



# DRIVER'S APPLICATION FOR EMPLOYMENT

- APPLICANT NAME \_\_\_\_\_ Date of Application \_\_\_\_\_
- Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ zip \_\_\_\_\_
- Telephone # \_\_\_\_\_ Salary desired \_\_\_\_\_
- Position applied for \_\_\_\_\_ Date available \_\_\_\_\_

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, sexual orientation, gender, identity, marital status, veteran status, non-job related disability, or any other protected group status.

### TO BE READ AND SIGNED BY 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. (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), or omission of information requested 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 49CFR 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 can not agree on the accuracy of the information. In the event that I am hired for as a commercial driver, or in a position wherein I will operate a company vehicle, I authorize Concrete Foundations Inc. to obtain a motor Vehicle Report on me. If offered a position as commercial driver, I agree to submit to drug and Alcohol testing and maintain a current DOT Medical card, in accordance with federal and regulatory laws or in the interests of safety. I understand that no promises regarding employment have been given to me about any job with Concrete Foundations Inc.. If I am offered a position, Concrete Foundations Inc. or I can end Employment at any time, with or without cause or notice. I understand that no representative of Croell Redi-Mix, Inc. has the authority to make any assurances to the contrary or to guarantee employment for a specific time period. In the event that I am employed by Concrete Foundations Inc. and subsequently my employment ends, I authorize Concrete Foundations Inc. to withhold from my earnings any amounts that are owing to it for expenditures or advances made on my Behalf.

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

Are you available to work over time [ ] Y [ ] N

Do you have any friends, relatives, or acquaintances working for CFI? [ ] Y [ ] N

If yes, state name & relationship: \_\_\_\_\_

If hired, would you have transportation to/from work? [ ] Y [ ] N

If hired, are you willing to submit to and pass a drug test? [ ] Y [ ] N

Are you over the age of 18? (If under 18, hire is subject to verification on minimum age.) [ ] Y [ ] N

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? [ ] Y [ ] N

Military Record: Branch of Service \_\_\_\_\_ From \_\_\_\_\_ To: \_\_\_\_\_

Present military affiliation: none \_\_\_\_\_ Reserve (active) \_\_\_\_\_ Reserve (inactive) \_\_\_\_\_

Types of training and duty in service: \_\_\_\_\_



# DRIVER APPLICATION FOR EMPLOYMENT

<b>Employment Record : (list employers in reverse order starting with most recent)</b> Starting with present or most recent, list all previous employers. Include self employment and summer and part time jobs. If more space is required, please continue on a separate sheet.			
Employer	Type of business	Type or classification of Job	
Street address	Phone number	Brief description of job duties	
City	State	Zip code	Other Comments:
Supervisor's Name	Phone number	Were you subject to the FMCSRs while employed [ ] Y [ ] N	
		Was your job designated as a safety-sensitive function in any DOT-Regulated mode	
Base salary	Dates worked	subject to the drug and alcohol testing requirements of 49 CFR part 40 [ ] Y [ ] N	
	From To		
Did this job end because: _____ you quit; or because _____ you were laid off; or because _____ you were fired? (Check one).			
Explain here the reason this happened: _____			
(use more pages if necessary to fully explain).			
Employer	Type of business	Type or classification of Job	
Street address	Phone number	Brief description of job duties	
City	State	Zip code	Other Comments:
Supervisor's Name	Phone number	Were you subject to the FMCSRs while employed [ ] Y [ ] N	
		Was your job designated as a safety-sensitive function in any DOT-Regulated mode	
Base salary	Dates worked	subject to the drug and alcohol testing requirements of 49 CFR part 40 [ ] Y [ ] N	
	From To		
Did this job end because: _____ you quit; or because _____ you were laid off; or because _____ you were fired? (Check one).			
Explain here the reason this happened: _____			
(use more pages if necessary to fully explain).			
Employer	Type of business	Type or classification of Job	
Street address	Phone number	Brief description of job duties	
City	State	Zip code	Other Comments:
Supervisor's Name	Phone number	Were you subject to the FMCSRs while employed [ ] Y [ ] N	
		Was your job designated as a safety-sensitive function in any DOT-Regulated mode	
Base salary	Dates worked	subject to the drug and alcohol testing requirements of 49 CFR part 40 [ ] Y [ ] N	
	From To		
Did this job end because: _____ you quit; or because _____ you were laid off; or because _____ you were fired? (Check one).			
Explain here the reason this happened: _____			
(use more pages if necessary to fully explain).			
Employer	Type of business	Type or classification of Job	
Street address	Phone number	Brief description of job duties	
City	State	Zip code	Other Comments:
Supervisor's Name	Phone number	Were you subject to the FMCSRs while employed [ ] Y [ ] N	
		Was your job designated as a safety-sensitive function in any DOT-Regulated mode	
Base salary	Dates worked	subject to the drug and alcohol testing requirements of 49 CFR part 40 [ ] Y [ ] N	
	From To		
Did this job end because: _____ you quit; or because _____ you were laid off; or because _____ you were fired? (Check one).			
Explain here the reason this happened: _____			
(use more pages if necessary to fully explain).			

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 size and is used to transport materials in a quantity requiring placarding.

ACCIDENT RECORD FOR 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 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**

List all driver licenses or permits held in the past 3 years

DRIVER LICENSES	STATE	LICENSE NO.	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 \_\_\_\_\_

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)			
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 8 passengers</small>	—			
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 15 passengers</small>	—			
OTHER _____				

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? \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS -- OTHER**

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

**EDUCATION**

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED (NAME) (CITY, STATE)