

Drivers Application for Employment

Quality Concrete-16105 Hwy 73, Prairieville, LA 70769

Applicant Name _____ Date of Application _____

Address _____ Social Security No. _____

City _____ State _____ Zip _____

Position(s) Applied for _____

List your addresses of residency for the past 3 years.

Current Address _____

Street	City	Phone	How Long?
State	Zip Code		yr./mo.

Previous Addresses _____ How Long? _____

Street	City	State & Zip Code	yr/mo
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Street	City	State & Zip Code	How Long?
			yr/mo

Street	City	State & Zip Code	How Long?
			yr/mo

Street	City	State & Zip Code	How Long?
			yr/mo

Do you have the legal right to work in the United States? ___ Date of Birth ___ Can you provide proof of age? ___

Have you worked for this company before? ___ Where? ___ Dates: From ___ To ___

Rate of Pay _____ Position: _____ Reason for leaving _____

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

Who referred you? _____ Rate of pay expected _____

Have you ever been bonded? _____ Name of bonding company _____

Have you ever been convicted of a felony? _____ If yes, explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment. Is there any reason you might not be unable to perform the essential job functions of the job for which you have applied [as described in the attached job description]? _____

Employment History

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

List employers in reverse order starting with the most recent.

EMPLOYER			DATE	
NAME			FROM MO.	TO MO.
CITY		STATE		
CONTACT PERSON		PHONE NUMBER		
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO			POSITION HELD	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT?			SALARY/WAGE	
TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM MO.	TO MO.
CITY		STATE		
CONTACT PERSON		PHONE NUMBER		
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO			POSITION HELD	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT?			SALARY/WAGE	
TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM MO.	TO MO.
CITY		STATE		
CONTACT PERSON		PHONE NUMBER		
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO			POSITION HELD	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT?			SALARY/WAGE	
TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM MO.	TO MO.
CITY		STATE		
CONTACT PERSON		PHONE NUMBER		
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO			POSITION HELD	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT?			SALARY/WAGE	
TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM MO.	TO MO.
CITY		STATE		
CONTACT PERSON		PHONE NUMBER		
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO			POSITION HELD	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT?			SALARY/WAGE	
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EMPLOYER			DATE	
NAME			FROM MO.	TO MO.
CITY		STATE		
CONTACT PERSON		PHONE NUMBER		

WERE YOU SUBJECT TO THE FMCSRS† WHILE EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO	POSITION HELD
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT?	SALARY/WAGE
TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO	REASON FOR LEAVING

EMPLOYER			DATE	
NAME			FROM	TO
CITY	STATE	ZIP	MO. YR.	MO. YR.
CONTACT PERSON	PHONE NUMBER			
WERE YOU SUBJECT TO THE FMCSRS† WHILE EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO			POSITION HELD	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT?			SALARY/WAGE	
TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM	TO
CITY	STATE	ZIP	MO. YR.	MO. YR.
CONTACT PERSON	PHONE NUMBER			
WERE YOU SUBJECT TO THE FMCSRS† WHILE EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO			POSITION HELD	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT?			SALARY/WAGE	
TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			REASON FOR LEAVING	

Accident Record for the past 3 Years or More (Attach Sheet if more space is needed) If None write None

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

Traffic Convictions for last 3 years (other than parking violations) If None write None.

LOCATION	DATE	CHARGE	PENALTY

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES ___ NO ___

Has any license, permit or privilege ever been suspended or revoked? YES ___ NO ___

If Yes to either give details: _____

Driving Experience

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES FROM(M/Y) TO (M/Y)	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO			
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO			
TRACTOR – TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO			
TRACTOR – THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO			
MOTORCOACH – SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO			
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO			
OTHER			

What states have you operated in for the past 5 years? _____
Have you had any special courses or training? _____
Do you hold any safe driving awards? _____
Show any trucking, transportation or other experience that may help in your work: _____

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 High School: : 1 2 3 4 College 1 2 3 4
Name of Last School Attended _____ (City, State) _____

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.
†The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.
In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status

To Be Read and Signed by the Applicant

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

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 49 CFR 391.23(d) and (e). I understand that I have the 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.

This certifies 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.

Signature of Applicant: _____

Inquiries To Previous Employers

Dear Previous Employer,

One of your former employees has applied for employment with us. The applicant states that they were employed by your company in within the last 3 years and have operated a Commercial Motor Vehicle and/or was subject to the US DOT regulated drug and alcohol testing program. In accordance with 49 CFR 40.25 and 391.23 we are herby requesting that you supply us with the Safety Performance History of this applicant within the required response time of 30 days (US DOT Rule 391.23 (g)). Please research your employment records on the former employee listed below and answer the stated questions on this applicant and return this completed form to us. Your assistance is appreciated!

