

Cornerstone Electrical Services, LLC

COMMERCIAL DRIVER APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Name		Date	
Social Security Number		Date of Birth	
Email Address		Main Phone	
Emergency Contact		Emergency Phone	
Position Applied For		How did you hear about Cornerstone Electrical Services?	

RESIDENT ADDRESSES FOR THE PAST 3 YEARS

Current Street Address			
City	State	Zip	How Long?
Previous Street Address			
City	State	Zip	How Long?
Previous Street Address			
City	State	Zip	How Long?

AVAILABILITY

Date Available To Start Working:	Transportation: <input type="checkbox"/> Own Car <input type="checkbox"/> Bus <input type="checkbox"/> Share Ride
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent	<input type="checkbox"/> 1 st Shift <input type="checkbox"/> 2 nd Shift <input type="checkbox"/> 3 rd Shift
Days Available: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	

EDUCATION

Circle Years Completed		Name / State	Complete Date	Major / Degree / License
High School	1 2 3 4			
Technical School	1 2 3 4			
College / University	1 2 3 4			
Graduate School	1 2 3 4			
Other School	1 2 3 4			
Other Certification				
CDL School				

COMMERCIAL DRIVER APPLICATION FOR EMPLOYMENT

DRIVING EXPERIENCE

Equipment	Type of Equipment	Date From	Date To	# of Miles
Straight Truck				
Tractor and Semi				
Tractor Doubles / Triples				
Jockey / Mule / Yard				
Other Equipment				
Other Equipment				

NON-DRIVING SKILLS

Mark only the skills in which you are highly experienced and skilled.

Assembly

- ☐ Factory Type _____
- ☐ Inspecting
- ☐ Packaging
- ☐ Electronics
- ☐ Wiring
- ☐ Soldering
- ☐ P.C. Boards
- ☐ Schematics

Warehouse

- ☐ Forklift
- ☐ Load/Unload
- ☐ Ship/Receive
- ☐ Stocking
- ☐ Inventory Maintenance
- ☐ Janitorial
- ☐ Elec/Mech
- ☐ Automotive

Trades

- ☐ Electrician
- ☐ Carpenter
- ☐ Plumber
- ☐ Machinist
- ☐ Mason
- ☐ Welder
- ☐ Blueprints
- ☐ Own Tools
- ☐ Jmy. ☐ App.

General Labor

- ☐ Landscape
- ☐ Construction
- ☐ Lumber
- ☐ Plastics
- ☐ Furniture
- ☐ Food Service
- ☐ Cook
- ☐ Waiter
- ☐ Cashier

Other

- ☐ Office
- ☐ Security Guard
- ☐ Painting
- ☐ Drafting
- ☐ Dispatcher
- ☐ Housekeeping
- ☐ _____

Communications

- ☐ Switchboard
- ☐ # Lines _____
- ☐ Multi line Phone
- ☐ Two-way radio
- ☐ General Clerical
- ☐ Duplicating
- ☐ Filing
- ☐ Receptionist
- ☐ Runner

Bookkeeping

- ☐ F.C. bookkeeper
- ☐ Asst. Bookkeeper
- ☐ Accts. Payable
- ☐ Accts. Receivable
- ☐ Payroll
- ☐ Office Equipment
- ☐ Fax Machine
- ☐ Copy Machine
- ☐ Adding Machine

Medical / Legal

- ☐ Ins. Filing
- ☐ Billing Clerk
- ☐ Medical Term.
- ☐ Transcription
- ☐ Legal Sec.
- ☐ Paralegal
- ☐ Legal Recep.
- ☐ Data Entry

Software

- ☐ Windows
- ☐ Apple OS
- ☐ Access
- ☐ Excel
- ☐ Word
- ☐ PowerPoint
- ☐ HTML
- ☐ Python
- ☐ QuickBooks

- ☐ Peachtree
- ☐ Internet Exp.
- ☐ Web design
- ☐ Programming
- ☐ Computer Tech
- ☐ Other Skills
- _____
- _____
- _____

Other skills not listed above: _____

Do you have any physical limitations which may affect your work? _____

PROVIDE OTHER SKILLS OR EXPERIENCE NOT LISTED

COMMERCIAL DRIVER APPLICATION FOR EMPLOYMENT

EMPLOYMENT HISTORY

List ALL activity and employment for the last 10 years in chronological order beginning with the most recent.

Employer Name		Phone	
Address			
Position Held		From	To
Salary/Wage	Reason for Leaving		
Were you subject to FMSCR* 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 of 49 CFR part 40?			YES NO
Employer Name		Phone	
Address			
Position Held		From	To
Salary/Wage	Reason for Leaving		
Were you subject to FMSCR* 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 of 49 CFR part 40?			YES NO
Employer Name		Phone	
Address			
Position Held		From	To
Salary/Wage	Reason for Leaving		
Were you subject to FMSCR* 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 of 49 CFR part 40?			YES NO
Employer Name		Phone	
Address			
Position Held		From	To
Salary/Wage	Reason for Leaving		
Were you subject to FMSCR* 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 of 49 CFR part 40?			YES NO

COMMERCIAL DRIVER APPLICATION FOR EMPLOYMENT

*Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle over 10,000 lbs., is designed to transport 9 or more passengers, OR is any size used to transport hazardous materials requiring placarding.

