

**PRE-EMPLOYMENT
APPLICATION PACKET
PAVEMENT SOLUTIONS, LLC**

APPLICATION FOR EMPLOYMENT

| | |
|-----------------------|----------------------------|
| COMPANY NAME | Pavement Solutions |
| STREET ADDRESS | #20 MID RIVERS TRADE COURT |
| CITY, STATE, ZIP CODE | ST. PETERS, MO 63376 |

SIGNATURE OF APPLICANT _____ DATE _____

NAME _____ HOME PHONE _____
FIRST MIDDLE LAST CELL PHONE _____

CURRENT ADDRESS _____
STREET CITY STATE ZIP CODE

*IF AT THE ABOVE RESIDENCE LESS THAN THREE YEARS, LIST BELOW ALL RESIDENCES FOR THE PAST THREE YEARS. ATTACH A SEPARATE SHEET IF NECESSARY.

STREET CITY STATE ZIP CODE

STREET CITY STATE ZIP CODE

POSITION APPLYING FOR: _____ TEMPORARY _____ PART TIME _____ FULL TIME _____

WHO REFERRED YOU? _____ RATE OF PAY EXPECTED? _____

HAVE YOU WORKED FOR THIS COMPANY BEFORE? _____ DATES: FROM: _____ TO: _____
MONTH/YEAR MONTH/YEAR

PREVIOUS EMPLOYER: _____ RATE OF PAY _____ POSITION _____

REASON FOR LEAVING: _____

PREVIOUS EMPLOYER: _____ RATE OF PAY _____ POSITION _____

REASON FOR LEAVING: _____

NAMES OF ANY RELATIVES EMPLOYED BY THIS COMPANY: _____

ARE YOU CURRENTLY EMPLOYED? _____ IF NOT, HOW LONG SINCE LEAVING LAST EMPLOYMENT? _____

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE: 1 2 3 4
LAST SCHOOL ATTENDED: _____

NAME ADDRESS

GENERAL

HAVE YOU EVER BEEN BONDED? _____ NAME OF BONDING COMPANY? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____

IF YES, PLEASE EXPLAIN FULLY. USE A SEPARATE SHEET OF PAPER IF NECESSARY. CONVICTION OF A CRIME IS NOT AN AUTOMATIC BAR TO EMPLOYMENT - ALL CIRCUMSTANCES WILL BE CONSIDERED.

HAVE YOU EVER WORKED FOR THIS COMPANY UNDER ANOTHER NAME? _____

IF YES, UNDER WHAT NAME? _____

*All job offers are contingent upon background screening.

Union Dues

Please fill out the following questionnaire, and answer honestly.

I, _____, who resides at _____

Is currently in Local# _____ and to my knowledge am current with my dues. I do hereby authorize Pavement Solutions, LLC to verify my statement above, stating I am in the mentioned Local Hall and dues are paid to date. I understand if above mentioned statement is false: Pavement Solutions, LLC will not hire me or consider me for hire within the next year.

Signature: _____ Date: _____

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to

Pavement Solutions

(Prospective Employer)

for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

(Applicant's Signature)

(Date)

In accordance with the provisions of Sections 604 and 607 of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1 of Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e. information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the Driver's Privacy Protection Act of 1994 (Public Law 103-322, Title XXX, Sections 300002(a)).

(Signature of Requester)

(Date)

TO:

DEAR SIR/MADAM:

☐

The following named person has made application with our company for the position of _____ . In accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.

☐

The following named person is employed with our company in the position of _____ . In accordance with Section 391.25, Federal Department of Transportation Regulations, please furnish the undersigned with the employee's driving record for the past year.

NAME OF APPLICANT/DRIVER:

EMPLOYMENT DATES FROM (m/y)

TO (m/y)

ADDRESS:

(Number & Street)

(City)

(State)

(Zipcode)

FORMER ADDRESS:

(Number & Street)

(City)

(State)

(Zipcode)

DATE OF BIRTH:

SSN

LICENSE NO.

