



DIG-IT, INC. Is an Equal Opportunity Educational Institutional and EEO/Affirmative Action Employer committed to excellence through diversity. Employment offers are made based on qualifications, and without regard to race, sex, religion, national or ethnic origin, disability, age, better status, or sexual orientation.

PLEASE TYPE OR PRINT. Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (do not indicate "See Resume.") Applications with missing or invalid job numbers will not be considered for any position.

PERSONAL INFORMATION:

Position Applying For (Job #):		Name (last, first, middle):		
Other names under which you have attended school or been employed:			Social Security Number:	
Home/Cell Phone:				
Street Address:		City, State & ZIP		
Have you lived at this address for less than one year?		YES / NO		
Previous Three years' residence:	Street Address	City	State & ZIP	Number of Years
Are you eligible to work in the United States? YES / NO				
Are you 18 years of age or older? YES / NO		If NO, what is your current age?		
Are you currently employed? YES / NO If YES, what is your current job title and department?				
Have you ever been employed by DIG-IT, INC.?		YES / NO		
If YES, list dates of employment and reason for leaving:				
Are you related to any current DIG-IT, INC. employee?		YES / NO		

CDL CLASSIFICATIONS:

<p>If required for the position, do you have a valid driver's license? YES / NO</p> <p>If YES, please list the state of issuance, license # and expiration date:</p>
<p>Do you have a valid Commercial Driver's License (CDL)? YES / NO</p> <p>If YES, please list the CDL class, state and expiration date:</p>
<p>Can you operate CMVs? YES / NO</p>

DRIVING EXPERIENCE:

Equipment Class	Equipment Type (van, flat, tank, etc.)	Dates		Approximate Mileage (Total)
		From:	To:	
Straight Truck				
Tractor with Semi-trailer				
Tractor with 2 Trailers				
Other				

Accident record for the past 3 years (attach another sheet if more space is needed):

Dates	Nature of Accident (head-on, rear-end, upset, etc.)	Number of Fatalities	Number of Injuries	Chemical Spill? YES / NO

Traffic convictions and forfeitures for the past 3 years, other than parking violations (attach sheet if needed):

Date Convicted (month/year)	Violation	State/Location of Violation	Penalty (forfeited bond, collateral and/or points)

Have you ever been denied a license, permit or privilege to operate a motor vehicle?	YES / NO
Has any license, permit or privilege ever been suspended or revoked?	YES / NO

Can you, upon employment, provide genuine documentation establishing your identity and eligibility to be legally employed in the United States?	YES / NO
How did you learn about this employment opportunity at Dig-It? (Check all that apply): <input type="checkbox"/> Ad in newspaper <input type="checkbox"/> Ad in magazine <input type="checkbox"/> Job posting/Walk-in <input type="checkbox"/> Dept. of Labor <input type="checkbox"/> Referral by employee <input type="checkbox"/> Other:	

EDUCATION:

School Name	City/State	Did you Graduate?	If NO, years left to graduate:	If YES, date of graduation:	Degree Received:	Major:
		YES / NO				
		YES / NO				
		YES / NO				
		YES / NO				

EMPLOYMENT HISTORY: (Mandatory for all applicants)

Please list all your employer(s) for the past *five* years, listing more recent employer first. Attach sheet if needed.

Dates	Employer / Company		Supervisor Info	Salary	
From:	Name	Street Address	Name	Beginning:	Ending:
To:	City, State, ZIP	Phone Number	Title	Were you subject to the FMCSRs while employed?	
Reason for Leaving:				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?	
Description of Job Responsibilities:					

Dates	Employer / Company		Supervisor Info	Salary	
From:	Name	Street Address	Name	Beginning:	Ending:
To:	City, State, ZIP	Phone Number	Title	Were you subject to the FMCSRs while employed?	
Reason for Leaving:				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?	
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Description of Job Responsibilities:					

If you have had any periods of time between jobs, please describe below, listing dates and reasons.

EMPLOYMENT HISTORY:

CREW LEADER	Are you:	
	able to climb a ladder to get in or out of a ditch or manhole?	YES / NO
	able to personally carry a weight of up to 50 pounds?	YES / NO
	able to wear protective equipment that the job requires?	YES / NO
OPERATOR	Are you:	
	able to use a ladder to get in or out of equipment?	YES / NO
	able to crawl underneath or on top to service equipment?	YES / NO
	able to receive and give hand signals to operate equipment safe?	YES / NO
	able to wear protective equipment that the job requires?	YES / NO
LABORER	Are you:	
	able to climb a ladder to get in or out of a ditch or manhole?	YES / NO
	able to crawl under or climb a piece of equipment to weld?	YES / NO
	able to kneel down in a ditch to weld or grind the pipe?	YES / NO
	able to wear protective equipment that the job requires?	YES / NO

PERSONAL REFERENCES:

Please give name, address, occupation, and phone number of three references not related to you.

	Name	Occupation	Address	Phone Number
1				
2				
3				

TRAVEL:

Travel is a necessity in the utility construction industry. As the job requires, are you willing to travel:

Up to 50 miles (one way):	YES / NO	Overnight travel, beyond 50 miles?:	YES / NO
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SPECIAL SKILLS:

If relevant, please describe work processing speed, software knowledge, and office equipment experience below.

MILITARY SERVICE RECORD:

Have you ever served in the Armed Forces?	YES / NO
Years of Service (start and end dates):	Job Specialization:

EQUIPMENT:

Check each piece of equipment you can operate, and then list the type/model if known:

Trencher	Welder
Loader	Crane
Boring Machine	Dump Truck
Grader	Cable Plow
Bulldozer	Backhoe
Shop Machinery	Boom Truck
Side Boom	Pavement Breaker
Other:	



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 the information I provide regarding current and/or previous employees may be used, and those employer(s) will be contacted, for the purpose of 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.
- 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/ 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 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 not 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.

Applicant's Signature

Date

Name of Job Applicant/Employee:			
Address:			
Driver's License Number:			
Date of Birth:		Today's Date:	

Motor Vehicle Reports reports may be obtained as part of the **Dig-It, Inc.** or **Dig-It Hydro-Excavation, LLC** evaluation of my job application/employment. The reports may be procured by the Olivier-VanDyk Insurance Agency, Inc. and may include my driving record, an assessment of my insurability under the Company's insurance coverage's. By signing this disclosure, I hereby authorize the Company to procure such reports and additional reports about me from time to time, as it deems appropriate, to evaluate my insurability for employment or for permissible purposes.

Signature of Job Applicant/Employee

Print Name of Job applicant/Employee

Return to:

Jody Johnson
Olivier VanDyk Insurance Agency, Inc.
2780 44th St SW
Wyoming, MI 49519
Em: jodym@ovdinsurance.com
Fax: 616.454.7100