URBANBUILT

Application for Employment

UrbanBuilt, LLC is an equal opportunity employer and, in conformity with applicable laws, does not discriminate on the basis of race, color, religion, sex, national origin, marital status, veteran status, physical or mental disability, sexual orientation, and any other impermissible criteria according to applicable laws. No questions on this application are intended to secure such information to be used for such discrimination. This application will be given every consideration but its receipt does not imply that the applicant will be employed. This application will be considered for only thirty (30) days. For consideration of employment opportunities after thirty (30) days, you must reapply.

GENERAL INFORMATION

(Provide all addresses used in the most recent three years.)

Name: _____
(Last) (First) (Middle)

Current Address: _____
(Number) (Street) (City) (State) (Zip Code)

Home/Cell Telephone: _____ Email Address: _____

Prior Address: _____
(Number) (Street) (City) (State) (Zip Code)

Prior Address: _____
(Number) (Street) (City) (State) (Zip Code)

Have you ever been known by any other name? If yes, please list: _____

Do you have any relatives or any other member of the same household employed by us? ☐ Yes ☐ No If Yes, Give Date: _____

Have you filed an application here before? ☐ Yes ☐ No If Yes, Give Date: _____

Have you ever worked here before? ☐ Yes ☐ No

Have you ever been involuntarily terminated from employment? ☐ Yes ☐ No ☐ Unsure
If Yes or Unsure, please explain: _____

Are you prevented from lawfully becoming employed in this country because of Visa or immigration status? (Proof of eligibility to work in this country is required upon employment) ☐ Yes ☐ No

Have you ever been convicted of a misdemeanor or felony, or are you presently formally charged with committing a criminal offense? ☐ Yes (explain below) ☐ No

(Responding "yes" will not necessarily disqualify application from employment. Do not include any traffic violations, juvenile offenses, criminal charges that have been expunged, or military convictions, except by general court martial.)

If yes, please furnish details of conviction below, including type of offense, location, date and sentence.

_____

_____

EMPLOYMENT INFORMATION

Date of Application: _____ How were you referred to us? _____

Position(s) Applied for: _____

On what date would you be available for work? _____

What schedule would you prefer: ☐ Full Time ☐ Part Time

Are you available for weekend and evening work? ☐ Yes ☐ No

Minimum Acceptable Wage: $_____ per ☐ Hour ☐ Week ☐ Month ☐ Year

EDUCATION/SKILLS

	ELEMENTARY	HIGH SCHOOL	COLLEGE / UNIVERSITY	GRADUATE/PROF
School Name and Location				
Years Completed (Circle highest level completed)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Credits Earned				
Did you Graduate?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Diploma/Degree Awarded				
Major Course of Study				
Describe Specialized Training, Apprenticeship Skills and Extra Curricular Activities.				

List professional, trade, business or civic activities and offices held (you may exclude those which indicate race, color, religion, sex or national origin): _____

State any additional information or qualifying statement you want to make that you feel may be helpful to the Company in considering your application:

_____

MILITARY SERVICE

Have you ever been a member of the United States Armed Services?	☐ Yes ☐ No
If "Yes," did you acquire any skills that relate to the job for which you are applying?	☐ Yes ☐ No If yes, what skills? _____

PERSONAL REFERENCES

Give name, address and telephone number of three references that are not related to you and are not previous employers.

NAME	ADDRESS	TELEPHONE NUMBER

EMPLOYMENT EXPERIENCE

Applicants must provide the following. Additionally, applicants that desire to drive in intrastate/interstate commerce must provide the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of 10 years employment record). **You must list the complete mailing address: street number and name, city, state and zip code.**

Start with your present or most recent job, including military service, assignments and/or voluntary activities. You may exclude organization names which indicate race, color, religion, sex, or national origin. Any gaps in employment and/or unemployment must be explained, including dates (month/year) and reason.

(1) Employer Telephone _____ ( ) _____ Address: _____ _____ Job Title: _____ Supervisor: _____ Reason for Leaving: _____	Dates Employed From To _____ / _____ Hourly Rate/Salary Starting Ending _____ / _____	Work Performed
(2) Employer Telephone _____ ( ) _____ Address: _____ _____ Job Title: _____ Supervisor: _____ Reason for Leaving: _____	Dates Employed From To _____ / _____ Hourly Rate/Salary Starting Ending _____ / _____	Work Performed
(3) Employer Telephone _____ ( ) _____ Address: _____ _____ Job Title: _____ Supervisor: _____ Reason for Leaving: _____	Dates Employed From To _____ / _____ Hourly Rate/Salary Starting Ending _____ / _____	Work Performed
(4) Employer Telephone _____ ( ) _____ Address: _____ _____ Job Title: _____ Supervisor: _____ Reason for Leaving: _____	Dates Employed From To _____ / _____ Hourly Rate/Salary Starting Ending _____ / _____	Work Performed

For each of the preceding Employers, please respond to the following:

Employer Number from Above:	Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by this Employer?	Was the job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?
Employer (1)	☐ Yes ☐ No	☐ Yes ☐ No
Employer (2)	☐ Yes ☐ No	☐ Yes ☐ No
Employer (3)	☐ Yes ☐ No	☐ Yes ☐ No
Employer (4)	☐ Yes ☐ No	☐ Yes ☐ No

If you need additional space, please continue on a separate sheet of paper.

