

DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name _____ Date of Application _____
(print)

Company Grant County Mulch

Address 101 Mulch Drive

City Petersburg State WV Zip 26847

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 APPLICANT

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.

Signature _____ Date _____

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____
(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING OFFICER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

This form is made available with the understanding that J. J. Keller & Associates, Inc. is not engaged in rendering legal, accounting, or other professional services. J. J. Keller & Associates, Inc. assumes no responsibility for the use of this form, or any decision made by an employer which may violate local, state, or federal law.

APPLICANT TO COMPLETE

(answer all questions - please print)

Position(s) Applied for _____

Name _____
Last First Middle Social Security No. _____

List your addresses of residency for the past 3 years.

Current Address _____
Street City

Previous Addresses _____
State Zip Code Phone _____ How Long? _____ yr./mo.

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

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

_____ How Long? _____ yr./mo.
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? _____
(Required for Commercial Drivers)

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 _____
(Answer only if a job requirement)

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 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.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER			DATE	
NAME	FROM MO. YR.	TO MO. YR.		
ADDRESS	POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs ⁺ WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

USE THIS SHEET FOR ADDITIONAL EMPLOYMENT HISTORY INFORMATION
(NOTE: LIST EMPLOYERS IN REVERSE ORDER STARTING WITH THE MOST RECENT)

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*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.

[†]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 hazardous materials in a quantity requiring placarding.

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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

Driver 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 FROM (M/Y) TO (M/Y)	APPROX. NO. OF MILES (TOTAL)
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)

TO BE READ AND SIGNED BY APPLICANT

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: _____ Date: _____

SIDE 1**SAFETY PERFORMANCE HISTORY RECORDS REQUEST**

RECIPIENT EMPLOYER: The individual identified in SECTION 1 below has indicated that you employ(ed) or use(d) him/her within the last 3 years in a position that involved the operation of a commercial motor vehicle and/or that was subject to U.S. Department of Transportation (DOT)-regulated drug and alcohol testing.

In accordance with 49 CFR §§40.25 and 391.23, we are hereby requesting that you supply us with the Safety Performance History of this individual. **Under DOT rule §391.23(g), you must respond to this inquiry within 30 days of receipt.**

Please complete SECTIONS 2 through 4 (as applicable) and return to the prospective employer shown in SECTION 1.

APPLICANT: Complete SECTION 1 and submit to prospective employer.

PROSPECTIVE EMPLOYER: Remove Ply 3 and adjacent carbon, complete SECTION 5a on Ply 3, and send Ply 1 and 2 to current / previous employer. Upon receipt of completed form, complete SECTION 5b and retain.

SECTION 1:**TO BE COMPLETED BY PROSPECTIVE EMPLOYEE**

I, (Print Name) _____

First, M.I., Last _____

Social Security Number _____

hereby authorize: _____

Date of Birth _____

Previous Employer: _____

Email: _____

Street: _____

Telephone: _____

City, State, Zip: _____

Fax No.: _____

to release and forward the information requested by section 4 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____
(date of employment application)

To: _____

Prospective Employer: _____

Attention: _____ Telephone: _____

Street: _____

City, State, Zip: _____

In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

Prospective employer's confidential fax number: _____

Prospective employer's confidential email address: _____

Applicant's Signature _____

Date _____

SECTION 2:**TO BE COMPLETED BY PREVIOUS EMPLOYER****EMPLOYMENT VERIFICATION**

The applicant named above was or is employed or used by us. Yes ☐ No ☐

Employed as (job title) _____ from (m/y) _____ to (m/y) _____

Did he/she drive a motor vehicle for you? Yes ☐ No ☐ If yes, what type? Straight Truck ☐ Tractor-Semitrailer ☐ Bus ☐

Cargo Tank ☐ Doubles/Triples ☐ Other (Specify) _____

Completed by: _____

Company: _____

Street: _____

City, State, Zip: _____ Telephone: _____

Signature: _____ Date: _____

Complete Sections 3 and 4 on SIDE 2 before returning.

SECTION 3:

TO BE COMPLETED BY PREVIOUS EMPLOYER

ACCIDENT HISTORY

Check here ☐ if there is **no** accident register data for this driver and skip to Section 4. Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown on SIDE 1.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other commercial motor vehicle accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____

SECTION 4:

TO BE COMPLETED BY PREVIOUS EMPLOYER

DRUG AND ALCOHOL HISTORY

Check here ☐ and return if applicant was **not** subject to DOT testing requirements under 49 CFR Part 40 while employed by you.

Applicant was subject to DOT testing requirements from _____ to _____.

In answering these questions, include any required DOT drug or alcohol testing information you obtained from other employers in the 3 years prior to the application date shown on SIDE 1.

Within the past 3 years from the application date shown on SIDE 1:

1. Has this person violated any of the drug and/or alcohol prohibitions under 49 CFR Part 40 or Subpart B of Part 382, including:

- An alcohol test with a result of 0.04 or higher alcohol concentration.
- A controlled substances test result of positive, adulterated, or substituted.
- A refusal to submit to a random, post-accident, reasonable-suspicion, or follow-up controlled substances or alcohol test.
- Alcohol use while performing or within 4 hours before performing safety-sensitive functions.
- Alcohol use after an accident, in violation of §382.303.
- Controlled substances use while on duty, except as allowed under §382.213.

YES NO
☐ ☐

2. If this person violated a DOT drug and/or alcohol prohibition, did he/she fail to begin or complete a rehabilitation program prescribed by a Substance Abuse Professional (SAP)? If rehabilitation was required but you do not know if he/she began or completed such a program, check here ☐.

N/A
☐ ☐ ☐

3. If this person successfully completed a SAP's rehabilitation referral and remained in your employ, did he/she subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refusal to be tested?

☐ ☐ ☐

SECTION 5a:

TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) ☐ Faxed to previous employer ☐ Mailed ☐ Emailed ☐ Other _____

By: _____ Date: _____

Subsequent attempts to contact previous employer (§391.23(c)(1)): _____

SECTION 5b:

TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Complete below when information is obtained.

Information received from: _____ Method: ☐ Fax ☐ Mail ☐ Email ☐ Telephone

Recorded by: _____ ☐ Other _____

Date: _____