

Essex Concrete Corporation

Driver Application for Employment

Applicant Name _____ **Date of Application** _____
(print)

In compliance with Federal and State equal Opportunity employment laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, non-job related disability, or any other protected group status.

Applicant must read and sign the following:

I authorize Essex Concrete Corporation and or it's agents 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 acknowledge that false or misleading information given in my application or interview(s) may result in discharge. I also acknowledge that I am required to abide by all rules and regulations of the company.

I acknowledge 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 acknowledge 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 resend 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 certify 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.

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of this company, other than the president, has any authority to alter the foregoing.

Signature: _____ Date: _____

For Company Use

Applicant Hired _____ Rejected _____

Date Employed _____ Point Employed _____

Department _____ Classification _____

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

Signature of interviewing Officer _____

Date Terminated _____ Department Released From _____

Dismissed _____ Voluntary Resign _____ Other _____

Report placed in file _____ Supervisor _____

Applicant to Complete

(answer all questions – please print)

Position Applied for _____

Name _____ Social Security# _____
Last First Middle

List your current and previous addresses for the last 3 years

Current _____
Street City State Zip
Phone # _____ Resided how long _____
yr/mo

Previous

_____ How Long _____
Street City State Zip yr/mo

_____ How Long _____
Street City State Zip yr/mo

_____ How Long _____
Street City State Zip yr/mo

Are you legally authorized to work in the United States? _____

Are you 25 years of age? _____ If hired can you show proof of age? _____

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Position _____ Pay Rate _____

Reason for Leaving _____

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

How did you hear of this position? _____ Pay Rate Expected _____

Have you ever been convicted of a felony? _____ if yes, explain on a separate sheet of paper.) Conviction of a crime is not an automatic bar to employment. All circumstances will be considered.

Is there any reason you cannot perform the functions of the job for which you have applied?

(see job description for functions of specific job) _____

If yes, please explain which functions _____

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 addresses, street number, city, state, and zip code.

Applicants to drive 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. On the following page, list employers in reverse order, beginning with the most recent. Add sheets as necessary.

Employment History(Continued)

EMPLOYER	DATE
Name	
Address	
City State Zip	
Contact Person Phone#	
Were you subject to the FMCSR's† while employed.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug and Alcohol testing requirements of 49 DFR Part 40?	Yes <input type="checkbox"/> No <input type="checkbox"/>

EMPLOYER	DATE
Name	
Address	
City State Zip	
Contact Person Phone#	
Were you subject to the FMCSR's† while employed.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug and Alcohol testing requirements of 49 DFR Part 40?	Yes <input type="checkbox"/> No <input type="checkbox"/>

EMPLOYER	DATE
Name	
Address	
City State Zip	
Contact Person Phone#	
Were you subject to the FMCSR's† while employed.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug and Alcohol testing requirements of 49 DFR Part 40?	Yes <input type="checkbox"/> No <input type="checkbox"/>

EMPLOYER	DATE
Name	
Address	
City State Zip	
Contact Person Phone#	
Were you subject to the FMCSR's† while employed.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug and Alcohol testing requirements of 49 DFR Part 40?	Yes <input type="checkbox"/> No <input type="checkbox"/>

†The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or properly when the vehicle:(1) weighs or has a GVWR of 10,001 lbs or more,(2) is designated 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.

*Includes vehicles having a GVWR of 26,001 lbs. Or more, vehicles designed to transport 16 or more passengers, or any size vehicle used to transport more than 8 passengers OR is of any size and is used to transport hazardous materials in a quantity requiring placarding.