REQUESTED BY

(Name of Company)

(Typed Name)

(Address)

(Title)

(City)

(State)

(Zipcode)

(Signature)

DRIVER MANDATORY NOTIFICATION

Please print.

| | |
|---|-------|
| Name – In Full – First – Middle – Last | |
| License Number | State |
| Violation / Conviction Date | |
| Violation Type | |
| Vehicle Type Operated <input type="checkbox"/> Commercial <input type="checkbox"/> Noncommercial | |
| Offense Location – State | |

Please read information below before signing.

(Driver Signature)

(Date)

Please read carefully before signing.

Federal Motor Carrier Safety Administration - Regulations

Notification of convictions for driver violations.

(a) Each person who operates a commercial motor vehicle, who has a commercial driver's license issued by a State or jurisdiction, and who is convicted of violating, in any type of motor vehicle, a State or local law relating to motor vehicle traffic control (other than a parking violation) in a State or jurisdiction other than the one which issued his/her license, shall notify an official designated by the State or jurisdiction which issued such license, of such conviction. The notification **must be made within 30 days** after the date that person has been convicted.

(b) Each person who operates a commercial motor vehicle, who has a commercial driver's license issued by a State or jurisdiction, and who is convicted of violating, in any type of motor vehicle, a State or local law relating to motor vehicle traffic control (other than a parking violation), shall **notify his/her current employer of such conviction**. The notification must be made **within 30 days after the date** that the person has been convicted. If the driver is not currently employed, he/she must notify the State or jurisdiction, which issued the license according to s.383.31(a) Wis. Stats.

(c) **Notification.** The notification to the State official and employer **must be made in writing and contain the following information:**

- (1) Driver's full name;
- (2) Driver's license number;
- (3) Date of conviction;
- (4) The specific criminal or other offense(s), serious traffic violation(s), and other violation(s) of State or local law relating to motor vehicle traffic control, for which the person was convicted and any suspension, revocation, or cancellation of certain driving privileges which resulted from such conviction(s);
- (5) Indication whether the violation was in a commercial motor vehicle;
- (6) Location of offense; and
- (7) Driver's signature.

Notification of driver's license suspensions.

Each employee who has a driver's license suspended, revoked, or canceled by a State or jurisdiction, who loses the right to operate a commercial motor vehicle in a State or jurisdiction for any period, or who is disqualified from operating a commercial motor vehicle for any period, shall notify his/her current employer of such suspension, revocation, cancellation, lost privilege, or disqualification. The notification must be made before the end of the business day following the day the employee received notice of suspension, revocation, cancellation, lost privilege, or disqualification.

**NOTIFICATION OF PHYSICAL EXAMINATION REQUIREMENT, PERIODIC RANDOM
DRUG SCREENING AND MISSOURI DIVISION OF WORKERS' COMPENSATION
RELEASE OF INFORMATION**

I, _____ understand that Pavement Solutions, LLC, and its' affiliated companies, require a physical examination of each new employee. Prior to hire, I agree to this physical to be conducted at Healthlink Services (or any medical facility designated by Pavement Solutions, LLC.) at the date and time scheduled. There will be no charge to me for this service.

Signature Date

I, _____ understand that Pavement Solutions, LLC, and its' affiliated companies, require random drug screening of each employee. If hired, I agree to random drug screening to be conducted at Healthlink Services (or any medical facility designated by Pavement Solutions, LLC) at the times and dates scheduled. There will be no charge to me for this service.

Signature Date

I, _____ understand that Pavement Solutions, LLC, and its' affiliated companies, upon offer of employment, will request from the Missouri Division of Workers' Compensation the release of information covering both pending and closed cases involving any work related injuries on file with the Division.

Signature Date



MISSOURI STATE HIGHWAY PATROL
REQUEST FOR CRIMINAL RECORD CHECK

SHP-158P 09/13

PLEASE PRINT OR TYPE.

