



**PIONEER  
IS A DRUG-FREE  
WORKPLACE**

We offer equal employment opportunity to qualified applicants regardless of race, creed, color, sex, age, national origin, disability, veteran status, or marital status.

PHONE: 480-926-8200 FAX 480-926-9091

**Incomplete Applications  
Will Not Be Considered.**

## APPLICATION FOR EMPLOYMENT

P E R S O N A L	Last Name _____	First _____	Middle _____	Date _____	
	Street Address _____			Home Telephone _____	
	City, State, Zip _____			( ) _____ Alternate Telephone	
	Have you ever been employed at any Pioneer Sand Company or any of it's affiliates? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year _____ Location _____			( ) _____ Social Security #	
	Position Desired _____		Location Desired _____		Driver's License # _____
	Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____				Exp. Date _____
	Are you legally eligible for employment in the United States? This information will be verified according to federal laws.				Medical Certification _____
	Other special training or skills (languages, machine operation, etc.) _____				Expiration Date _____
Telephone number to be used in the event of an emergency: _____				Pay Expected _____	
( ) _____				Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name _____			Telephone number _____	Relationship _____	
				When will you be available to begin work? _____	

R E S I D E N C E	List all addresses which you have resided at during the past three years, starting with the most recent. Per 391.21 (6)(3) C.F.R.			
	From _____	TO _____		
	Street Address _____	City _____	State _____	Zip _____
	From _____	TO _____		
	Street Address _____	City _____	State _____	Zip _____
	From _____	TO _____		
Street Address _____	City _____	State _____	Zip _____	
Use additional sheets if necessary.				

E D U C A T I O N	School	Name and Location of School	Course of Study	No. of Years Completed	Did You Graduate?	Degree or Diploma
	College				<input type="checkbox"/> yes <input type="checkbox"/> No	
	Bus/Trade/Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	

S K I L L S	List all equipment operated with a brief description of job application.	
	1	_____
	2	_____
	3	_____
	4	_____

# EMPLOYMENT

List the names and addresses of all employers during the last ten years, complete with dates of employment and reason for leaving. Use an additional sheet if necessary. Begin with last employer first.

1	Company Name	Telephone ( )
	Address / City / State / Zip Code	Employed (State month and year) From TO
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work	Reason for leaving
2	Company Name	Telephone ( )
	Address / City / State / Zip Code	Employed (State month and year) From TO
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work	Reason for leaving
3	Company Name	Telephone ( )
	Address / City / State / Zip Code	Employed (State month and year) From TO
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work	Reason for leaving
4	Company Name	Telephone ( )
	Address / City / State / Zip Code	Employed (State month and year) From TO
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work	Reason for leaving
5	Company Name	Telephone ( )
	Address / City / State / Zip Code	Employed (State month and year) From TO
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work	Reason for leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.	<b>DO NOT CONTACT</b>
	Employer Number(s) _____ Reason _____

<b>SURVEY</b>	To comply with U.S. Dept. of Labor, Pioneer must conduct the following survey regarding each employee's veteran status. Your answers are voluntary	
	Are you a "Special Disabled Veteran"?	Yes _____ No _____
	Are you a veteran of the Vietnam era?	Yes _____ No _____
	Other Eligible Veteran?	Yes _____ No _____

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Have you been convicted of a crime in the past seven years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court?  Yes  No If YES, describe in full.

Are you able to perform the tasks and functions of the job which you applied for with or without reasonable accommodation?  
 Yes  No

Pioneer Landscaping Materials, Inc. will not employ any "minor" due to employment restrictions.  
The definition of a "minor" in this case is any person under 18 years of age.  
Are you a minor?  Yes  No

## COMMERCIAL MOTOR VEHICLE DRIVER APPLICANTS

Per Federal Motor Carrier Safety Regulation, §383.21, drivers of commercial motor vehicles should possess only one driver's license. I certify that I have read and understand the preceding statement and comply with this requirement.

I also certify that the following is a true and complete list of traffic violations, (other than parking violations) for which I have been convicted or forfeited bond or collateral, a list of all vehicle accidents and details pertaining to any permit or license denial, revocation or suspension during the past 36 months.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### LIST ALL UNEXPIRED OPERATOR'S LICENSES OR PERMITS

- (1) State \_\_\_\_\_ Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ Class \_\_\_\_\_ Endorsement \_\_\_\_\_
- (2) State \_\_\_\_\_ Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ Class \_\_\_\_\_ Endorsement \_\_\_\_\_

As required by Federal Motor Carrier Safety Regulation §391.21, state your date of birth: \_\_\_\_\_

\*SUPPLY A DETAILED LIST OF ALL VEHICLE ACCIDENTS FOR THE PREVIOUS 3 YEARS, SPECIFYING -- DATE AND NATURE OF EACH ACCIDENT AND ANY FATALITIES OR PERSONAL INJURIES IT CAUSED.

