



SBA CERTIFIED HUBZONE CONTRACTOR
VA CLASS A HEAVY HIGHWAY CONTRACTOR

EMPLOYMENT APPLICATION

Date \_\_\_\_\_

Name \_\_\_\_\_
First Middle Last

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

City and State of Birth \_\_\_\_\_

Email Address: \_\_\_\_\_

If you lived at the above address for less than 3 years, continue listing them below to cover the previous 3-year period:

- 1. Address \_\_\_\_\_ Dates: From: \_\_\_\_\_ To \_\_\_\_\_
2. Address \_\_\_\_\_ Dates: From: \_\_\_\_\_ To \_\_\_\_\_

Position applying for:

\_\_\_\_\_ Equipment Operator \_\_\_\_\_ Truck Driver \_\_\_\_\_ Laborer \_\_\_\_\_ Other \_\_\_\_\_

Salary/Hourly Wage Desired: \_\_\_\_\_

Driver's License Information - List all licenses held within the last 3 years:

State \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

State \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Do you have a Commercial Driver's License (CDL)? \_\_\_\_\_ Yes \_\_\_\_\_ No

Special Studies and/or Skills \_\_\_\_\_

Hobbies: \_\_\_\_\_

Education: Name & Location # of Years Completed Diploma/Degree

High School \_\_\_\_\_

College or Trade School \_\_\_\_\_

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Office: 218-675-5808 Fax: 218-675-5809

3798 State Hwy 371, Box 6, Hackensack, MN 56452 • 2524 George Washington Mem Hwy, Suite D, Yorktown, VA 23693

# ASPEN

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## CONSTRUCTION CO.

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Employment History – List all employers within the past 10 years (most recent listed first):

1. Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ To \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Position: \_\_\_\_\_ Starting Wage: \_\_\_\_\_  
Duties: \_\_\_\_\_ Ending Wage: \_\_\_\_\_  
Were you subject to the Federal Motor Carrier Safety Regulations during this period? \_\_\_ Yes \_\_\_ No  
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? \_\_\_ Yes \_\_\_ No  
Reason for leaving: \_\_\_\_\_
  
2. Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ To \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Position: \_\_\_\_\_ Starting Wage: \_\_\_\_\_  
Duties: \_\_\_\_\_ Ending Wage: \_\_\_\_\_  
Were you subject to the Federal Motor Carrier Safety Regulations during this period? \_\_\_ Yes \_\_\_ No  
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? \_\_\_ Yes \_\_\_ No  
Reason for leaving: \_\_\_\_\_
  
3. Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ To \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Position: \_\_\_\_\_ Starting Wage: \_\_\_\_\_  
Duties: \_\_\_\_\_ Ending Wage: \_\_\_\_\_  
Were you subject to the Federal Motor Carrier Safety Regulations during this period? \_\_\_ Yes \_\_\_ No  
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? \_\_\_ Yes \_\_\_ No  
Reason for leaving: \_\_\_\_\_

**Use backside of sheet for additional employers if needed**

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Have you been an active member in the United States Military?       Yes     No

If yes, please list the branch, years of services and reason for discharge: \_\_\_\_\_

Have you ever had a workers compensation claim?       Yes     No

If yes, please explain: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship to You: \_\_\_\_\_ Phone: \_\_\_\_\_

### Certification

**“I certify that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.”**

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date Signed

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### TO BE COMPLETED BY EMPLOYER:

Received by:

Reviewed by:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

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CDL Employment Application – Additional Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Commercial Driving Experience (If none, write NONE):

Table with 3 columns: Type of Vehicle Driven, To Dates, Approximate Mileage Driven. Three rows for experience entries.

Accidents – List all accidents within the last 3 years (If none, write NONE):

Table with 4 columns: Date, Description, Fatalities, Injuries. Three rows for accident entries.

Traffic Violations – List all violations within the last 3 years (If none, write NONE):

Table with 4 columns: Date, Violation, State, Commercial Vehicle: Yes/No. Five rows for violation entries.

Have you ever had any driver’s license denied, suspended, revoked or canceled by any issuing state agency?

Yes No If yes, list the state and please explain: \_\_\_\_\_

Certification

“I certify that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.”

Applicant’s Signature Date Signed

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For driver applicants of commercial motor vehicles that require a Commercial Driver License (CDL) the applicant must disclose their controlled substance and alcohol status per the requirements of 49 CFR part 40.25(j).

As a prospective driver employee, you have the right to review information provided by previous employers. You have the right to have errors in the information corrected by the previous employer(s) and for that previous employer(s) to re-send the corrected information to the prospective employer; the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Driver employees who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer provided investigative information, must submit a written request to the prospective employer, which may be done at any time, including when applying or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five (5) business day deadlines will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider driver to have waived their request to review the records.

Certification

I certify that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant's Signature

Date Signed

TO BE COMPLETED BY THE EMPLOYER:

Application received by:

Application reviewed for completeness by:

Name

Name

Title

Date

Title

Date

SIGNIFICANT DATES:

Date of Hire:

Time & Date of Pre-Employment CST:

Time & Date of Pre-Employment CST Results Received:

Date First Used in Safety Sensitive Position:

Date of Termination:

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Controlled Substance and Alcohol Questionnaire
Pursuant to 49 CFR part 40.25(j)

Date
Name First Middle Last
Address
Home Phone Cell Phone
Date of Birth Social Security Number

49 CFR 40.25(j)

During the past two years, have you been unable to obtain a job for which you applied that involved safety-sensitive transportation work that is covered by the DOT drug and alcohol testing rules because you tested positive or refused to test on a pre-employment screening?
If yes, have you successfully completed the return-to-duty process?
If yes, documentation must be provided before any safety-sensitive transportation function is performed.

Applicant's Signature Date Signed

TO BE COMPLETED BY EMPLOYER:

Received by: Reviewed by:
Name Name
Title Date Title Date

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