



EMPLOYMENT APPLICATION

DATE OF APPLICATION: _____

*We are an Equal Opportunity Employer and
Committed to excellence through diversity.*

PERSONAL INFORMATION

FULL NAME: _____
First Last M.I.

ADDRESS: _____
Street Address Apartment/Unit#

City State Zip Code

CONTACT PHONE# () _____

EMAIL "Required for Payroll" _____
Payroll is direct deposit only into employee's bank account

SOCIAL SECURITY NUMBER OR GOVERNMENT ID: _____

DRIVERS LISCENSE # _____ **STATE:** _____

CDL ISSUED? YES _____ **CDL CLASS** _____

BIRTH DATE: _____

POSITION YOU ARE APPLYING FOR: _____

AVAILABLE START DATE: _____ **DESIRED PAY:** _____

EMPLOYMENT DESIRED: FULL TIME _____ **PART TIME** _____

EDUCATION (Circle Highest Grade Completed) **Grade School** 1 2 3 4 5 6 7 8 9 10 11 12 **College** 1 2 3 4

MISCELLANEOUS SKILLS/EQUIP/MACHINERY INFO:



EMPLOYMENT HISTORY FOR THE PAST 3 YEARS

EMPLOYER NAME: _____

ADDRESS / CITY / STATE / ZIP: _____

_____ PHONE # _____

POSITION HELD: _____ DATE EMPLOYED _____

START PAY: _____ END PAY: _____ REASON FOR LEAVING _____

TASKS PERFORMED _____

EMPLOYER NAME: _____

ADDRESS / CITY / STATE / ZIP: _____

_____ PHONE # _____

POSITION HELD: _____ DATE EMPLOYED _____

START PAY: _____ END PAY: _____ REASON FOR LEAVING _____

TASKS PERFORMED _____

EMPLOYER NAME: _____

ADDRESS / CITY / STATE / ZIP: _____

_____ PHONE # _____

POSITION HELD: _____ DATE EMPLOYED _____

START PAY: _____ END PAY: _____ REASON FOR LEAVING _____

TASKS PERFORMED _____

EMPLOYER NAME: _____

ADDRESS / CITY / STATE / ZIP: _____

_____ PHONE # _____

POSITION HELD: _____ DATE EMPLOYED _____

START PAY: _____ END PAY: _____ REASON FOR LEAVING _____

TASKS PERFORMED _____

Employment History COMPLETE IN FULL

Give a Complete Record of all employment for the past three years, including any unemployment or self employment, and all commercial driving experience for the past ten years.

Mo/Yr Mo/Yr Present or Last Employer:
From _____ To _____ Name _____

Position Held _____ Address _____
(Street) (City) (State/Zip)

Reason For Leaving _____ 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/Yr Mo/Yr Present or Last Employer:
From _____ To _____ Name _____

Position Held _____ Address _____
(Street) (City) (State/Zip)

Reason For Leaving _____ 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/Yr Mo/Yr Present or Last Employer:
From _____ To _____ Name _____

Position Held _____ Address _____
(Street) (City) (State/Zip)

Reason For Leaving _____ 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/Yr Mo/Yr Present or Last Employer:
From _____ To _____ Name _____

Position Held _____ Address _____
(Street) (City) (State/Zip)

Reason For Leaving _____ 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/Yr Mo/Yr Present or Last Employer:
From _____ To _____ Name _____

Position Held _____ Address _____
(Street) (City) (State/Zip)

Reason For Leaving _____ 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

**The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) has a GVWR or weighs 10,001 pounds or more, (2) is designed or used to transport nine or more passengers, or (3) is of any size, used to transport hazardous materials in a quantity requiring placarding.*

Driving Experience COMPLETE IN FULL

Class of Equipment	Dates	
	From	To
Straight Truck		
Tractor and Semi-trailer		
Tractor-two trailers		
Tractor-three trailers (triples)		
Other		

List states operated in, for the last five years: _____

List special courses/training completed (PTD/DDC, Haz Mat, etc.): _____

List any Safe Driving Awards you hold and from whom: _____

Accident Record for past three years *(attach sheet if more space is needed)*

Date of Accident	Nature of Accidents (Head on, rear end, upset, etc.)	Location of Accident	# of Fatalities	# of People Injured

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

Date	Location	Charge	Penalty

Driver's License *(list each driver's license held in the past three years)*

State	License #	Type	Endorsements	Expiration Date

- 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
- C. 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
- D. Have you ever been convicted of a felony?..... YES NO
- If the answers to A, B, C or D is "YES", give details _____

To Be Read and Signed by Applicant **COMPLETE IN FULL**

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty.

