

DeWent Redi-Mix

Application for Employment

Applicant Name: _____ Date of Application: _____

Address: _____

City: _____ State: _____ Zip: _____

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 termination of employment. 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 employers will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d & e). I understand that I have the right to:

- Review information provided by previous employer.
- 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: _____

Department: _____ Classification: _____

Signature of interviewing Officer: _____

Applicant to complete

Position(s) applied for _____

Full Name _____ Social Security # _____

Current address: _____ City _____

State _____ Zip _____ Phone _____

How long have you lived at this location? _____

Please list previous address(s) if you have lived at your current address for less than 10 years.

Previous address 1: _____ City _____

State _____ Zip _____ Phone _____

Do you have the legal right to work in the United States? _____

Can you provide proof of age? _____

Are you currently employed? _____ If not, how long since your last employment? _____

How did you find us? _____ Rate of Pay expected? _____

Have you ever been bonded? _____ Name of bonding company? _____

Is there any reason you might be unable to perform the functions of the job for which you have applied?

According to the job description: _____

If Yes, please explain _____

EDUCATION

Highest Grade Level completed: _____	Did you graduate? Y____ N____
Name of Schools that you attended: _____	

EMPLOYMENT HISTORY

All Driver applicants to drive in Interstate commerce must provide the following information on all employers the preceding 3 years. List complete mailing address, street number, city, state and zip.

Applicants to drive a commercial motor vehicle in Intrastate of Interstate commerce shall also provide an additional 7 years of 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.)

Applicant to complete

EMPLOYMENT HISTORY CONT.

EMPLOYER		
Name:	From	To
Address:	Position Held	
City:	Wage/Salary	
Contact person:	Reason for leaving	
Were you subject to the FMCSR's while employed? Yes___ No___		
Was your job designated as a Safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements 49 CFR part 40? Yes_____ No_____		

EMPLOYER		
Name:	From	To
Address:	Position Held	
City:	Wage/Salary	
Contact person:	Reason for leaving	
Were you subject to the FMCSR's while employed? Yes___ No___		
Was your job designated as a Safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements 49 CFR part 40? Yes_____ No_____		

EMPLOYER		
Name:	From	To
Address:	Position Held	
City:	Wage/Salary	
Contact person:	Reason for leaving	
Were you subject to the FMCSR's while employed? Yes___ No___		
Was your job designated as a Safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements 49 CFR part 40? Yes_____ No_____		

DRIVING HISTORY

Dates	Nature of Accident	Fatalities	Injuries	Hazardous Material Spill
Last accident:				
Next previous:				
Next previous:				

TRAFFIC CONVICTIONS AND FORFITURES IN THE PAST 3 YEARS.

LOCATION	LICENSE NO.	CHARGE	PENALTY

Applicant to complete

EXPERIENCE AND QUALIFICATIONS

DRIVERS LICENSE OR PERMITS HELD IN THE LAST 3 YEARS.	STATE	LICENSE #	CLASS	ENDORSEMENT(S)	EXPIRATION DATE

A. Have you ever been denied a license, a permit or privilege to operate a vehicle? Y___ N___

B. Has any license, permit or privilege ever been suspended or revoked? Y___ N___

If the answer to either A or B is YES, please provide details. _____

DRIVING EXPERIENCE Check YES or NO

Class of Equipment	Circle type of Equipment	DATES		Approx. # of Miles total
		TO	FROM	
Straight Truck YES___ NO___	(Van, Tank, Flat, Dump or Refer)			
Tractor/Semi Trailor YES___ NO___	(Van, Tank, Flat, Dump or Refer)			
Tractor/Doubles YES___ NO___	(Van, Tank, Flat, Dump or Refer)			
Tractor/Triples YES___ NO___	(Van, Tank, Flat, Dump or Refer)			
Motorcoach-School Bus YES___ NO___ More than 8 Passengers	___			
Motorcoach-School Bus YES___ NO___ More than 15 Passengers	___			
OTHER _____				

LIST STATES OPERATED IN FOR LAST 5 YEARS: _____

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

DO YOU HOLD ANY SAFE DRIVING AWARDS? IF SO, WITH WHOM? _____

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

LIST ANY OTHER COURSES OR TRAINING THAT YOU THINK MAY HELP YOU WITH THIS POSITION: _____

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN WHATS LISTED)

TO BE READ AND SIGNED BY APPLICANT

I certify that the information given is true to the best of my knowledge and understand that any false or misleading information could result in my application being rejected or future termination of my employment.

Signature: _____ Date: _____