

DRIVERS APPLICATION FOR EMPLOYMENT

To the Applicant: We appreciate your interest in our Company and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in seeking to place you in a position which, in our judgement, best meets your qualifications. We are an equal opportunity employer and will not unlawfully discriminate on the basis of race, color, sex, religion, national origin, age, marital or veteran status, the presence of a medical condition or handicap, height, weight or any other protected status.

PERSONAL:

Date of Application: _____

Name: _____
(Last) (First) (Middle)

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

Current Address: _____ Telephone No. _____
(Number) (Street) (Area Code)

E-Mail _____
(City/Township) (State) (Zip Code)

Previous Addresses:

_____ How Long? _____
(Number) (Street) (City) (State) (Zip Code)

_____ How Long? _____
(Number) (Street) (City) (State) (Zip Code)

Date of Birth: _____
(Required for Driver Applicants, §391.21 of FMCSR)

Are you authorized to work in the United States? Yes [] No []

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

Have you been previously employed here? Yes [] No [] If yes, date(s) _____

Reason for Leaving: _____

Supervisor Name(s): _____

Have you filed an application here before? Yes [] No [] If yes, date(s) _____

List any friends or relatives working here: _____

What method of transportation will you use to come to work? _____

EMPLOYMENT DESIRED:

Positions applied for: _____

Kind of work sought: Full time [] Part time [] Other [] _____

Salary desired: _____ Date available to work: _____

Do you have any special training, skills, qualifications or other experiences that relate to the position(s) applied for?

Employers must make accommodations to disabled applicants and employees where the accommodation does not impose an undue hardship on the employer. Under Michigan law, disabled employees and applicants may request an accommodation of their disability by notifying the firm in writing of the need for accommodation within 182 days of the date the disabled individual knows or should know that an accommodation is needed. Failure to properly notify the Company may preclude any claim that the employer failed to accommodate the disabled individual.

EXPERIENCE:

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete contact information to verify previous employment.

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

NOTE: List current or most recent job first.

1	Employer	Date		Work Performed
	Telephone No.	From	To	
	Fax No.			
	Address			
	Job Title	Hourly Rate/Salary		
	Supervisor	Starting	Final	
	Reason for Leaving			
2	Employer	Date		Work Performed
	Telephone No.	From	To	
	Fax No.			
	Address			
	Job Title	Hourly Rate/Salary		
	Supervisor	Starting	Final	
	Reason for Leaving			
3	Employer	Date		Work Performed
	Telephone No.	From	To	
	Fax No.			
	Address			
	Job Title	Hourly Rate/Salary		
	Supervisor	Starting	Final	
	Reason for Leaving			

4	Employer	Date		Work Performed
	Telephone No.	From	To	
	Fax No.			
	Address			
	Job Title	Hourly Rate/Salary		
	Supervisor	Starting	Final	
	Reason for Leaving			
5	Employer	Date		Work Performed
	Telephone No.	From	To	
	Fax No.			
	Address			
	Job Title	Hourly Rate/Salary		
	Supervisor	Starting	Final	
	Reason for Leaving			
6	Employer	Date		Work Performed
	Telephone No.	From	To	
	Fax No.			
	Address			
	Job Title	Hourly Rate/Salary		
	Supervisor	Starting	Final	
	Reason for Leaving			

EDUCATION	Name/Location	Years Completed (circle one)	Diploma Degree	Course of Study
Elementary		1 2 3 4 5 6 7 8		
High School		9 10 11 12		
College		1 2 3 4 5		
Graduate		1 2 3 4 5		
Vocational/ Training		1 2 3 4 5		

Other educational training _____

REFERENCES: (Do not include relatives or former employers)

	Name	Address	Phone Number	Years Acquainted
1				
2				
3				

MILITARY SERVICE RECORD:

Have you had any experience in the Armed Forces of the United States or in a State National Guard? Yes No

If yes, what branch? _____ Rank at Discharge: _____ Date of Discharge: _____

Are you in the reserves? Yes No If yes, date obligation ends: _____

Special/technical training: _____

EXPERIENCE AND QUALIFICATIONS:

Do you have a valid Commercial Driver's License (CDL)? Yes No List endorsements: _____

License No. _____ State: _____ Expiration: _____

DRIVING EXPERIENCE IF NONE, WRITE NONE

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Approx. No. of Miles (Total)
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Tractor – Two Trailers				
Motor coach – School Bus				
Other				

List states operated in for last five years: _____

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

List any trucking, transportation or other experience that may help in your work for this Company: _____

List special equipment or technical materials you can work with (other than those already shown): _____

ACCIDENT INFORMATION:

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

If Yes, explain: _____

Has any license, permit or privilege ever been suspended or revoked? Yes No

If Yes, explain: _____

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
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

ADDITIONAL INFORMATION:

Have you been convicted of any other crime? Yes No If yes, was it a felony? Yes No

If so, when and nature of offense(s): _____

List professional trade, business or civic activities and offices held excluding groups the name or character of which indicate race, color, religion, sex, national origin, handicap, marital or veteran's status, height, weight or age: _____

State any additional information that you feel may be helpful to us in considering your application: _____

Name, address, and telephone number of the person to be notified in the event of accident or emergency: _____

Upon the signing of this application, I represent that all of the information now or hereafter given to me in support of my application is true and complete. I authorize you to verify any of the information concerning my employment, education, credit or medical history with the appropriate individuals, companies, institutions or agencies, and I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of such disclosure. I also authorize you to release any information requested by any of my prospective or subsequent employers without any obligation to give me written notice of such disclosure. I hereby release you and them from any liability whatsoever as a result of any such inquires and disclosures. I agree that any false information in support of my application may subject me to discharge at any time during the period of my employment.