It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my application file.

It is agreed and understood that this Application for Qualification in no way obligates the motor carrier to employ or hire the applicant.

It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse.

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.

Applicant Signature _____ **Date** _____

Remarks (For office use only)

SIGN AND COMPLETE

DRIVER'S RIGHTS PERTAINING TO RELEASE OF DRIVER INFORMATION UNDER REGULATION 391.23

Motor carriers have the responsibility to make the following investigations and inquiries with respect to each driver employed, other than a person who has been a regularly employed driver of the motor carrier for a continuous period which began before January 1, 1971.

- (a)(1) An inquiry into the driver's driving record during the preceding three years to the appropriate agency of every State in which the driver held a motor vehicle operator's license or permit during those three years; and
- (a)(2) An investigation of the driver's employment record during the preceding three years.
- (b) A copy of the driver record(s) obtained in response to the inquiry or inquiries to each State driver record agency as required must be placed in the Driver Qualification File within 30 days of the date the driver's employment begins and be retained in compliance with 391.51.
- (c) Replies to the investigations of the driver's safety performance history must be placed in the Driver Investigation History File within 30 days of the date the driver's employment begins. This goes into effect after October 29, 2004.
- (d) Prospective motor carrier must investigate the information from all previous employers of the applicant that employed the driver to operate a CMV within the previous three years. This information must cover general driver identification and employment verification information, data elements as specified in 390.15 for accident involving the driver that occurred in the three-year period preceding the date of the employment application, and any accidents the previous employer may wish to provide.
- (e) Prospective motor carrier must investigate the information from all previous DOT regulated employers that employed the driver within the previous three years from the date of the employment application in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40.

Drivers have the following rights:

1. The right to review information provided by previous employers.
2. The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer.
3. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Drivers who wish to review previous employer-provided investigative information must submit a written request to the prospective employer when applying or as late as 30 days after employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five business days of receiving the written request. If the driver has not arranged to pick up or receive the requested records within 30 days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

Drivers wishing to request correction of erroneous information in records must send the request for the correction to the previous employer that provided the records. After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer or notify the driver within 15 days of receiving the driver's request to correct the data that it does not agree to correct the data. Drivers wishing to rebut information in records must send the rebuttal to the previous employer with instruction to include the rebuttal in the driver's Safety Performance History.

I acknowledge that I have read and understand the contents of this document

Driver's Signature: _____ Date: _____
Driver Name (Printed): _____

DRIVER APPLICANT DRUG AND ALCOHOL PRE-EMPLOYMENT STATEMENT

*CFR Part 40.25(j) requires the employer to ask any applicant, 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 rules during the past two years. If the potential employee admits that he or she had a positive test or refusal to test, we must not use the employee to perform safety-sensitive function, until and unless, the potential employee provides documentation of successful completion of the return-to-duty process.
(See Section 40.25(b)(5) and (e).*

Applicant Name: _____ ID Number: _____
(Please Print)

As an applicant, applying to perform safety sensitive functions for our company, you are required by CFR Part 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?
Yes No

- 2.) If you answered yes, to the above question, can you provide proof that you've successfully completed the DOT return-to-duty requirements?
Yes No

My signature below certifies that the information provided is true and correct.

Applicant Signature: _____ Date: _____

Request for Driver's Safety Performance History Information from DOT Regulated Previous Employer(s)

Driver to complete this section

As a Commercial Motor Vehicle (CMV) Driver, I understand that per the Federal Motor Carrier Safety Regulations (FMCSRs) Part 391.21, the following information will be requested from all previous Employers for which I operated a CMV, subject to the FMCSR Parts 390 and/or 40, 382 & 383, **within the past three years**, from date shown below. I also acknowledge that this information will be used in determining my eligibility to be hired, that I have the right to review this information and rebut any errors in these statements from my prior employers, as described in the FMCSR Part 391.23.

I _____, hereby authorize this Company to release all records of employment, including assessments
Print Name

of my job performance, ability and fitness (including dates of any and all alcohol or drug tests, those confirmed results and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of (SAP/MRO) to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release this company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing information to the above mentioned person and/or company.

Previous Employer: _____ Contact Person: _____
Mailing Address: _____ City, State, Zip: _____
Telephone Number: _____ Fax Number: _____

I worked for this Company from the dates of ___ / ___ / ___ To ___ / ___ / ___

Applicant's Signature SSN or ID Number D.O.B. Today's Date

SECTION I – Past Employer to Complete >> DRUG & ALCOHOL INFORMATION

Please provide the following Drug and Alcohol information as required by FMCSR Part 391.23 & 40.25.

If no Drug and Alcohol information is available on above named applicant check here.

- | | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| 1. Any alcohol test with a result of 0.04 or higher alcohol concentration? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Any verified positive drug test? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Any refusals to be tested (including verified adulterated or substituted drug test results?) | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Any other violations of DOT agency drug & alcohol testing regulations (Part 382 or Part 40)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If this Driver did successfully complete a SAP rehabilitation referral and remained in your employ, did he/she have any subsequent violations for; an Alcohol test result of 0.04 or greater, a verified positive drug test or a refusal to test (including a verified adulterated/substituted drug test result?) | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. If yes to any of the above questions, please provide documentation of successful completion of a SAP evaluation, prescribed treatment and return-to-duty requirements (including follow-up tests) if they remained in your employ*. | | |

* If this information is not available from the previous employer, you as a prospective employer, must get this information from the Driver/Applicant.

Drug and Alcohol information needs to be kept in a separate Personnel and/or Confidential file.

PLEASE LEAVE THIS PAGE BLANK – TO BE COMPLETE BY PREVIOUS EMPLOYERS

Request for Driver's Safety Performance History Information from DOT Regulated Previous Employer(s)

SECTION II – Past Employer to Complete >> **ACCIDENT INFORMATION**

Please provide the following information as required by 391.23(d) (1) (2) on any accidents, as defined by 390.5 and/or from your Accident Register (FMCSR 391.15) which the above named Driver/Applicant was involved within the past three years while under your employment. Previous employers may include additional detailed information on minor accidents/incidents at their discretion.

If there is no accident information for this driver, please check here.

Date	Location (Please give city/town or most near & State)	Any Vehicles Towed?	HazMat. Spill?	# of Fatalities?	# of Injuries?

SECTION III – Past Employer to Complete >> **WORK HISTORY INFORMATION**

Please provide the following information on the above name Driver/Applicant;

He/She was employed for you as a: _____ From ___/___/___ To ___/___/___

➤ If employed as a Driver, what type of equipment did he/she operate?

Straight Trucks Tractor/Trailer Doubles Triples Other

Explain: _____

Type of Trailer(s) pulled: _____

Was he /she a: Company Driver? Yes No Contractor? Yes No

Contractor's Driver? Yes No Other? Yes No

General area traveled: _____ Commodities transport: _____

➤ While under your employment was he/she:

a. Bonded: Yes No

b. Convicted of any traffic violations: Yes No

If yes, please list all, including date and type: _____

c. License(s) suspended, revoked or denied: Yes No

If yes, please explain: _____

➤ Reason for leaving: _____

➤ Would you re-employ this person: Yes No Upon Review

Please explain: _____

Additional Comments: _____

Previous Employer Representative Supplying Information:

Print Name

Title

Signature

Date

Note: Failure to furnish information as required by 49CFR 382.405 and 382.413 is a violation of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration. Failure to provide this information may result in a fine and/or civil liability



The Federal Motor Carrier Safety Administration now requires all CDL and CLP Drivers to register in the Drug and Alcohol Clearinghouse database.

This information will check the CDL information on your Employment Application with the state's CDL systems, which tracks driver CDL's nationwide to see if there is any violation information reported with that driver's CDL information.

Before Larry Bair Excavating, Co., Inc. can conduct the pre-employment query, they must obtain the driver's electric consent.

In this process, the employer (or designated C/TPA) logs in to the Clearinghouse and sends the request to the driver. The driver then logs in to his or her Clearinghouse account to respond to the request.

The pages attached will guide you through this process step x step.

Federal Motor Carrier Safety Administration

DRUG & ALCOHOL
CLEARINGHOUSE



2785 West 247th Street
Louisburg, Kansas 66053 U.S.A.
Office 913-947-7222

General Consent for Limited Queries of FMCSA Drug & Alcohol Clearinghouse

I, _____, hereby provide consent to Larry Bair Excavating Co. to
Conduct a multiple limited query of the FMCSA Commercial Driver's License Drug and
Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation
information about me exist in the Clearinghouse. This consent will be conducted over a time
period of or for the duration of my employment at Larry Bair Excavating Co.

I understand that if the limited query conducted by Larry Bair Excavating Co. indicates that drug
or alcohol violation information about me exist in the Clearinghouse, FMCSA will not disclose
that information to Larry Bair Excavating without first obtaining additional specific consent from
me.

I further understand that if I refuse to provide consent for Larry Bair Excavating Co. to conduct a
limited query of the Clearinghouse, Larry Bair Excavating Co. must prohibit me from
performing safety-sensitive functions, including driving a commercial motor vehicle, as required
by FMCSA's drug and alcohol program regulations.

Employee Signature

Date