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\* SUPPLY DETAILS OF ANY LICENSE OR PERMIT DENIAL, REVOCATION OR SUSPENSION OF PRIVILEGES TO OPERATE A MOTOR VEHICLE OR STATE THAT NO DENIAL, REVOCATION OR SUSPENSION HAS OCCURRED.

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\*LIST ALL MOTOR VEHICLE VIOLATION CONVICTIONS AND BOND OR COLLATERAL FORFEITS (EXCEPT FOR PARKING) DURING THE PREVIOUS 3 YEARS.

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SIGNATURE

This application form is intended for use in evaluating your qualifications for employment. This application is considered current for 30 days. In order to be considered 'for future positions, a new application must be filed to maintain current status. This is not an employment contract. Acceptance of an offer of employment does not create an obligation to continue employment in the future. All qualified applicants will receive consideration regardless of sex, marital status, race, age, creed, national origin or the presence of disabilities. Additional testing of job related skills will be required prior to employment. As a condition of employment, and after receipt of a conditional offer of employment, you will be required to authorize the release of information concerning but not limited to workman's compensation claims, motor vehicle driving records, criminal history and medical records. Worker's compensation and medical record information will only be requested and used in compliance with Arizona and federal laws. Any legal licensing requirements must be secured and maintained as an employment condition.

By my signature below, I certify that I have read and understand all questions and applicant notes in this form and that all answers given and statements made are true to the best of my knowledge and belief. I understand that false or misleading information and statements given by myself shall be grounds for terminating the application process or employment if offered. I authorize the company and/or its agents to verify any of this information. I authorize all persons, schools, companies, agencies and law enforcement authorities to release any information concerning my background and release same from any liability from any damage whatsoever for issuing this information. I also understand that the use of illegal drugs and reporting to work or working under the influence of alcoholic beverages is prohibited during my employment period. I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Applicants  
Do NOT Complete**

**REFERENCE CHECK**

**For Pioneer  
Office Use ONLY**

**REFERENCE  
#1**

**REFERENCE  
#2**

**REFERENCE  
#3**

When did this individual work for your company'?			
What type of work was done?			
How would you rate the quality of work?			
What type of vehicle(s) were operated?			
Was this individual involved in any traffic accidents? _____ How many? _____ Were they Preventable? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Did this individual have any lost time injuries on the job?			
Did this individual have an attendance problem?			
Why did this worker leave your company'?			
Is this person eligible to rehire?			



To All Applicants for Employment:

Pioneer Landscaping Materials, Inc is dedicated to providing our current employees and our community a drug and alcohol free workplace.

As an applicant for employment at Pioneer, you are hereby informed of our policy to require pre-employment drug and/or alcohol screen testing of all prospective applicants that are determined to have the appropriate levels of skills and experience for any open position available.

If you are considered for a position with our company, you will be required to pass a drug and/or alcohol screen test as a condition of employment. This test will be administered by company contracted physicians and laboratory facilities. You will be required to participate in this testing procedure within a time frame so designated by Pioneer Landscaping Materials, Inc.

Your signature below indicates your understanding and acceptance of Pioneer Landscaping Materials, Inc. pre-employment drug screen testing requirements.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



**IMPORTANT NOTICE  
REGARDING BACKGROUND REPORTS  
FROM THE PSP ONLINE SERVICE  
(DRIVERS ONLY)**

In connection with your application for employment with Pioneer Landscaping Materials, Inc. (PLM), it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). If PLM uses any information it obtains from FMCSA in a decision to not hire you or make any other adverse employment decision regarding you, PLM will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, PLM will notify you that the action has been taken and that the action was based in part or in whole on this report. PLM cannot obtain background reports from FMCSA unless you consent in writing. If you agree that PLM may obtain such background reports, please read the following and sign below:

I authorize PLM to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist PLM to make a determination regarding my suitability as an employee.

I further understand that neither PLM nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

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I have read the above Notice Regarding Background Reports provided to me by Pioneer and I understand that if I sign this consent form, PLM may obtain a report of my crash and inspection history. I hereby authorize PLM and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_  
(Please Print)

