

DRIVER APPLICATION FOR EMPLOYMENT



Applicant Name: _____ Date of Application _____
(Print)

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 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.

Signature _____ Date _____

FOR COMPANY USE

PROCESS RECORD

Applicant Hired _____ Rejected _____

Date Employed _____ Point Employed _____

Dept _____ Classification _____

(If rejected, summary report of reasons should be placed in file)

Signature of Interviewing Manager _____

TERMINATION OF EMPLOYMENT

Date Terminated _____ Dept Released From _____

Terminated Voluntarily Quit Laid Off Other

Termination Report Placed in File _____ Supervisor _____

APPLICANT TO COMPLETE
(Answer all questions – please print)

Position(s) applied for _____

Name _____ SSN _____
 Last First Middle

List your addresses of residency for the past three years:

Current Address _____
 Street City
 State Zip Code Phone # How Long? Yr/Mo

Previous Addresses _____
 Street City
 State Zip Code Phone # How Long? Yr/Mo
 Street City
 State Zip Code Phone # 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? _____
 (Required for Commercial Drivers)

Have you worked for G & F Excavating, Inc. before? _____ Dates? _____

Reason for leaving? _____

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

Who referred you? _____ Rate of expected pay _____

Have you ever been bonded? _____ Name of bonding company _____
 (Answer only if job requirement.)

Have you ever been convicted of a felony? _____ If yes, when? _____
 If yes, please explain fully on a separate sheet of paper.

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 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, if necessary.)

EMPLOYER		DATE	
NAME		From:Mo/Yr	To: Mo/Yr
ADDRESS		Position Held	
CITY, STATE, ZIP		Salary/Wage	
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 CRF part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			

EMPLOYMENT HISTORY (continued)

EMPLOYER		DATE	
NAME		From:Mo/Yr	To: Mo/Yr
ADDRESS		Position Held	
CITY, STATE, ZIP		Salary/Wage	
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			
EMPLOYER		DATE	
NAME		From:Mo/Yr	To: Mo/Yr
ADDRESS		Position Held	
CITY, STATE, ZIP		Salary/Wage	
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			
EMPLOYER		DATE	
NAME		From:Mo/Yr	To: Mo/Yr
ADDRESS		Position Held	
CITY, STATE, ZIP		Salary/Wage	
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			
EMPLOYER		DATE	
NAME		From:Mo/Yr	To: Mo/Yr
ADDRESS		Position Held	
CITY, STATE, ZIP		Salary/Wage	
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			
EMPLOYER		DATE	
NAME		From:Mo/Yr	To: Mo/Yr
ADDRESS		Position Held	
CITY, STATE, ZIP		Salary/Wage	
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			

*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 eight passengers (including the driver), OR (3) is 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:					

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST THREE (3) YEARS (Other than parking violations) If None, Write "NONE"

LOCATION	DATE	CHARGE	PENALTY

(Attach sheet if more space is needed above.)

EXPERIENCE AND QUALIFICATIONS – DRIVER

List all driver licenses or permits held in the past three 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 SUSPNDED 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 # of Total Miles
		From (M/Y)	To (M/Y)	
Straight Truck <input type="checkbox"/> YES <input type="checkbox"/> NO	Van, Tank, Flat, Dump, Refer			
Tractor/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 > 8 passengers				
Motorcoach-School Bus <input type="checkbox"/> YES <input type="checkbox"/> NO > 15 passengers				
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 _____

Driver Investigation and Inquiries

I have applied for employment with G & F Excavating, Inc.

I understand that the information I provide in accordance with FMCSA Part 391 will be used to contact previous employers, for the purpose of investigating my safety performance and drug and alcohol history information as required by paragraphs (d) and (3) of §391.23(i) regarding information received as a result of these investigations are as follows:

- The right to review information provided by previous employers;
- The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer;
- The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Should I have previous Department of Transportation regulated employment history in the preceding three years and wish to review previous employer-provided investigative information, I understand I must submit a written request to G & F Excavating, Inc., which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. G & F Excavating, Inc. will provide this information within five (5) business days of receiving the written request. If G & F Excavating, Inc. has not yet received the requested information from the previous employer(s), then the five-business days deadline will begin when G & F Excavating, Inc. receives the requested safety performance history information. I understand if I don't pick up or receive the requested records within thirty (30) days of G & F Excavating, Inc. making them available, G & F Excavating, Inc. may consider I am waiving my request to review the records.

By signing below, I hereby voluntarily consent and do hereby authorize G& F Excavating, Inc. to obtain information about me and to consider this information when making decisions regarding my employment at this organization. I understand that I have rights under the FMCSA, including the rights discussed above.

Applicant (printed)_____

Signature_____

Address_____

City, State, Zip_____

Social Security Number_____

Drivers License Number_____

G & F Excavating, Inc.

5851 Douglas Avenue

Racine, WI 53402

www.gandfexcavating.com

262-639-6519

To: Robertson Ryan & Associates, Inc.
6015 Durand Avenue, Suite 300
Racine, WI 53406

I would like to request you to order a motor vehicle record (MVR) for the following applicant:

Name: _____

DOB: _____

DL #: _____

Company: G & F Excavating, Inc.

Contact: Scott A. Kocourek

Applicant: I understand that driving is a part of the job description and I hereby give permission to Robertson Ryan & Associates, Inc. to access my motor vehicle records and provide a copy to G & F Excavating, Inc.

Sign: _____ Date: _____