



DRIVERS APPLICATION FOR EMPLOYMENT

Location: _____ Date: _____

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.

Harney Rock and Paving Co. employment practices operate under the legal doctrine known as "employment at will." Within state and federal employment law, Harney Rock and Paving Co. has the right to terminate an employee at any time and for any reason, with or without notice. This "at will" relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of Harney Rock & Paving Co.

This application for employment shall be considered active for a period of 6 months.

DRIVER CONSENT AND AUTHORIZATION TO RELEASE INFORMATION 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 as been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquires 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 including those outline in company's Employee Handbook.

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.

I also understand that in accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, (Public Law 91-508), as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), that reports verifying my previous employment, driving record and previous drug and alcohol test results may be obtained for employment purposes. These reports are required by Sections 382.413, 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicant's Signature

Date

Print Name

Social Security Number

NAME _____

PHONE _____ SOCIAL SECURITY NO. _____

ADDRESS _____ HOW LONG _____
STREET CITY STATE & ZIP

**ADDRESSES
FOR THE PAST
3 YEARS**

_____ HOW LONG _____
STREET CITY STATE & ZIP

_____ HOW LONG _____
STREET CITY STATE & ZIP

DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES? _____

ARE YOU 21 YEARS OF AGE OR OVER? _____ DATE OF BIRTH _____ (ANSWER ONLY IF APPLYING FOR DRIVING POSITION)

IN CASE OF EMERGENCY NOTIFY _____

POSITION(S) APPLIED FOR _____ TEMPORARY OR FULL TIME _____

HAVE YOU WORKED FOR THIS COMPANY BEFORE? _____ WHERE _____

DATES: FROM _____ TO _____ RATE OF PAY _____ POSITION _____

REASON FOR LEAVING _____

NAMES OF RELATIVES IN OUR EMPLOY _____

ARE YOU NOW EMPLOYED _____ IF NOT, HOW LONG SINCE LEAVING LAST EMPLOYMENT? _____

WHO REFERRED YOU? _____ RATE OF PAY EXPECTED _____

ARE YOU BONDABLE? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY _____ IF YES, PLEASE EXPLAIN FULLY ON A SEPARATE SHEET OF PAPER. CONVICTION OF A CRIME WILL NOT NECESSARILY DISQUALIFY YOU FROM CONSIDERATION FOR EMPLOYMENT.

IS THERE ANY REASON YOU MIGHT BE UNABLE TO PERFORM THE FUNCTIONS OF THE JOB FOR WHICH YOU HAVE APPLIED? _____

IF YES, EXPLAIN IF YOU WISH _____

MILITARY STATUS

HAVE YOU SERVED IN THE U.S. ARMED FORCES? _____ BRANCH _____

DATE: FROM _____ TO _____ RANK AT DISCHARGE _____

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 _____ ADDRESS _____

EXPERIENCE AND QUALIFICATIONS – DRIVER

	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
DRIVER LICENSES				

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

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, DUMP, REFER)	DATES		APPROX. NO OF MILES TOTAL
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR – TWO TRAILERS				
TRACTOR – THREE TRAILERS				
MOTOR COACH – SCHOOL BUS MORE THAN 8 PASSENGERS				
MOTOR COACH – SCHOOL BUS MORE THAN 15 PASSENGERS				
OTHER				

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____

LIST SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS – PLATFORM

LIST TYPES OF PLATFORM EXPERIENCE AND YEARS OF EACH _____

LIST PLATFORM EQUIPMENT YOU CAN OPERATE (LIFT TRUCK, ETC) _____

LIST COURSES OR TRAINING IN PLATFORM WORK _____

EXPERIENCE AND QUALIFICATIONS – VEHICLE MAINTENANCE

LIST COURSES AND TRAINING IN MAINTENANCE WORK _____

LIST MAINTENANCE EQUIPMENT YOU CAN OPERATE _____

EXPERIENCE AND QUALIFICATIONS – OTHER

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

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THE APPLICATION _____

LIST SPECIAL EQUIPMENT OR TECHNICAL METEIRALS YOU CAN WORK WITH (OTHER THANB THOSE ALREADY SHOWN) _____

**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

**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

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 IF NECESSARY.)