Previous Employee Name: _____, I hereby authorize

Previous Employer Company Name: _____

to release and forward the information requested below concerning my Alcohol and Controlled Substance Testing Records within the past 3 years from the date of the employment application _____ (date) to the Prospective Employer listed below.

Social Security No.: _____ Date of Birth: _____

Applicant Signature: _____

Please return to: _____

Attention: _____ by any method listed below

Mailed to Attention of: _____ on date: _____

Address: _____

Faxed to # _____ on date: _____

Emailed to _____ on date: _____

Employment Verification:

1) Was the applicant named above employed with you company? Yes No

2) If yes, employed from: _____ to _____ as _____

3) Did applicant operate a motor vehicle for your company? Yes No

4) If yes, please indicate type: Straight Truck Tractor-Semitrailer Bus Cargo Tank Doubles/Triples Other (Specify) _____

5) **Check box if there is no safety performance history to report and return:**

6) Reason for leaving employ: Discharged Resignation Lay Off Military

Accidents History: Please list any accidents from your Accident Register (CFR 49 390.15 (b) in the 3 years prior to the application date in the below grid

Date	Location	# Injured Person	# Fatalities	Hazmat Spills

Enclosed is other accident information pursuant to the employer’s internal policies for retaining minor accident information (§391.23(d) (2) (ii)). Please list any other accidents:

 If no accident register data for this driver please check here:

Drug and Alcohol Testing:

- 1) Was applicant subject to DOT Drug and Alcohol Testing? Yes No
- 2) If yes, from _____ (date) to _____ (date).
- 3) Has applicant violated any of the drug and alcohol prohibitions under 49 CFR Subpart B or part 392 listed below: Yes No
 - ▶ An alcohol test with a result of .04 or higher alcohol concentration.
 - ▶ A controlled substance test that resulted in a positive, adulterated or substituted.
 - ▶ A refusal to submit to a random, post accident, reasonable suspicion or follow-up controlled substance or alcohol test.
 - ▶ Alcohol use while performing or within 4 hours of performing safety sensitive duties.
 - ▶ Alcohol use after in accident in violation of 49 CFR 382. 303.
 - ▶ Controlled substance use while on duty except as allowed under 49 CFR 382.213.
- 4) If this person violated a DOT drug and/or alcohol prohibition did they fail to begin or complete a rehabilitation program prescribed by a Substance Abuse Professional?
 Yes No N/A
- 5) If the rehabilitation program was required but you do not know if it was began or completed check here.
- 6) If applicant successfully completed a Substance Abuse Professionals prescribed rehabilitation program and remained employed did they subsequently have an alcohol test result of .04 or greater or a verified positive drug test or refusal to be tested?
 Yes No N/A

Any other remarks: _____

Printed Name: _____ Date: _____

Signature: _____ Title: _____

Inquiries To Previous Employers- No Reply

Employers who do not respond to Safety Performance History Inquires:

What do you do if a DOT regulated employer ignores or refuses to respond to your inquiry? The former employer only has 30 days after receiving the request of Safety Performance History Data to respond under §391.23(g)(1). If a DOT-regulated employer does not respond within the confines of this deadline, it is a violation of the FMCSRs. The requesting party can lodge a complaint in accordance with §386.12.

There are three categories of information that have to be requested from previous employers. They are:

- General identification and employment information — This includes basic identifying data about the driver and basic employment information, including starting and ending dates and job responsibilities.
- Accident information — This includes the applicant's three-year accident history, as recorded on the previous employer's accident register.
- Drug/alcohol testing information — This must be requested of employers for whom the applicant was subject to DOT-required drug/alcohol testing, even if the applicant will not be subject to such testing for the prospective employer. This includes whether or not the applicant ever failed a drug/alcohol test or failed to complete rehabilitation. The previous employer must receive a written release from the driver before providing these records.

If the prospective employer asks anything outside of the scope of these questions, such as subjective information (i.e., quality of work, character, reason for termination, etc.) or information on non-DOT recordable accidents, the former employer is not obligated to address these areas. A carrier is only protected from potential liability if it answers the DOT-required questions. (See: §391.23(1)(1)-(1)(2).

If everything sent to a former DOT-regulated employer meets DOT requirements, they must respond within 30 days, even if there is no Safety Performance History occurring within the past three years to report. The former employer or its service providers also cannot make release of information contingent upon receipt of a fee.

Complaint Process: The FMSCA takes non-compliance with §391.23 by a former DOT-regulated employer very seriously. Section 391.23(c)(4) directs a carrier to §386.12, the complaint process. To file a complaint, carriers are encouraged to use of the FMCSA safety violation and commercial complaint hotline (1(888) DOT-SAFT) or the website (<http://www.1-888-dot-saft.com>)final rule, Safety Performance History of New Drivers.

Request For Check of Driving Record

Dear Former Employer,

A candidate for employment named _____ has made application with our company for the position of driver or dispatcher or a safety sensitive function. In accordance with Section 391.23 and 391.25 of the Federal Department of Transportation Regulations please furnish driving record for the past three years.

