



Post Office Box 800
Hines, Oregon 97738
(541) 573-7855 Phone
(541) 573-3532 Fax
CCB #51289

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

Phone 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? _____ IF YES, WHEN _____

REASON FOR LEAVING _____

NAMES OF RELATIVES IN OUR EMPLOY _____

ARE YOU NOW EMPLOYED _____ IF SO, CAN WE CONTACT YOUR CURRENT EMPLOYER? _____ PHONE _____

WHO REFERRED YOU? _____ RATE OF PAY EXPECTED _____

ARE YOU BONDABLE? _____

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 OR HOW YOU CAN PERFORM JOB IN SPITE OF IT _____

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

DRIVER LICENSES PAST 3 YEARS	STATE	LICENSE NO.	TYPE	EXPIRATION DATE	YEARS EXPERIENCE

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 MATERIALS YOU CAN WORK WITH (OTHER THAN 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

HAVE YOU EVER HAD A DRIVER'S LICENSE DENIED, SUSPENDED, REVOKED OR CANCELED BY ANY ISSUING AGENCY? Yes No

IF YES, LIST STATE OF ISSUANCE AND EXPLANATION: _____

AFFIRMATIVE ACTION INFORMATION

We are an affirmative action equal opportunity employer. The information requested is needed to comply with federal statistical purposes only. Submittal of this information is **strictly voluntary**, and no adverse treatment would result should you choose not to provide it. This information will be kept confidential except as allowed by the Rehabilitation Act of 1973 and the Vietnam Era Veterans Readjustment Assistance Act of 1974.

Male Female Hispanic White Black
 American Indian Asian or Pacific Islander

Are you a Vietnam-era veteran? Yes No

Are you disabled? Yes No If yes, what accommodations are you requesting? _____

Referral Source: Walk In Newspaper Ad Friend/Relative
 State Employment Department Private Employment Agency
 Other: _____

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 IN ANY 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 IN ANY 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 IN ANY 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 IN ANY 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 IN ANY 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 any 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: _____

CONSENT FOR URINALYSIS OR BLOOD SAMPLE

Harney Rock & Paving Co. dba Silver State Rock Products recognizes the prevalence of both illegal and prescription drugs in today's society, and the adverse effect these drugs have in the safe work performances of people on the job. To conform to 49 CFR, Part 40, Federal Motor Carrier Safety Regulations 391.81-391.123 Harney Rock & Paving Co. dba Silver State Rock Products requires all drivers to submit to drug testing through urinalysis. The urinalysis is administered and measured by qualified people. There is no fee to you.

If you urinalysis test results in the detection of drugs that you have not listed below being prescribed by a physician or if you refuse to test, you will not be considered for employment. You may reapply for employment after a 90 day waiting period. Even some prescription drugs affect the ability of people to work safely. Harney Rock & Paving Co. dba Silver State Rock Products will attempt to accommodate such applicants as best as possible.

If you are **NOT** taking any drug medications, please check here:

If you ARE taking drug medications prescribed by a physician or otherwise, please list these below:

_____	_____
_____	_____
_____	_____

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

I authorize Harney Rock & Paving Co. dba Silver State Rock Products and any agent it designates to collect my urine or blood and to conduct tests for evidence of drug usage. I understand that the results of this test may affect decisions of initial and continued employment with Harney Rock & Paving Co. dba Silver State Rock Products and will be faxed directly to Harney Rock & Paving Co. dba Silver State Rock Products upon completion of analysis.

I authorize

- Pioneer Urgent Care located at 160 12th Street, Elko, Nevada
- Harney District Hospital located at 557 W Washington, Burns, Oregon

to release and disclose to authorized personnel at Harney Rock & Paving Co. dba Silver State Rock Products all medical information. This includes, but is not limited to: written reports, medical records, x-rays, all previous and current medical history relating to any illness or injury including mental, psychiatric and drug/alcohol abuse or treatment, records of hospitalizations, etc. This release is effective immediately and remains effective for seven years from the date of terminations of employment with Harney Rock & Paving Co. dba Silver State Rock Products or from the date below, whichever is longer. I have read and understand all of this authorization.

