

Erfurt Blasting Co., Inc.

PO BOX 186, Round Rock, TX 78680

Phone: (512) 255-6929 Fax: (512) 255-0494

Today's Date	Position(s) Applied for		
Last Name	First Name	Middle Name	Maiden/Former Names
Address		City	State Zip Code
Telephone Number ()	Date of Birth	Place of Birth: <i>(City, State, Country)</i>	Social Security Number:

<i>Previous Addresses</i>	List addresses for the Last Three Years		
Address	City	State	Zip Code
Address	City	State	Zip Code
Address	City	State	Zip Code

Past Employment
 Fill out this section in its entirety. List your current or most recent employer first. Account for employment experience for **past 10 years**, including military service.

Previous Employer

Company Name:		Address:	
City:	State:	Zip Code:	
Telephone Number: ()	Position Held:	Immediate Supervisor's Name and Contact Number:	
Starting Date:	Ending Date:	Starting Rate	Ending Rate:
Describe Duties:			
Reason for leaving;			
Was your position subject to the FMCSR's?		Was your position subject to DOT alcohol & controlled substance testing?	

Previous Employer

Company Name:		Address:	
City:	State:	Zip Code:	
Telephone Number: ()	Position Held:	Immediate Supervisor's Name and Contact Number:	
Starting Date:	Ending Date:	Starting Rate	Ending Rate:
Describe Duties:			
Reason for leaving;			
Was your position subject to the FMCSR's?		Was your position subject to DOT alcohol & controlled substance testing?	

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Company Name:		Address:	
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Telephone Number: ()	Position Held:	Immediate Supervisor's Name and Contact Number:	
Starting Date:	Ending Date:	Starting Rate	Ending Rate:
Describe Duties:			
Reason for leaving;			
Was your position subject to the FMCSR's?		Was your position subject to DOT alcohol & controlled substance testing?	

Drilling Experience

Leave No Blanks

Please list type of drills you are experience in operating along with three references:

Type of Drills

(IR, Atlas Copco, Tamrock, etc..)

References: 1. _____
2. _____
3. _____

Blasting Experience

Leave No Blanks

Please list training and Blasters License that you hold, along with three references:

Training: _____
Blasters License _____

References: 1. _____
2. _____
3. _____

Mechanics Experience

Leave No Blanks

Please list training and License that you hold, along with three references:

Training: _____
License _____

References: 1. _____
2. _____
3. _____

Driving Experience

Leave No Blanks

Please list training and License that you hold, along with three references:

Training: _____
License _____

References: 1. _____
2. _____
3. _____

MVR Information

Driving Experience:

Valid driver's license number and issuing state _____ Class _____ Expires _____

List states operated in for the last three years _____

Has your license ever been revoked/suspended? Yes _____ No _____ Date of Birth _____

If yes, please explain _____

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Approximate Number of Total Miles
		From	To	
Straight Truck	_____	_____	_____	_____
Tractor and Semi-Trailer	_____	_____	_____	_____
Tractor-Two Trailers	_____	_____	_____	_____
Motor coach-School Bus	_____	_____	_____	_____
Other	_____	_____	_____	_____

Restrictions _____ (If no driver's license, please check none) None _____
 Endorsements _____

List All Accidents for the past 3 years. If there are not any to report, write "NONE".

- Date _____ Location _____
Describe _____
- Date _____ Location _____
Describe _____
- Date _____ Location _____
Describe _____

List All Traffic Citations for the past 3 years, including the above reported vehicle accidents. Write "NONE" if it applies.

- Date _____ Location _____
Describe _____
- Date _____ Location _____
Describe _____
- Date _____ Location _____
Describe _____

List All Alcohol/Drug Related Driving Offenses (DWI, DUI, Etc.) Write "NONE" if it applies. Do not leave any blanks.

- Date _____ Location _____
Describe _____
- Date _____ Location _____
Describe _____
- Date _____ Location _____
Describe _____

I CERTIFY THIS APPLICATION WAS COMPLETED BY ME, AND ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Applicant Print Name: _____

Applicant Signature: _____

Date Signed: _____