a veteran entitled to compensation for a service-connected disability and I was unemployed for a period or periods totaling at least 6 months during the past year.
 - ▶ I am a member of a family that:
 - ▶ Received TANF payments for at least the past 18 months, **or**
 - ▶ Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years, **or**
 - ▶ Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.
 - ▶ I have been unemployed at least 27 consecutive weeks and for all or part of that period I received unemployment compensation.



EMPLOYMENT APPLICATION

EMPLOYMENT CONSIDERATION PROCESS

U.S. immigration law requires employees to verify the identity and employment eligibility of all new hires. If you are offered a position, you will be required to produce evidence of your identity and employment eligibility.

PLEASE READ BEFORE SIGNING

“I understand that information I provide regarding current and/or previous employees may be used, and those employer (s) will be contacted, for purpose investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- **Review information provided by current/previous employers**
- **Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and**
- **Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information”**

I understand that the hiring process may require interviews, written tests, and job demonstrations. I agree that I will state whether I need any reasonable accommodations for the job selection procedures.

I understand and agree that I will participate in a Drug and Alcohol test and a physical examination if a job offer is made and that my employment is contingent on satisfactory completion of the test and the examination.

All information disclosed in this application is complete, true and correct. I understand that a background investigation may be conducted to verify my answers. This background investigation may include FBI records for certain positions.

Furthermore, I understand that misrepresentation or omission of requested information will result in my rejection for employment or dismissal after employment.

This application is not an employment contract. Any offer of employment will be on an employment-at-will-basis. This means that I will have an express or implied employment contract and that both the employer and I will have the right to terminate my employment at any time for any reason.

Print Name

Applicant’s Signature

Date