EMPLOYER			DATES			
NAME			FROM	TO		
			MO.	YR.	MO.	YR.
ADDRESS			POSITION HELD:			
CITY	STATE	ZIP	SALARY / WAGE			
CONTACT PERSON		PHONE	REASON FOR LEAVING			
WERE YOU SUBJECT TO THE FMCSR'S WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION I NANY DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49CFR PART 40? ? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER			DATES			
NAME			FROM	TO		
			MO.	YR.	MO.	YR.
ADDRESS			POSITION HELD:			
CITY	STATE	ZIP	SALARY / WAGE			
CONTACT PERSON		PHONE	REASON FOR LEAVING			
WERE YOU SUBJECT TO THE FMCSR'S WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION I NANY DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49CFR PART 40? ? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER			DATES			
NAME			FROM	TO		
			MO.	YR.	MO.	YR.
ADDRESS			POSITION HELD:			
CITY	STATE	ZIP	SALARY / WAGE			
CONTACT PERSON		PHONE	REASON FOR LEAVING			
WERE YOU SUBJECT TO THE FMCSR'S WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION I NANY DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49CFR PART 40? ? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER			DATES			
NAME			FROM	TO		
			MO.	YR.	MO.	YR.
ADDRESS			POSITION HELD:			
CITY	STATE	ZIP	SALARY / WAGE			
CONTACT PERSON		PHONE	REASON FOR LEAVING			
WERE YOU SUBJECT TO THE FMCSR'S WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION I NANY DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49CFR PART 40? ? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER			DATES			
NAME			FROM	TO		
			MO.	YR.	MO.	YR.
ADDRESS			POSITION HELD:			
CITY	STATE	ZIP	SALARY / WAGE			
CONTACT PERSON		PHONE	REASON FOR LEAVING			
WERE YOU SUBJECT TO THE FMCSR'S WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION I NANY DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49CFR 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 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding. The Federal Motor Carrier Safety Regulations (FMCSR'S) 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 lbs or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of a ny size and is used to transport hazardous materials in a quantity requiring placarding.

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: _____

**PREVIOUS PRE-EMPLOYMENT
EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT**

Section 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25(b)(5) and (e)).

Prospective Employee Name(print): _____ ID Number: _____

The prospective employee is required by Sec. 40.25(j) to respond to the following questions:

1. Have you tested positive or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?
Check one: Yes No

2. If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?
Check one: Yes No

I certify that the information provided on this document is true and correct.

Prospective Employee Signature: _____ Date: _____

Witnessed by: _____ Date: _____

APPLICANT: DO NOT FILL OUT. SIGN AT THE BOTTOM ONLY.

INQUIRY TO PAST EMPLOYERS

TO: _____

DATE: _____

_____ has made application to this company for a position as _____
and states that he was employed by you as a _____
_____ from _____ to _____.

Will you kindly 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. Sincerely,

1. Is employment correct as stated above? _____
2. What kind (s) of work did applicant do? _____
3. Specify equipment applicant operated: _____
4. Number of accidents? _____ Number Preventable? _____
5. Did applicant have custody of money or valuables? _____
6. Were applicant's records properly kept? _____
7. Was general conduct satisfactory? _____
8. Did applicant show up on time? _____
9. Was applicant motivated? _____
10. Is applicant competent for the position seeking? _____
11. Reason for leaving: _____
12. Would you re-employ? _____
13. Additional remarks: _____

Date: _____ Completed by (print) : _____

Signature: _____

FORMER EMPLOYER LIABILITY RELEASE: You are hereby authorized to give Harney Rock and Paving Company all information regarding my services, character and conduct while employed with you company. You are released from any and all liability which may result from furnishing such information.

Applicant Signature _____ Date: _____