

ELITE CONCRETE

DATE _____

NAME _____

PHONE () _____ EMERGENCY PHONE () _____

AGE _____ DATE OF BIRTH _____ SS# _____

(The Age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.)

PHYSICAL EXAM EXPIRATION DATE _____

CURRENT & PREVIOUS THREE YEARS ADDRESSES:

_____	FROM _____	TO _____
_____	FROM _____	TO _____
_____	FROM _____	TO _____

HAVE YOU WORKED FOR THIS COMPANY BEFORE? Yes _____ No _____

If yes, give dates: From _____ To _____

Reason for leaving? _____

EDUCATION HISTORY:

Please circle the highest grade completed:

Grade school: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4 Post Graduate: 1 2 3 4

EMPLOYMENT HISTORY:

Give a COMPLETE RECORD of all employment for the past three (3) years, including any unemployment or self employment periods, and all commercial driving experience for the past ten (10) years.

Mo/YrMo/YrPresent or Last Employer

From _____ To _____ Name _____

Position Held _____ Address _____

Reason for leaving _____ Company phone () _____

Were you subject to the FMCSRs while employed here? Yes _____ 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? Yes _____ No _____

Mo/YrMo/YrPresent or Last Employer

From _____ To _____ Name _____

Position Held _____ Address _____

Reason for leaving _____ Company phone () _____

Were you subject to the FMCSRs while employed here? Yes _____ 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? Yes _____ No _____

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COMMERCIAL DRIVER APPLICATION

Mo/YrMo/YrPresent or Last Employer

From _____ To _____ Name _____

Position Held _____ Address _____

Reason for leaving _____ Company phone () _____

Were you subject to the FMCSRs while employed here? Yes _____ 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? Yes _____ No _____

Mo/YrMo/YrPresent or Last Employer

From _____ To _____ Name _____

Position Held _____ Address _____

Reason for leaving _____ Company phone () _____

Were you subject to the FMCSRs while employed here? Yes _____ 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? Yes _____ No _____

testing requirements of 49 CFR Part 40? _____ Yes _____ No

Mo/YrMo/YrPresent or Last Employer
 From _____ To _____ Name _____
 Position Held _____ Address _____
 Reason for leaving _____ Company phone (_____)
) _____

Were you subject to the FMCSRs while employed here? _____ Yes _____ 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? _____ Yes _____ No

Mo/YrMo/YrPresent or Last Employer
 From _____ To _____ Name _____
 Position Held _____ Address _____
 Reason for leaving _____ Company phone (_____)
) _____

Were you subject to the FMCSRs while employed here? _____ Yes _____ 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? _____ Yes _____ No

Mo/YrMo/YrPresent or Last Employer
 From _____ To _____ Name _____
 Position Held _____ Address _____
 Reason for leaving _____ Company phone (_____)
) _____

Were you subject to the FMCSRs while employed here? _____ Yes _____ 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? _____ Yes _____ No

(Attach additional sheets for 10-year history, if needed.)

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DRIVING EXPERIENCE

Class of Equipment
 Straight Truck
 Tractor & Semi-trailer
 Tractor & two trailers
 Tractor & triple trailers
 Other
 From _____
 To _____

Approximate Number of Miles
 List states operated in, for the last five (5) years: _____
 List special courses/training completed (PTD/DDC, HAZMAT, ETC) _____
 List any Safe Driving Awards you hold and from whom: _____

Accident Record for past three (3) years: (attach sheet if more space is needed):
 Location of# of
 Date of AccidentNature of AccidentsAccidentFatalities
 (Head on, rear end, etc)

of People Injured

Traffic Convictions and Forfeitures for the last three (3) years (other than parking violations):
 DateLocationChargePenalty

Driver's License (list each driver's license held in the past three(3) years:
 StateLicenseType
 Endorsements
 Expiration Date

Have you ever been denied a license, permit or privilege to operate a motor vehicle? _____ Yes _____ No

Has any license, permit or privilege ever been suspended or revoked? _____ Yes _____ No

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)? _____ Yes _____ No

Have you ever been convicted of a felony? _____ Yes _____ No

If the answers to any questions listed above are "yes", give details _____