NAME (Print): _____

Signature: _____

Date: _____

CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

This form should be read and signed by the driver, then placed in driver qualification file.

The requirements in Part 383 apply to every driver who operates in intrastate, interstate or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people or transports hazardous materials that require placarding.

1. **POSSESS ONLY ONE LICENSE:** No commercial vehicle driver may possess more than one motor vehicle operator's license. If you have more than one license, you must keep the license from your state of residence and return the additional licenses to the states that issued them. If a multiple license has been lost, stolen or destroyed, you must notify the issuing state that you no longer want to be licensed by that state.
2. **NOTIFICATION OF LICENSES SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the next business day of any revocation or suspension of your driver's license. Section 383.31 requires that if at any time you violate a state or local traffic law (other than parking), you must report it within 30 days to 1) your employing motor carrier and 2) the state that issued your license when a violation occurs in a state other than the one which issued your license.

CERTIFICATION BY DRIVER

I hereby certify that I have read and understand the above requirements:

Driver's Name (print): _____

Driver's Address: _____

Driver's License Number: _____ Issuing State: _____ Expiration Date: _____

I further certify that the above commercial vehicle license is the only one held and that I have surrendered the following license(s) to the states indicated.

State: _____ Type/Class: _____ ID No. _____

State: _____ Type/Class: _____ ID No. _____

Driver's Signature: _____

**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

3. If you answered yes, documentation **MUST BE PROVIDED** before any safety-sensitive transportation function is performed.

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

Prospective Employee Signature: _____ Date: _____

Witnessed by: _____ Date: _____



P.O. Box 800, Hines, OR 97738

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INQUIRY TO PREVIOUS EMPLOYERS

The Federal Motor Carrier Safety Regulations require all previous employers of this applicant to respond to this request for information within 30 days. Failure to comply with this request is in violation, for which you may be prosecuted. Questions concerning the requirements of this regulation should be directed to the Oregon Division Office of the Federal Motor Carrier Safety Administration during business hours.

TO: _____ DATE: _____

Former Employer's Name

Mailing Address

City / State / Zip

Phone #

FAX #

I, _____, hereby authorize _____

To release all records of employment, including assessments of my job performance, ability and fitness, including the dates of any and all alcohol or drug tests, with confirmed results, and/or my refusal to submit to any alcohol and drug tests and any rehabilitation completion under direction of a substance abuse professional (SAP) and/or medical review officer (MRO) to each and every company (or their authorized agents) making such request in connection with my application for employment with said company. I, hereby, release the above-named company, and its employees, officers, directors and agents from any and all liability of any type as a result of providing the following information to the below mentioned person and/or company.

Applicant's Signature: _____

Date: _____

Witness's Signature: _____

Date: _____

REQUEST FROM

**Harney Rock & Paving Co. dba Silver State Rock Products
Human Resource Department
PO Box 800, Hines, OR 97738
(541) 573-7855 Office (541) 573-3532 Fax**

NAME OF APPLICANT: _____ SSN _____ - _____ - _____

JOB APPLYING FOR: _____

INQUIRY INTO EMPLOYMENT HISTORY – PAST THREE YEARS

- Did applicant work for you from _____ to _____ as a _____
_____ YES / NO ; If NO, please explain: _____

- If employed as a driver, please choose the position that best describes applicant's employment:
Company driver _____ Owner/Operator _____ Other _____
Type of truck(s) and/or truck/tractor(s) operated: _____
Commodities transported: _____ Area of operation: _____
- Accidents? YES / NO If YES, please give date(s) and brief description of each accident: _____

- Why did this employee leave your company? _____

- Would you re-employ this person? YES / NO If NO, please explain: _____

- Additional comments: _____

INQUIRY FOR ALCOHOL/CONTROLLED SUBSTANCES INFORMATION – PRECEDING 3 YEARS

- Alcohol tests with a result of 0.04 or greater? YES / NO If YES, give date(s): _____
- Verified positive controlled substances test results? YES / NO If YES, give date(s): _____
- Refusals to be tested? YES / NO If YES, give date(s): _____
- Was rehabilitation completed as required? YES / NO If YES, give date(s): _____

Person providing the above information:

Name: _____ Title: _____

Company: _____ Date: _____