

Commercial Driver – Application for Employment

Date: _____

Company Name: _____
Street Address: _____
City, State, Zip: _____

Applicant Name: _____ Phone (____) _____
Last First Middle

*Current Address _____
Street City State Zip

*If at the above residence less than three years, list below all residences for the past three years. Attach a separate sheet if necessary.

Street City State Zip

Street City State Zip

Are You A Citizen of the United States? ____ Yes ____ No If No, are you authorized to work in the U.S. ____ Yes ____ No

Position Applying for _____ Temporary ____ Part Time ____ Full Time ____

Who referred you? _____ Rate of Pay Expected? _____

Have you ever worked for this company before? _____ Dates: _____ to _____
Month/year Month/year

Where? _____ Rate of Pay? _____ Position? _____

Reason for leaving? _____

Names of any relatives employed by this company? _____

Are you currently employed? _____ If not, how long since leaving last employment? _____

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Last school attended? _____

Name Address

MILITARY EXPERIENCE

Have you ever served in the U.S. Armed Forces? ____ yes or ____ no If yes, which branch of service? _____

Describe any military training received relevant to the position for which you are applying.

Are you currently serving in the Military Reserves? ____ yes or ____ no Are you currently serving in National Guard ____ yes or ____ no

GENERAL

Have you ever been bonded? _____ Name of Bonding Company _____
(Answer only if a job requirement)

Have you ever been convicted of a felony? _____

*If yes, please explain below. Conviction of a crime is not an automatic bar to employment – all circumstances will be considered.

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DRIVER EXPERIENCE and QUALIFICATIONS

The Federal Motor Carrier Safety Regulations (49CFR391.21(b)(2) requires that driver applicants state their date of birth and Social Security Number.

Date of Birth _____ Social Security Number _____ - _____ - _____

PHYSICAL HISTORY

The Federal Motor Carrier Safety Regulations (49CFR391 Subpart E) requires that all driver applicants pass certain physical tests before they are hired to drive a motor vehicle.

Date of last Department of Transportation prescribed examination _____ Can you provide a copy _____

Have you ever been granted a waiver under section 391.49 of the Federal Motor Carrier Safety Regulations pertaining to the loss of foot, leg, hand or arm? Yes _____ No _____

ALCOHOL AND CONTROLLED SUBSTANCE STATEMENT

The Federal Motor Carrier Safety Regulations 49CFR40.25(j) requires all persons with applying for a driving position requiring a commercial driver’s license to answer the following questions:

- (1) Within the last two years, have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work? ___ yes or ___ no
- (2) Within the last two years, have you ever tested positive, or refused to test, on any type of alcohol test administered by an employer for which you preformed safety-sensitive transportation work? ___yes or ___no
- (3) If you answered yes to either 1 or 2 above, can you provide and/or obtain proof that you have successfully completed the DOT return-to-duty requirements? ___yes or ___no

Applicants Signature: _____ Date: _____

Witnessed by: _____ Date: _____

DRIVER’S LICENSE INFORMATION

Drivers Licenses held in past 3 years must be shown.	State	Licenses Number	Type	Expiration Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes _____ No _____
- B. Has any license, permit or privilege ever been suspended or revoked? Yes _____ No _____
- C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes _____ No _____

If you answered “Yes” to A, B, or C, attach a statement giving details.

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates From/To	Approximate Total Miles
Straight Truck	_____	_____	_____
Tractor and Semi-Trailer	_____	_____	_____
Twin	_____	_____	_____
Other	_____	_____	_____

List States operated in during the last five (5) years: _____

List special courses or training that will help you as a driver: _____

List safe driving awards held and who awards were presented by: _____

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DRIVER EXPERIENCE AND QUALIFICATIONS (continued)

ACCIDENT HISTORY

Accident Review for the past 3 years (attach a separate sheet of paper if more space is needed).

Date	Nature of Accident (Head-on, Rear-End, Upset, etc.)	# Fatalities	# Injuries	# Vehicles Towed	Citation Issued?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

MOTOR VEHICLE DRIVING RECORD (MVR)

Traffic Convictions and Forfeitures for the past 3 years other than parking violations

Date	Location	Charge	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT RECORD

The Federal Motor Carrier Safety Regulations (49CFR391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years for a total of ten (10) years. Any gaps in employment must be explained.

Start with the **Last** or **current** position, including any military experience, and work back. (Attach a separate sheet if necessary). You are required to list the complete mailing address: street number, city, state and zip code.

