



1075 East 450 South, POB 1455, Vernal, UT 84078

Phone: (435) 828-1919

http://www.energyarmorllc.com

EMPLOYMENT APPLICATION

NAME: _____ DATE OF APPLICATION: ____/____/____
LAST FIRST MIDDLE

CURRENT ADDRESS: _____
ADDRESS CITY STATE ZIP

PHONE: (____) _____ DATE OF BIRTH: ____/____/____

State Previous Addresses (3 Years)

Address	City	State	Zip

Use backside of sheet for additional addresses

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

License Number	Class	State	Exp. Date

Have you ever had any driver's license denied, suspended, revoked, or cancelled by any state agency?

Yes: No: If yes, please state of issuance and explanation of the circumstances _____

Use additional sheet if additional space is needed

Driving Experience

Type of Equipment (Truck, Tractor/trailer, tank, etc.)	Date		Approx. Mileage Driven (Total)
	To	From	

List all traffic violation, convictions for the previous 3 years (Write NONE, if none)

Date	Location	Violation	Commercial Vehicle
			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
			Yes: <input type="checkbox"/> No: <input type="checkbox"/>

			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
			Yes: <input type="checkbox"/> No: <input type="checkbox"/>

List all accidents for the previous 3 years (Write NONE, if none)

Date	Nature of accident	Fatalities	Injuries

Employment History

List all employment for the previous 3 years, all driving jobs for the previous 10 years, including any gaps between employers.

Employer:	Period of Employment		Supervisor
	From:	To:	
Address:			
City, State, Zip			Telephone:
Title and Duties:			

Reason for Leaving:

Employer:	Period of Employment		Supervisor
	From:	To:	
Address:			
City, State, Zip			Telephone:
Title and Duties:			

Reason for Leaving:

Employer:	Period of Employment		Supervisor
	From:	To:	
Address:			
City, State, Zip			Telephone:
Title and Duties:			

Reason for Leaving:

Employment History (Continued)

Employer:	Period of Employment		Supervisor
	From:	To:	
Address:			
City, State, Zip			
Telephone:			
Title and Duties:			
Reason for Leaving:			

Employer:	Period of Employment		Supervisor
	From:	To:	
Address:			
City, State, Zip			
Telephone:			
Title and Duties:			
Reason for Leaving:			

Employer:	Period of Employment		Supervisor
	From:	To:	
Address:			
City, State, Zip			
Telephone:			
Title and Duties:			
Reason for Leaving:			

(Use additional sheet if needed)

Certification

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

As a perspective employee, you will 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 drive 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 deadline will begin when the perspective 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 the driver to have waived their request to review the record.

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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DIRECT DEPOSIT AUTHORIZATION

Use this form to notify your employer to begin placing deposits in your account.

Personal Information		
Employee Name:		
SSN:	Employee ID:	
Street Address:		
City:	State:	Zip:
Cellular Phone		Home Phone

Account Information	
Bank/CU Name:	Account Type:
Bank Routing Number:	Account Number:
Attach VOIDED check below	

Deposit Information	
Effective:	<input type="checkbox"/> Immediately Amount: <input type="checkbox"/> Entire Net Pay
<input type="checkbox"/> Beginning on: ____/____	<input type="checkbox"/> ____ % of Net Pay
	<input type="checkbox"/> Specific dollar amount _____.00

Authorization	
To: ENERGY ARMOR, LLC.	
I authorize the above Employer/Payor to initiate credit entries and, if necessary, to initiate any debit entries and adjustments to correct any erroneous credit entries for Direct Deposit of above payroll/other amount to my above account at the institution listed, on a recurring basis until I notify you in writing that I revoke this authorization.	
X _____	Date: _____