I hereby authorize you to release the following information to this prospective employer for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information. Furthermore, in accordance with the provisions of Sections 604 and 607 of the **Fair Credit Reporting Act**, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (title II, Subtitle D, Chapter 1, of Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e., information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the **Driver's Privacy Protection Act of 1994** (Public Law 103-322, Title XXX Section 300002(a)).

Printed Name: _____ Signature: _____

Address of Applicant: _____

Date of Birth _____ SSN _____ License # _____

Please return requested information to: _____

Via _____

Certification of Violations/Annual Review of Driving Record

Each motor carrier shall at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only) parking of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months (Section 391.27). Drivers who have provided information required by Section 383 need not repeat that information on this form.

Driver Section: Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he/she shall so certify (Section 391.27).

Name: _____ SS# _____

DL # _____ Expiration Date: _____ Employment Date: _____

Home Terminal Address: _____

I certify that the following is a true and complete list of traffic violations required to be listed for which I have been convicted or forfeited bond or collateral during the past 12 months.

Date	Offense	Location	Type of Vehicle Operated
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.

Drivers Signature _____ Date _____

Motor Carrier Section: Review the Certification of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she (check one):

- Meets minimum requirements for safe driving
- Is disqualified to drive a motor vehicle pursuant to Section 391.15
- Does not adequately meet satisfactory safe driving performance

Action taken with driver: _____

Name of Motor Carrier: _____ Reviewed By: _____

Title: _____ Date: _____

Address of Motor Carrier: _____

Certification of Compliance with Driver License Requirements

The requirements in part 383 and 391 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 10,001 pounds or more, (including vehicles with a GVWR in excess of 26,000) can transport more than 15 people, or transports hazardous materials that require placarding.

Driver Requirements: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain requirements that drivers must comply with. The requirements are as follows:

► **Possess Only One License:** You, as a commercial vehicle driver, may possess only one motor vehicle operator's license.

If you have more than one license, keep the license from your state of residence and return the additional licenses to the states that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify the states. If a multiple license has been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by that state.

► **Notification of License Suspension, Revocation or Cancellation:** Sections 391.15(b) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the next business day of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license, if the violation occurs in a state other than the one which issued your license. The notification to both the employer and state must be in writing.

The following license is the only one I currently and will continue to possess:

Driver's License Number: _____ State: _____

Expiration Date _____

Driver Certification:

I certify that I have read, understood and will comply with the above requirements.

Driver's Signature: _____ Date _____

Driver's Name (Printed): _____

Pre- Employment Urinalysis and Breath Analysis Consent Form

I understand that as required by the Federal Highway Administrations Regulation Title 49 Code of the Federal Regulations, Section 382.301 all driver-applicants of this employer must be tested for controlled substances and alcohol as a pre-condition for employment.

I consent to urine sample collection and testing for controlled substances and the breath sample collection and testing for alcohol.

I understand that a verified positive test result for controlled substances and/or an alcohol concentration of .04 or higher will render me unqualified to operate a commercial motor vehicle.

The Medical Review Officer will maintain the results of my controlled substance test. Negative and positive results will be reported to the employer. If results are positive, the controlled substance will be identified.

Alcohol test will be maintained by the employer.

The results will not be released to any other parties without my written consent or authorization.

I hereby agree with and understand the above stated information conditions and hereby agree to comply with them.

Printed Name: _____

Signed Name: _____

Date: _____

Substance Abuse and Alcohol Test Consent and Release Form

I hereby consent to submit to urinalysis, breathalyzer and/or other tests as shall be determined thereof by the Company, as a condition of employment and for the purpose of determining specific drug and alcohol content.

I agree that a Substance Abuse and Mental Health Service Administration (SAMHSA) certified lab may collect these specimens for these tests and may use them or forward them to a testing laboratory designated by the Company for analysis.

I further agree to have these results reviewed by a Medical Review Officer. I hereby release to the Company, the results of the test(s) to which I have consented. I further authorize the Company to discuss the results with medical/personnel collecting the Specimen, the testing facility, it's directors, officers, agents, and employees responsible for administering the aforementioned test(s) or evaluating the results thereof and any of them herein and to use the test results in conjunction with employment actions, professional licensing procedures, and as a defense to any legal action to which I am party.

I further release any testing facility or any physicians who have tested me from any liability arising from a release of any and all results, written reports, medical reports, and data concerning my test(s) to the appropriate Company officials or government agencies.

I further agree that a reproduced copy of this consent and release form shall have the same force and effect as the original.

I further agree and expressly consent to all terms, conditions, mandates and prohibitions set forth in the Company's Substance Abuse and Alcohol Testing Policy.

I expressly confirm that I have carefully read and understand the Company's Policy on Substance Abuse and Alcohol Testing and fully the contents and ramifications of a positive test. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

Printed Name: _____

Signature: _____ Date: _____