

JIMMY RICHARDS & SONS EXCAVATING, INC.

***COMPLETE HIGHLIGHTED
AREAS***

APPLICATION FOR EMPLOYMENT

DRIVER POSITION

EMPLOYEE INFORMATION	
NAME (FIRST, LAST, MIDDLE INT.)	
ADDRESS (STREET/ PO BOX, CITY, STATE, ZIPCODE)	
TELEPHONE NUMBER	EMAIL ADDRESS
BEST METHOD TO CONTACT	SOCIAL SECURITY NUMBER
DATE OF BIRTH	<small>*This information will only be used for employment purposes and the company will make reasonable efforts to safeguard your privacy*</small>
OFFICIAL LANGUAGE <input type="checkbox"/> ENGLISH <input type="checkbox"/> OTHER, SPECIFY _____	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>*IF OFFERED EMPLOYMENT, YOU WILL BE REQUIRED TO PROVIDE DOCUMENTATION VERIFYING ELIGIBILITY*</small>
HAVE YOU EVER BEEN EMPLOYED BY THIS COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, WHEN _____, REASON FOR LEAVING _____	
ARE YOU ABLE TO MEET THE REQUIRED ATTENDANCE NECESSARY FOR THIS POSITION? <small>(Hours are usually Monday thru Friday from 6:00 AM to 5:00/5:30 PM and some Saturdays)</small> <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, PLEASE EXPLAIN _____	
IN THE PAST 10 YEARS, HAVE YOU BEEN CONVICTED OF A CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, PLEASE EXPLAIN _____	
<small>(A CONVICTION WILL <u>NOT</u> NECESSARILY DISQUALIFY YOU FOR EMPLOYMENT. EACH INSTANCE AND EXPLANATION WILL BE CONSIDERED IN RELATION TO THE POSITION FOR WHICH YOU ARE APPLYING)</small>	
IF REQUIRED, ARE YOU WILLING TO WORK OVERTIME? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DATE AVAILABLE TO START? _____	DESIRED SALARY? _____
EMERGENCY CONTACT	
NAME: _____	PHONE NUMBER: _____

Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative from the Human Resource Department.

EMPLOYMENT HISTORY

Please provide the following information regarding work experience, starting with your most recent job held.

NOTE: DOT requires that employment for the past 3 years and/or commercial driving experience for the past 10 years be provided. (Attach any additional sheets, if necessary.)

EMPLOYER # 1

EMPLOYER	PHONE NUMBER
ADDRESS	JOB TITLE
DATES EMPLOYED From _____ to _____	HOURLY RATE/SALARY START: \$ _____ PER _____ FINAL: \$ _____ PER _____
IMMEDIATE SUPERVISOR	MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO

SUMMARIZE JOB RESPONSIBILITIES

REASON FOR LEAVING

EMPLOYER # 2

EMPLOYER	PHONE NUMBER
ADDRESS	JOB TITLE
DATES EMPLOYED From _____ to _____	HOURLY RATE/SALARY START: \$ _____ PER _____ FINAL: \$ _____ PER _____
IMMEDIATE SUPERVISOR	MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO

SUMMARIZE JOB RESPONSIBILITIES

REASON FOR LEAVING

EMPLOYER # 3

EMPLOYER	PHONE NUMBER
ADDRESS	JOB TITLE
DATES EMPLOYED From _____ to _____	HOURLY RATE/SALARY START: \$ _____ PER _____ FINAL: \$ _____ PER _____
IMMEDIATE SUPERVISOR	MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO

SUMMARIZE JOB RESPONSIBILITIES

REASON FOR LEAVING

EDUCATIONAL BACKGROUND

Please provide the following information, starting with your most recent school attended.

SCHOOL	YEARS COMPLETED	FIELD OF STUDY

REFERENCES

Please provide the following information for three professional references who are *not* related to you and are *not* previous supervisors.

NAME	TELEPHONE NUMBER	RELATIONSHIP	YEARS KNOWN

SKILLS AND QUALIFICATIONS

Summarize any special training, skills, licenses, and/or certifications that may qualify you as being able to successfully perform job-related functions for this specific position.

Please list any professional, trade, business, or civic associations, and any offices held. (EXCLUDE MEMBERSHIPS THAT WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, COLOR, DISABILITY OR ANY OTHER SIMILARLY PROTECTED STATUS)

ORGANIZATION	OFFICE HELD

Please list any special accomplishments, publications, safe driving awards, etc. (EXCLUDE INFORMATION THAT WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, COLOR, DISABILITY, OR ANY OTHER SIMILARLY PROTECTED STATUS)

Please list any additional information and/or medical conditions that we should know about.

JOB-SPECIFIC INFORMATION				
DRIVER'S LICENSES				
STATE	LICENSE NO.	TYPE	EXPIRATION DATE	
DRIVING EXPERIENCE				
EQUIPMENT CLASS	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	FROM DATE	TO DATE	APPROXIMATE # OF MILES DRIVEN
DUMPTRUCK				
TRACTOR & SEMI-TRAILER				
STRAIGHT TRUCK				
OTHER				
Please list any additional driving experience including the equipment type and years of experience driving.				
Please list the following information regarding your accident history for the past three years or more, starting with the most recent (Attach sheet if more space is needed).				
DATE	NATURE OF ACCIDENT (HEAD-ON, REAR-END, ETC.)	# OF FATALITIES	# OF INJURIES	
Please provide the following information regarding traffic violations and forfeitures for the past three years, excluding parking violations.				
DATE	LOCATION	CHARGE	PENALTY	
HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO HAS ANY LICENSE, PERMIT, OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED? <input type="checkbox"/> YES <input type="checkbox"/> NO **IF YOU ANSWERED YES TO EITHER OF THE ABOVE QUESTIONS, PLEASE ATTACH A STATEMENT GIVING DETAILS**				

TO ALL DRIVERS:

Jimmy Richards & Sons Excavating, Inc. take safety very seriously. Running red lights and speeding are becoming quite common. If you are hired and ticketed for running a red light and/or speeding more than two (2) times, you will be terminated. Slow down when approaching a traffic signal and prepare to stop. In addition, cell phones are **prohibited** while working. Your attention should be focused on driving and following directions. **REMEMBER: THE LIFE YOU SAVE COULD BE YOUR OWN.**

I, have read the above statement and understand the importance of these regulations.