I agree that either party may terminate the employment relationship, with or without cause, at any time, and I further agree that this arrangement may only be altered in writing directed to me personally and signed by the president of the Company. I agree that I shall be bound by the other rules, policies, regulations and terms and conditions of employment of the Company as they are from time to time changed, and no additional obligations can be imposed on the Company except those which have been acknowledged in writing, by the president or his designated representatives. I hereby authorize the Company to deduct from each and every pay period of my pay any amounts necessary to offset any damages caused by me or the value of the property or money entrusted to me by, or owed by me to the Company during the course of my employment.

I agree that any action or suit against the Company arising out of my employment or termination of employment, including, but not limited to, claims arising under State or federal civil rights statutes, must be brought within 180 days of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary. I further agree that if I should bring any non-statutory action or claim arising out of my employment against the Company, in which the Company prevails, I will pay to the Company any and all such costs incurred by the Company in defense of said claims or actions, including attorney fees. I further agree that my employment is conditional until such time as the results of my post-offer physical (if such physical is required) are known.

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.

 (Date)

 (Applicant's Signature)

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

To: _____

_____ has applied to this company for a position as _____.
 and states that he/she was employed by you as _____ from _____ to _____.
 Please reply to the inquiry below respecting this applicant. Your reply will be held in strict confidence and will in no way involve you in any responsibility.

Very truly yours,
 Safety Department

RELEASE

You are hereby authorized to give to (Name of Prospective Employer) _____ all information regarding my services, character, and conduct while in your employ, and you are released from any and all liability, which may result from furnishing such information to the above named company.

Signature of Applicant: _____ Date: _____

Social Security Number: ___xxx-xx-_____

1. Is the employment record with your company correct as stated above? _____
2. What kind(s) of work did the applicant do? _____
3. Did the applicant drive motor vehicles for you? Passenger Car, Straight truck, Bus, Tractor-Semi Trailer, Other (specify) _____
4. Was the applicant a safe and efficient driver? _____
5. Give the dates of vehicle accidents in which he/she was involved. _____
6. Reason for leaving your employ: Discharged, Laid off, Resigned, Remarks: _____
7. Was the applicant's general conduct satisfactory? _____
8. Is the applicant competent for the position sought? _____
9. Did the applicant drink any alcoholic beverages while on duty? _____

	Excellent	Good	Fair	Poor	Very Poor
Quality of work					
Cooperation with others					
Safety habits					
Personal habits					
Driving skill					
Attitude					

Remarks: _____

Name (*Print*): _____ Title: _____

Signature: _____ Date: _____

REQUEST FOR INFORMATION

Section I. To be completed by the new employer, signed by the employee, and transmitted to the previous employer:

Employee Printed or Typed Name: _____

Employee SS or ID Number: _____ xxx-xx-_____

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in *Section I-B*, to the employer listed in *Section I-A*. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in *Section II-A* by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: _____ Date: _____

I-A.

New Employer Name: _____

Address: _____

Phone #: _____ Fax #: _____

Designated Employer Representative: _____

I-B.

Previous Employer Name: _____

Address: _____

Phone #: _____

Designated Employer Representative (if known): _____

Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:

II-A. In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing ~

- | | | |
|---|-------------------|---------|
| 1. Did the employee have alcohol tests with a result of 0.04 or higher? | YES ____ | NO ____ |
| 2. Did the employee have verified positive drug tests? | YES ____ | NO ____ |
| 3. Did the employee refuse to be tested? | YES ____ | NO ____ |
| 4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? | YES ____ | NO ____ |
| 5. Did a previous employer report a drug and alcohol rule violation to you? | YES ____ | NO ____ |
| 6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? | N/A ____ YES ____ | NO ____ |

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

II-B.

Name of person providing information in *Section II-A*: _____

Title: _____

Phone #: _____ Date: _____

Lou's Transport, Inc.

Asphalt Specialists, Inc.

T.K.M.S., Inc.

*1780 E. Highwood
Pontiac, MI 48340*

DATE: _____

TO: HUMAN RESOURCES / HIRING MANAGER

RE: EMPLOYMENT VERIFICATION AND D/A REQUEST

TO: COMPANY: _____

FAX: _____ ATTN: _____

RE: Applicant Name: _____

To Whom This May Concern:

Please find attached information which we need to complete the pre-employment process for the above stated applicant. **Please note per D.O.T. regulations these verifications must be filled out so we can make a determination as to whether or not this employee will be a good candidate.** If you would please give this your immediate attention, we would greatly appreciate it.

Please return by fax to _____

Attempt: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____