



DOT DRIVER'S APPLICATION FOR EMPLOYMENT
An Equal Opportunity Employer

Instructions: Please print all information and complete every party of this application. If there is a question which does not apply to you, mark "N/A." Do not leave any question unanswered. **Any false, misleading, or incomplete responses may result in disqualification for hire or immediate dismissal from employment.** You may add another page if necessary.

Positions applied for: (1) _____ (2) _____

Today's date: _____ Date you can start: _____

How did you learn about this job? _____

Are you currently enrolled in a Truck Driving School? No Yes If yes, expected graduation date _____

PERSONAL INFORMATION

Name: _____
Last First Middle

Home Address: _____
City State Zip Code

Home Phone: (____) _____ Other Phone: (____) _____

All applicants please list all addresses of residency for the preceding 3 years.

Previous Address: _____

City State Zip Code Dates

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City State Zip Code Dates

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City State Zip Code Dates

Are you available: Full-time Part-time Temporary. Please describe any work schedule limitations: _____

Have you applied for a job with us before? No Yes (If yes, state date): _____

Have you been employed by us before? No Yes (If yes, state date and jobs): _____

Do you have relatives employed by us? No Yes, the following relatives: _____

Have you read and understand the job description? No Yes If No, tell us why _____

Have you ever been convicted of a felony, or of any crime relating to theft or dishonest, or involving acts of violence?

No Yes, as follows: _____

Note: A conviction record will not necessarily disqualify an applicant from employment. To the extent a criminal conviction history is discovered, the conviction history will be evaluated based upon the nature and gravity of the offense or conduct; the time that has passed since the offense or conduct and/or completion of the sentence; the nature of the position sought; and the relationship of the conviction to the position sought. Each circumstance will be evaluated on a case-by-case basis upon these factors.

Are you a citizen of the United States or specifically authorized to be employed in the United States? No Yes

Note: The law requires that you provided evidence and a sworn statement of your citizenship or work authorization if you are hired. Any offer of employment which you receive is contingent upon your providing the documentation and statement which we will request from you.

Are you 21 or older? No Yes Can you provide proof of age? _____

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

EMPLOYMENT HISTORY

Applicants to drive a commercial motor vehicle in intrastate or interstate commerce must provide 7 years' of information on those employers for whom the applicant operated such vehicle. (NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

PRIOR EMPLOYMENT

1. Employer name/address/phone _____

Job Title _____ Duties _____

Dates employed _____ to _____ Salary \$ _____

Reason for leaving _____

Contact Person _____ Phone Number _____

Were you subject to the FMCSR while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

2. Employer name/address/phone _____

Job Title _____ Duties _____

Dates employed _____ to _____ Salary \$ _____

Reason for leaving _____

Contact Person _____ Phone Number _____

Were you subject to the FMCSR while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes NO

PRIOR EMPLOYMENT CONTINUED

3. Employer name/address/phone _____

Job Title _____ Duties _____

Dates employed _____ to _____ Salary \$ _____

Reason for leaving _____

Contact Person _____ Phone Number _____

Were you subject to the FMCSR while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

4. Employer name/address/phone _____

Job Title _____ Duties _____

Dates employed _____ to _____ Salary \$ _____

Reason for leaving _____

Contact Person _____ Phone Number _____

Were you subject to the FMCSR while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

5. Employer name/address/phone _____

Job Title _____ Duties _____

Dates employed _____ to _____ Salary \$ _____

Reason for leaving _____

Contact Person _____ Phone Number _____

Were you subject to the FMCSR while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

DRIVER HISTORY

ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE.

DATES	NATURE OF INCIDENT <small>(HEAD-ON, REAR-END, UPSET, ETC.)</small>	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE.

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS -- DRIVER

DRIVER'S LICENSES OR PERMITS HELD IN THE PAST 3 YEARS	STATE	LICENSE NO.	CLASS	ENDORSEMENT(S)	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

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS. _____

DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. NO OF MILES (TOTAL)
		FROM (M/Y)	TO (M/Y)	
STRAIGHT TRUCK <input type="checkbox"/> Yes <input type="checkbox"/> No	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> Yes <input type="checkbox"/> No	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - TWO TRAILERS <input type="checkbox"/> Yes <input type="checkbox"/> No	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - THREE TRAILERS <input type="checkbox"/> Yes <input type="checkbox"/> No	(VAN, TANK, FLAT, DUMP, REFER)			
MOTOR COACH - SCHOOL BUS <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(More than 8 passengers)</small>	(VAN, TANK, FLAT, DUMP, REFER)			
MOTOR COACH - SCHOOL BUS <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(More than 15 passengers)</small>	(VAN, TANK, FLAT, DUMP, REFER)			