Employer Name		Phone	
Address			
Position Held		From	To
Salary/Wage	Reason for Leaving		
Were you subject to FMSCR* 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 of 49 CFR part 40?			YES NO
Employer Name		Phone	
Address			
Position Held		From	To
Salary/Wage	Reason for Leaving		
Were you subject to FMSCR* 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 of 49 CFR part 40?			YES NO
Employer Name		Phone	
Address			
Position Held		From	To
Salary/Wage	Reason for Leaving		
Were you subject to FMSCR* 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 of 49 CFR part 40?			YES NO
Employer Name		Phone	
Address			
Position Held		From	To
Salary/Wage	Reason for Leaving		
Were you subject to FMSCR* 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 of 49 CFR part 40?			YES NO
<small>*Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle over 10,000 lbs., is designed to transport 9 or more passengers, OR is any size used to transport hazardous materials requiring placarding.</small>			

COMMERCIAL DRIVER APPLICATION FOR EMPLOYMENT

*Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle over 10,000 lbs., is designed to transport 9 or more passengers, OR is any size used to transport hazardous materials requiring placarding.

Employer Name		Phone	
Address			
Position Held		From	To
Salary/Wage	Reason for Leaving		
Were you subject to FMSCR* 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 of 49 CFR part 40?			YES NO
Employer Name		Phone	
Address			
Position Held		From	To
Salary/Wage	Reason for Leaving		
Were you subject to FMSCR* 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 of 49 CFR part 40?			YES NO
Employer Name		Phone	
Address			
Position Held		From	To
Salary/Wage	Reason for Leaving		
Were you subject to FMSCR* 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 of 49 CFR part 40?			YES NO
Employer Name		Phone	
Address			
Position Held		From	To
Salary/Wage	Reason for Leaving		
Were you subject to FMSCR* 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 of 49 CFR part 40?			YES NO
<small>*Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle over 10,000 lbs., is designed to transport 9 or more passengers, OR is any size used to transport hazardous materials requiring placarding.</small>			

COMMERCIAL DRIVER APPLICATION FOR EMPLOYMENT

DRIVER'S LICENSES FOR THE PAST 3 YEARS

State	License #	Class	Issue Date	Expiration Date

Have you ever had any type of motor vehicle license suspended or revoked or been denied a license/permit of privilege to operate a motor vehicle? YES NO

Provide a description here if you circled YES above.

CDL ENDORSEMENTS

Code	Endorsement	Circle One
T	Double / Triple Trailers	YES NO
P	Passenger	YES NO
N	Tank Vehicle	YES NO
H	Hazardous Materials	YES NO
X	Combination of Hazardous and Tank	YES NO
S	School Bus	YES NO

MOVING VIOLATIONS FOR THE PAST 3 YEARS (EXCLUDE PARKING VIOLATIONS)

Date	Citation Type	Commercial Vehicle	
		YES NO	
		YES NO	
		YES NO	

Do you have a pending charge for driving while intoxicated or under the influence of illegal or prescription drugs? YES NO

ACCIDENT RECORD FOR THE PAST 3 YEARS

Date	Nature of Accident	Commercial Vehicle	Injuries / Fatalities
		YES NO	YES NO
		YES NO	YES NO
		YES NO	YES NO

PRE-EMPLOYMENT URINALYSIS CONSENT FORM

I understand that as required by the Federal Motor Carrier Safety Regulations, Title 49 Code of Federal Regulations, Section 382.103, all driver/applicants of this company must be tested for controlled substances as a pre-condition for employment.

I consent to the urine sample collection and testing for controlled substances.

I understand that a positive test result for controlled substances will render me unqualified to operate a commercial motor vehicle and the offer of employment will be revoked.

The medical review officer will maintain the results of my test. Negative and positive results will be reported to the company. If the results are positive, the controlled substance will be identified. The results will not be released to any other parties without my written authorization.

I understand the above conditions and hereby agree to comply with them.

Signature

Date

DOT REQUIRED SPLIT SAMPLE TESTING

As of August 15, 1994 Federal Regulations require all DOT drug tests to be collected in accordance with split sample procedures.

With this change, the driver has the right to have the second bottle tested at a different NIDA approved lab should the initial test be confirmed positive. The driver will have 72 hours after a test is confirmed positive to request the second bottle be tested.

If you request that the second bottle be tested you will assume the cost of any subsequent testing.

Due to the additional expense of transporting the sample to another NIDA approved lab and requirement that the confirmation be done by expensive Gas Chromatography, the testing of the second bottle will cost **\$275.00**.

I have read the above notice and understand that I will be responsible for the cost of any subsequent testing charges.

Signature

Date

SUBSTANCE ABUSE POLICY

This package contains educational material and policy concerning the use of alcohol and drugs. Department of Transportation Regulation § 382.601 (d).

I hereby acknowledge receipt of the Substance Abuse Policy – Driver's Information Packet.

Signature

Date

FEDERAL MOTOR CARRIER SAFETY REGULATIONS §40.25 (j)

Per Federal Motor Carrier Safety Regulations §40.25 (j), the employer must 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.

Have you tested positive, or refused to test, on any pre-employment drug test or have you tested .02 or greater, or refused to test on any pre-employment test during the past two years?

YES NO

If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

APPLICANT SIGNATURE

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.

Printed Name

Date

Signature

FOR OFFICE USE ONLY

WTMA: _____

CAST: _____