



# Driver's Application For Employment

Applicant Name \_\_\_\_\_ (please print) Date of Application \_\_\_\_\_

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, not-job related disability, or any other protected group status.

## TO BE READ AND SIGNED BY APPLICANT

I authorize you to make 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. I further understand that these investigations will include drug and alcohol screening through an independent testing laboratory utilized by Tech Ready Mix, Inc. (the "Company"). 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 work history, job performance (including 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.

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

## FOR COMPANY USE

### PROCESS RECORD

APPLICANT HIRED _____	REJECTED _____
DATE EMPLOYED _____	POSITION _____
DEPARTMENT _____	CLASSIFICATION _____
SIGNATURE OF INTERVIEWING OFFICER _____	

## TERMINATION OF EMPLOYMENT

TERMINATION DATE: _____	DEPARTMENT RELEASED FROM: _____
DISMISSED: _____	VOLUNTARY QUIT _____ OTHER? _____
TERMINATION REPORT PLACED IN FILE _____	SUPERVISOR _____

## APPLICANT TO COMPLETE

Position(s) Applied for: \_\_\_\_\_

Name \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Last First Middle

List your addresses of residency for the past three (3) years.

Current Address \_\_\_\_\_ How Long \_\_\_\_\_  
Street City State Zip Code

Previous Addresses \_\_\_\_\_ How Long \_\_\_\_\_  
Street City State Zip Code

\_\_\_\_\_ How Long \_\_\_\_\_  
Street City State Zip Code

Do you have the legal right to work in the United States? \_\_\_\_\_

Date of Birth \_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_

Have you ever worked for this company before? \_\_\_\_\_ Where? \_\_\_\_\_ When? \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Are you employed now? \_\_\_\_\_ If not how long since leaving your last place of employment \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of Pay Expected \_\_\_\_\_

Have you ever been bonded? \_\_\_\_\_ Name of Bonding Company \_\_\_\_\_

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)?

If yes, explain if you wish: \_\_\_\_\_

### EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding three (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 seven (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 if necessary)

Employer				Date	
Name				FROM MO.	YR.
Address				TO MO.	
City				YR.	
State		Zip		POSITION HELD	
Contact Person:		Phone:		SALARY/WAGE	
Were you subject to FMCSRs while employed		YES NO (circle one)		REASON FOR LEAVING	
Was your job designated as a safety-sensitive function in an DOT-regulated mode subject to the drug and alcohol Testing requirements of 49 CFR Part 40		YES NO (circle one)			

Employer				Date	
Name				FROM MO.	YR.
Address				TO MO.	
City				YR.	
State		Zip		POSITION HELD	
Contact Person:		Phone:		SALARY/WAGE	
Were you subject to FMCSRs while employed		YES NO (circle one)		REASON FOR LEAVING	
Was your job designated as a safety-sensitive function in an DOT-regulated mode subject to the drug and alcohol Testing requirements of 49 CFR Part 40		YES NO (circle one)			

Employer			Date	
Name			FROM MO.	YR.
Address			TO MO.	
City			YR.	
State			POSITION HELD	
Zip			SALARY/WAGE	
Contact Person:			REASON FOR LEAVING	
Phone:				
Were you subject to FMCSRs while employed			YES NO (circle one)	
Was your job designated as a safety-sensitive function in an DOT-regulated mode subject to the drug and alcohol Testing requirements of 49 CFR Part 40			YES NO (circle one)	

Employer			Date	
Name			FROM MO.	YR.
Address			TO MO.	
City			YR.	
State			POSITION HELD	
Zip			SALARY/WAGE	
Contact Person:			REASON FOR LEAVING	
Phone:				
Were you subject to FMCSRs while employed			YES NO (circle one)	
Was your job designated as a safety-sensitive function in an DOT-regulated mode subject to the drug and alcohol Testing requirements of 49 CFR Part 40			YES NO (circle one)	

Employer			Date	
Name			FROM MO.	YR.
Address			TO MO.	
City			YR.	
State			POSITION HELD	
Zip			SALARY/WAGE	
Contact Person:			REASON FOR LEAVING	
Phone:				
Were you subject to FMCSRs while employed			YES NO (circle one)	
Was your job designated as a safety-sensitive function in an DOT-regulated mode subject to the drug and alcohol Testing requirements of 49 CFR Part 40			YES NO (circle one)	

Employer			Date	
Name			FROM MO.	YR.
Address			TO MO.	
City			YR.	
State			POSITION HELD	
Zip			SALARY/WAGE	
Contact Person:			REASON FOR LEAVING	
Phone:				
Were you subject to FMCSRs while employed			YES NO (circle one)	
Was your job designated as a safety-sensitive function in an DOT-regulated mode subject to the drug and alcohol Testing requirements of 49 CFR Part 40 <sup>†</sup>			YES NO (circle one)	

Employer			Date	
Name			FROM MO.	YR.
Address			TO MO.	
City			YR.	
State			POSITION HELD	
Zip			SALARY/WAGE	
Contact Person:			REASON FOR LEAVING	
Phone:				
Were you subject to FMCSRs while employed			YES NO (circle one)	
Was your job designated as a safety-sensitive function in an DOT-regulated mode subject to the drug and alcohol Testing requirements of 49 CFR Part 40 <sup>†</sup>			YES NO (circle one)	

\*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding

<sup>†</sup> 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 more than 8 passengers (including the driver), OR (3) is of any of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST THREE (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				
NEXT PREVIOUS				

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

LOCATION	DATE	CHARGE/VIOLATION	PENALTY

EXPERIENCE AND QUALIFICATIONS (DRIVER LICENSES OR PERMITS HELD IN THE LAST THREE (3) YEARS)

STATE	LICENSE NO.	CLASS	ENDORSEMENTS	EXPIRATION DATE

Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES NO (circle one)

Has any license, permit or privilege ever been suspended or revoked? YES NO (circle one)

IF THE ANSWER TO EITHER OF THESE QUESTIONS IS **YES**, PROVIDE DETAILS:

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**Driving Experience (check all that apply)**

<input type="checkbox"/> Straight Truck	From _____	To _____
<input type="checkbox"/> Tractor and Semi-Trailer	From _____	To _____
<input type="checkbox"/> Tractor and Two (2) Trailers	From _____	To _____
<input type="checkbox"/> Tractor and Three (3) Trailers	From _____	To _____
<input type="checkbox"/> Motorcoach – School Bus (more than 8 passengers)	From _____	To _____
<input type="checkbox"/> Motorcoach – School Bus (more than 15 passengers)	From _____	To _____

States operated in, in the last five (5) years: \_\_\_\_\_

Special Courses or training that will help you as a driver \_\_\_\_\_

Other special equipment you can work with or are certified to operate: \_\_\_\_\_

**EDUCATION**

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

**TO BE READ AND SIGNED BY APPLICANT:**

This is to certify that the information and statements made by the undersigned and contained herein are both accurate and truthful to the best of his or her knowledge. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

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

\_\_\_\_\_  
Date