You may contact the employers listed on this Application and additional pages unless I indicate those I do not want you to contact. _____ _____ Signature Date	DO NOT CONTACT Employer Number(s): _____ Reason(s): _____ _____

Special Skills and Qualifications

LICENSE INFORMATION

Complete this section only if the position you are applying for requires a driving qualification.

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license." I certify that I do not have more than one motor vehicle license, the information for which is listed below.

Do you have a valid driver's license? ☐ Yes ☐ No Type of License: _____
If Yes, License Number: _____ Exp. Date: _____ State Issued: _____

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	**TYPE OF EQUIPMENT**	**DATES (FROM/TO)**	**APPROX NUMBER OF MILES**	

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (Attach sheet if more space is needed)

NATURE OF ACCIDENT: (Head-on, Rear-End, Upset, etc.)	DATE(S)	FATALITIES, INJURIES, OR CHEMICAL SPILLS?	NOTE DETAILS:
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	

TRAFFIC CONVICTIONS AND FORFEITURES FOR PAST 3 YEARS (Other than parking violations.)

DATE			

CONVICTED (Month/Year)	STATE OF VIOLATION	VIOLATION	PENALTY

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?
☐ Yes ☐ No If yes, please explain:

_____

B. Has any license, permit or privilege ever been suspended or revoked?
☐ Yes ☐ No If yes, please explain:

_____

APPLICANT - PLEASE READ AND SIGN

UNDER THE FEDERAL EMPLOYEE POLYGRAPH PROTECTION ACT OF 1988, AN EMPLOYER MAY NOT REQUIRE ANY APPLICANT FOR EMPLOYMENT OR PROSPECTIVE EMPLOYMENT OR ANY EMPLOYEE TO SUBMIT TO OR TAKE A POLYGRAPH, LIE DETECTOR OR SIMILAR TEST OR EXAMINATION AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. ANY EMPLOYER WHO VIOLATES THIS ACT MAY HAVE COURT ACTION BROUGHT AGAINST THEM BY THE SECRETARY OF LABOR TO RESTRAIN ANY SUCH VIOLATION AND ASSESS CIVIL MONEY PENALTIES UP TO $10,000.

UNDER MARYLAND LAW AN EMPLOYER MAY NOT REQUIRE OR DEMAND ANY APPLICANT FOR EMPLOYMENT OR PROSPECTIVE EMPLOYMENT OR ANY EMPLOYEE TO SUBMIT TO OR TAKE A POLYGRAPH, LIE DETECTOR OR SIMILAR TEST OR EXAMINATION AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. ANY EMPLOYER WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED $100.

_____ _____
Signature Date

DRUG-FREE WORKPLACE NOTICE

UrbanBuilt, LLC participates in the Drug-Free Workplace guidelines associated with commercial motor vehicle operation. As a result, an Applicant who is extended an offer of employment will be required to submit to drug and alcohol testing. This testing will be required prior to the first day of employment, and any offer is contingent upon a successful drug test result pursuant to the Company's policy, a copy of which will be provided to the individual at the time of an offer of employment. Alcohol and drug testing may be required periodically after employment has commenced as well.

URBANBUILT, LLC
AUTHORIZATION

I hereby affirm that the facts contained in this application, including any attachments are true, correct and complete to the best of my knowledge. I have not withheld any fact or circumstance, which would, if discovered, affect my application unfavorably. I understand that the misrepresentation or omission of a fact called for in this application or other Company records may be cause for immediate dismissal.

I further authorize UrbanBuilt, LLC or any of its subsidiaries and/or affiliates, and vendors, to verify any and all information contained herein. This includes the investigation of references and employers listed within to provide the Company any and all information concerning my previous employment.

I hereby authorize and permit UrbanBuilt, LLC and its subsidiaries and/or affiliates, and vendors, to hereafter investigate and disclose information contained in this application and such additional information regarding my employment to UrbanBuilt, LLC and its subsidiaries and/or affiliates to any person, firm or organization (e.g., state police, criminal, or credit check, if necessary). I also release the Company from all liability for any damage that may result from the utilization of such information.

Further, I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) may be contacted for the purpose of investigating my safety and 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 also understand and agree that no representative of the Company has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing unless it is written and signed by an authorized Company representative. I also understand that if I should become employed by the Company, my employment is “at-will” and can be terminated by me or the Company at any time without cause and/or without notice.

I hereby acknowledge that I have read all of the above statements and understand the same.

_____ _____

Signature Date

_____

Printed Name