GENERAL INFORMATION

| | | | | |
|---|----------------------------|------------------------|--------|--|
| APPLICANT'S LAST NAME | | FIRST | MIDDLE | JR / SR |
| MAIDEN / ALIAS LAST NAME | | FIRST | MIDDLE | JR / SR |
| SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | DATE OF BIRTH (MM/DD/YYYY) | SOCIAL SECURITY NUMBER | | RACE <input type="checkbox"/> BLACK <input type="checkbox"/> INDIAN <input type="checkbox"/> OTHER <input type="checkbox"/> WHITE <input type="checkbox"/> ASIAN |
| ADDRESS | STREET - P.O. BOX | CITY | STATE | ZIP CODE |

TYPE OF RECORD CHECK — PROCESSING FEE — METHOD OF PAYMENT

(per Sections 43.527 and 43.530, RSMo.)

- | | |
|---|--|
| <input type="checkbox"/> \$11.00 NAME SEARCH Based on NAME, DATE OF BIRTH, AND SOCIAL SECURITY NUMBER. Response will be returned with all open records and records of conviction. | <input type="checkbox"/> \$20.00 FINGERPRINT SEARCH Based on APPLICANT FINGERPRINT CARD. Response will be returned with complete records to the individual or qualifying entity. |
|---|--|

Fee is payable either by check or money order (NO CASH) to "State of Missouri, Criminal Record System Fund."
Either the Date of Birth OR Social Security Number MUST be provided for processing.
For faster processing criminal record checks are available online at: www.machs.mo.gov

MSHP / CENTRAL REPOSITORY RESPONSE



FORWARD TO — SEND REPLY TO

Please forward the request and fee to:
**Missouri State Highway Patrol
Criminal Justice Information Services Division
Post Office Box 9500
Jefferson City, MO 65102**

SEND REPLY TO (Print or type your mailing label below.)

Telephone (include area code) _____

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Criminal Justice Information Services Division General Information

The Missouri Criminal Records Repository (MCRR), collects, maintains, and disseminates Criminal History Record Information (CHRI) as defined by 43.500 and 589.400 RSMo.

Criminal History Record Information is information collected by criminal justice agencies on individuals consisting of arrests, prosecution, a final disposition, correctional supervision, and release. All felony and serious misdemeanor arrests (referred to as reportable arrests) including offender registration information as defined under 589.400, RSMo, and all alcohol and drug related traffic offenses are reportable to the MCRR.

Criminal history records are designated as open or closed.

- Open records
 1. arrest record for 30 days following arrest.
 2. arrest record for which charges have been filed.
 3. court disposition of guilty.
 4. suspended imposition of sentence during probation period.
- Closed records
 1. arrest record after 30 days following arrest.
 2. nolle prossed.
 3. dismissed.
 4. found not guilty.
 5. suspended imposition of sentence after probation completed.
- Closed records are accessible to certain groups designated in section 610.120, RSMo.
 - MCRR will only release closed records to those noncriminal justice entities entitled to closed records, when the criminal record check is based on a fingerprint search which will assure the identity of the subject in question.
 - Any person can receive their own record, open and closed, by submission of fingerprints and required fee.

Any requester may receive open record information.

Closed records are accessible by the following, in accordance with 610.120 RSMo, with the submission of fingerprints and required fee.

FBI Record requests

- The FBI files are open to criminal justice agencies for the administration of criminal justice.
- The FBI has only open files in that if someone has the authority to receive the records, they receive all that is on file.
- The FBI allows access to their files to noncriminal justice agencies for certain purposes for a fee.
 - The purpose for the record check must be set forth in the federal regulations.
 - The state, from which the noncriminal justice request originates, must have a state statute specifying the entity has state authority to check the FBI files for the purpose specified.
 - Fingerprints must be submitted before the FBI will release their files to a noncriminal justice entity.
 - The result of the federal record search must terminate at a governmental agency and is not to be released to a private entity.
- All requests into the federal file from the state entities must come through and be stamped by MCRR.
- Effective 03-19-2012, Federal record checks for noncriminal justice entities are \$16.50 for licensing and employment checks and \$15.00 for volunteers to those covered care facilities.

PENALTY — A person who knowingly violates any provision of section 43.532, 43.540, 610.100, 610.105, 610.106, or 610.120 is guilty of a class A misdemeanor.