



Alexander Excavation Inc.

Driver's Application for Employment

Applicants Name (print) _____ Date of Application _____

Phone Number _____ Email Address _____

In compliance with Federal and State equal 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 THE 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 when 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 discharge. 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 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 understand that I have the right to:

- Review the information provided by previous employers
- 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 rebuttal statements attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature: _____

Date: _____

Applicant to Complete (answer all questions-please print.)

Company Name _____ Street Address _____ City, State, Zip Code _____

Name: First _____ Middle _____ Last _____ Date of Birth _____ Social Security "Number _____

Current Address: Street _____ *City* _____ State & Zip Code " _____ How long at this address _____

Previous addresses for the past 3 years	Street _____	<i>City</i> _____	State & Zip Code _____	How long at this address _____
	Street _____	City _____	State & Zip Code _____	How long at this address _____

(Attach sheet if more space is needed)

Experience and Qualifications of Driver

Driver's Licenses	State	License Number	Class of License	Expiration Date

Driving Experience

Class of Equipment (place an X next to all that apply)	Type of Equipment (Van, Tank, Flatbed, ETC.)	From	Dates of Operation To	Approximate Total Miles
Straight Truck				
Tractor & Semi-Trailer				
Tractor & Two Trailers				
Other				

Accident Record for the Past 3 Years or more (attach sheet if more space is needed)

	Dates	Nature of Accident Head-On, Rear-End, Etc.	Fatalities	Injuries
Last Accident				
Previous Accident				
Previous Accident				

Traffic Convictions and Forfeitures for the past 3 year (other than parking violations)(attach sheet if more space is needed)

Date	Location	Charge	Penalty	Copy of Report on File

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 held by you ever been suspended, revoked, or cancelled	Yes	No

If the answer to either A or B is yes, attach a separate statement giving details.

Employment Record (attach a sheet if more space is needed.)

Note: DOT requires that employment for at least 3 years and/or commercial driving experience for the past 10 years be shown

Last Employer Were you subject to the FMCSR's while employed Yes _____ No _____
Were you subject to drug and alcohol testing under 49 CFR part 40 Yes _____ No _____

Name Address

Position Held From To Salary

Reason for Leaving

Second Last Employer Were you subject to the FMCSR's while employed Yes _____ No _____
Were you subject to drug and alcohol testing under 49 CFR part 40 Yes _____ No _____

Name Address

Position Held From To Salary

Reason for Leaving

Third Last Employer Were you subject to the FMCSR's while employed Yes _____ No _____
Were you subject to drug and alcohol testing under 49 CFR part 40 Yes _____ No _____

Name Address

Position Held From To Salary

Reason for Leaving

TO BE READ AND SIGNED BY THE APPLICANT

BY SIGNING THIS APPLICATION I CERTIFY THAT THE APPLICATION WAS COMPLETED BY ME, AND THAT ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

Applicants Name (print) Applicants Signature Date

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.