Date _____

EMPLOYEE DRIVER AUTHORIZATION FORM

ALL Jimmy Richards & Sons Excavating, Inc. drivers **MUST** complete this form in order to be authorized to drive and operate a company vehicle.

I hereby authorize Jimmy Richards & Sons Excavating, Inc. and/or its insurance representative, in accordance with the Driver's Protection Act, to periodically obtain and review my Motor Vehicle Record in order to evaluate my insurability when driving and operating a Jimmy Richards & Sons Excavating, Inc. vehicle.

I understand that this information will be kept confidential and only released to Jimmy Richards & Sons Excavating, Inc. representatives who oversee company insurance and employment policies.

In addition, I understand that I have an obligation to notify Jimmy Richards & Sons Excavating, Inc. of any negative changes to the status of my driving record, which may or may not result in the revocation of the privilege to drive and operate a Jimmy Richards & Sons Excavating, Inc. vehicle.

Name as it appears on Driver's License (PLEASE PRINT): _____

Driver's License Number: _____

State of Issuance: _____

Date of Birth: _____

Signature of Applicant/Employee: _____

Date: _____

RELEASE OF INFORMATION FORM

The Federal Motor Carrier Safety Regulations require **all** previous employers of this applicant to respond to this information request within 30 days. Failure to comply with this request is in violation of 49 CFR 391.23 and 40.25, for which you may be prosecuted.

Section I. To be signed by the employee, completed by the new employer, and transmitted to the previous employer.

I-A:

I, _____, hereby authorize the previous employer listed in Section I-C to release all records of employment, including assessments of my job performance, ability, reliability, etc. in the workplace to the employer listed in Section I-B. I understand that the information to be released in Section II-A and Section II-B by my previous employer is in accordance with DOT-regulation testing, and other applicable Maryland laws.

Employee's Social Security Number: _____

Employee's Signature: _____

I-B:

New Employer's Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

Designated Employer Representative: _____

I-C:

Previous Employer's Name: _____

Address: _____

Phone Number: _____ **Fax Number:** _____

Designated Employer Representative (If known): _____

Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:

II-A: In the two years prior to the date of the employee's signature (in Section I):

1. Did the employee have alcohol tests with a result of 0.04 or higher? **YES** ___ **NO** ___
2. Did the employee have verified positive drug tests? **YES** ___ **NO** ___
3. Did the employee refuse to be tested? **YES** ___ **NO** ___
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? **YES** ___ **NO** ___
5. Did a previous employer report a drug or alcohol rule violation to you? **YES** ___ **NO** ___
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? **YES** ___ **NO** ___

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

II-B: Please answer the following questions regarding the previous employee named in Section I

1. What type of vehicle did the employee drive? _____
2. Did the employee have any accidents? **YES** ___ **NO** _____. If yes, please explain: _____

3. In your opinion, how would you rate the employee's driving ability? (With 5 being the best and 1 being the worst) 1 2 3 4 5
4. How was the employee's attendance? _____
5. In your opinion, was the employee dependable? **YES** ___ **NO** ____
6. What was the employee's ending salary? _____
7. Would you rehire this employee? **YES** ___ **NO** ____

II-C: Please provide the following information for the person completing the information in Section II-A and II-B.

Name: _____

Title: _____

Phone Number: _____

Date: _____

APPLICANT STATEMENT

I certify that all the information provided on this application is true and complete to the best of my ability. I understand that any misrepresentation or omission of information made by me will be cause for cancellation of this application, or if already employed, immediate discharge from the company at the time of discovery.

I give the employer the authorization to contact and obtain information from all references, employers, educational institutions, and to otherwise verify the accuracy of the information contained in this application. I hereby waive any and all rights and claims I may have regarding the employer for seeking, gathering, and using such information and all other persons, corporations, or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

I understand this application is current for 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand that an application in no way obligates Jimmy Richards & Sons Excavating, Inc. to employ or hire the applicant. I also understand that if qualified and hired, I may be put on a probationary period during which time I may be terminated without recourse.

I understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States. I also understand that I must complete an I-9 form as required by the federal immigration laws.

According to Maryland law, an employer may not require or demand that an individual submit to or take a lie detector or similar test as a condition of employment, prospective employment, or continued employment. Any employer who violates this law is guilty of a misdemeanor and subject to a fine not to exceed \$100.00.

DO NOT SIGN UNTIL YOU HAVE READ THE APPLICANT STATEMENT ABOVE

I certify that I have read, fully understand, and accept all terms of the above Applicant Statement.

Signature of Applicant _____ **Date** _____



Jimmy Richards & Sons Excavating, Inc.

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301-645-5212

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General Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse:

I, [REDACTED] hereby provide consent to Jimmy Richards & Sons Excavating, Inc. to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

I understand that Jimmy Richards & Sons Excavating, Inc. may conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse periodically throughout my employment with the Company.

I understand that if the limited query conducted by Jimmy Richards & Sons Excavating, Inc. indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Jimmy Richards & Sons Excavating, Inc. without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for Jimmy Richards & Sons Excavating, Inc. to conduct a limited query of the Clearinghouse, the Company 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