Current Employer: _____ Supervisor's Name: _____
 Address: _____ Phone: (____) _____
 Position Held: _____ From _____ To _____ Salary _____
 Mo./Yr. Mo./Yr.

Reason for Leaving: _____

Previous Employer: _____ Supervisor's Name: _____
 Address: _____ Phone: (____) _____
 Position Held: _____ From _____ To _____ Salary _____
 Mo./Yr. Mo./Yr.

Reason for Leaving: _____

Previous Employer: _____ Supervisor's Name: _____
 Address: _____ Phone: (____) _____
 Position Held: _____ From _____ To _____ Salary _____
 Mo./Yr. Mo./Yr.

Reason for Leaving: _____

Previous Employer: _____ Supervisor's Name: _____
 Address: _____ Phone: (____) _____
 Position Held: _____ From _____ To _____ Salary _____
 Mo./Yr. Mo./Yr.

Reason for Leaving: _____

Previous Employer: _____ Supervisor's Name: _____
 Address: _____ Phone: (____) _____
 Position Held: _____ From _____ To _____ Salary _____
 Mo./Yr. Mo./Yr.

Reason for Leaving: _____

APPLICANT MUST READ AND SIGN

I CERTIFY THAT I HAVE READ AND UNDERSTAND ALL OF THIS EMPLOYMENT APPLICATION. IT IS AGREED AND UNDERSTOOD THAT THE EMPLOYER OR THEIR AGENTS MAY INVESTIGATE THE APPLICANT'S BACKGROUND TO ASCERTAIN ANY AND ALL INFORMATION OF CONCERN TO APPLICANT'S RECORD, WHETHER SAME IS OF RECORD OR NOT, AND APPLICANT RELEASES EMPLOYERS AND OTHER PERSONS NAMED HEREIN FROM ALL LIABILITY FOR ANY DAMAGES ON ACCOUNT OF HIS FURNISHING SUCH INFORMATION. I UNDERSTAND THAT, AS AN APPLICANT FOR A POSITION WITH THIS COMPANY, I MAY BE ASKED TO DEMONSTRATE THAT I AM CAPABLE OF PERFORMING TASKS THAT ARE PERTINENT TO THE JOB.

IT IS ALSO AGREED AND UNDERSTOOD THAT UNDER THE FAIR CREDIR REPORTING ACT, PUBLIC LAW 91-508, I HAVE BEEN TOLD THIS INVESTIGATION MAY INCLUDE AN INVESTIGATIVE CONSUMER REPORT, INCLUDING INFORMATION REGARDING MY CHARACTER, PERSONAL REPUTATION, PERSONAL CHARACTERISTICS AND MODE OF LIVING.

I AGREE TO FURNISH SUCH ADDITIONAL INFORMATION AND COMPLETE SUCH EXAMINATIONS AS MAY BE REQUIRED TO COMPLETE MY EMPLOYMENT FILE.

I ALSO UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF INFORMATION OR FACTS MAY RESULT IN MY REJECTION OR DISMISSAL.

IF HIRED, I AGREE TO ABIDE BY ALL THE RULES AND POLICIES OF THE EMPLOYER.

THIS CERTIFIES THAT I COMPLETED THIS APPLICATION AND THAT ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DATE APPLICANT'S SIGNATURE

Philipppson Concrete Construction, Inc. or American Concrete Pumping, Inc. will make all employment decisions without discrimination based on race, national origin, color, religion, sex, age, marital status, disability or veteran status. The information requested on this form will be used to ascertain applicable job skills, knowledge, and abilities for position applying for.

FOR OFFICE USE – DO NOT WRITE IN THIS SPACE

PROCESS RECORD

Applicant Hired? _____ Yes _____ No Date of Birth _____ (month/day/year)

Dated Employed _____ Point Employed _____

Department _____ Classification _____

(If not hired, summary report of reasons should be placed in folder)

IN CASE OF EMERGENCY NOTIFY: _____ Phone (____) _____

Address: _____

THIS SECTION TO BE FILLED IN BY OFFICER OF COMPANY REPRESENTATIVE

	Superior	Good	Fair	Below Average	Poor	Written Record on File
1. Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Interview	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Physical Exam*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Past Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Written Exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Policy & Traffic Record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*driver applicants only

Signature of Interviewing Officer/Agent _____

TERMINATION OF EMPLOYMENT

Date Terminated: _____ Department Released From: _____

Dismissed: _____ Voluntary Quit: _____ Other: _____

Termination Report Placed in File: _____ Supervisor: _____