LIST STATES OPERATED IN FOR LAST FIVE YEARS: _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

OTHER SKILLS

Describe any computer, tool, equipment or office machine skills and proficiency level:

Describe any other special skills or qualifications which may help you in the position applied for:

List all licenses or certificates held, including state, license or certificate type, date issued, and license or certificate number:

List any relevant professional or business organizations to which you belong (Optional):

EDUCATION AND TRAINING

Name and location of high school _____
_____ Graduated? Yes No

Please list technical or trade school, college, and post-graduate education, if any:

School/College	Level Completed	Degree	Major Subjects
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REFERENCES

Please list three personal references, other than prior employers or relatives, whom we can contact.

1. Name _____ Phone (____) _____
How long known? _____ Occupation _____
2. Name _____ Phone (____) _____
How long known? _____ Occupation _____
3. Name _____ Phone (____) _____
How long known? _____ Occupation _____



By signing below, I certify that the answers and information set out above are true, accurate and complete to the best of my knowledge. I acknowledge that if any answer or information is not true, accurate or complete, I may not be hired, or if hired, I may be discharged.

I understand that, as a condition of my employment, verifications and reference and background checks will be conducted directly with organizations which hold such information, which may include but are not limited to criminal records, sex offender registry, education records, DOT, DMV and state licensing records, employment and personal records.

I authorize Consolidated Concrete to investigate all statements contained in this application for employment and to investigate my character and qualifications. I authorize my prior employers, references, and others with information regarding my work or educational history or my character, to provide Consolidated Concrete with all requested information and references, and to cooperate fully with the investigation of my character and qualifications. I agree to take no action nor bring any claim against such employer or other source for statements, acts or omissions in furnishing such information or against the Consolidated Concrete for statements, acts or omissions in obtaining or using such information.

I understand that this application is not a contract of employment. I also acknowledge that no oral representations have been made, and that no one within Consolidated Concrete has the authority to make oral contracts of employment. If hired, my employment relationship with Consolidated Concrete is terminable at-will, with or without cause, by either myself or Consolidated Concrete.

I also understand that any offer of employment may be conditional upon my passing a post offer physical examination and drug/alcohol test administered by a health care professional selected by Consolidated Concrete, to which I hereby consent.

I hereby give consent to any and all current and former employers of mine to provide information with regard to my employment with such current and former employers to Consolidated Concrete employees, agents, and representatives. I hereby release from liability all current and former employers that provide such information about me, or who participate or assist in any way in the evaluation of my qualifications for future employment. Without limiting the foregoing, I specifically consent to each such current and former employer providing the following information to Consolidated Concrete regarding my employment, and release them from liability in connection with providing such information: The dates and duration of my employment; My pay rate and wage history as of the date they receive this consent; My job description and duties; The most recent written performance evaluation prepared prior to the date they receive this consent which was provided to me during the course of my employment; My attendance information; The results of drug or alcohol tests administered to me within one year prior to the date they receive this consent; Threats of violence, harassing acts, or threatening behavior on my part related to the workplace or directed at another employee; Whether I was voluntarily or involuntarily separated from employment and the reasons for the separation; and Whether I am eligible for rehire. This Consent shall also apply to all current and former employees, agents, and other representatives of current and former employers who are authorized to provide, and who do provide, employment information about me to Consolidated Concrete. This Consent in this paragraph is valid only during the six (6) month period following the below date. Do not provide information in reliance upon this Consent if more than six (6) months have passed.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by DOT regulations. I understand that with respect to this DOT information I have a right to: Review information provided by 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 understand that, as required by DOT Regulations and Company policy, all prospective drivers must submit to a controlled substances test involving collection of a urine sample that will be tested for controlled substances, including: marijuana, cocaine, opiates, amphetamines, and phencyclidine (PCP). I understand that if I test positive for use of controlled substances, I am not qualified to operate a commercial motor vehicle. I also understand I will be given a reasonable opportunity to confer with the medical review officer before any positive drug test result is reported to the Company. The results of the drug test will be maintained by the medical review officer, who will report to the Company whether the result was negative or positive. I hereby agree to submit to a urine drug test.

I understand and agree to all of the conditions and statements set forth above, and throughout this application.

Applicant's Signature

Date