

# Employment Application

APPLICANT INFORMATION									
Last Name		First		M.I.	Date				
Street Address						Apartment/Unit #			
City				State			ZIP		
Phone				E-mail Address					
Date Available				Social Security No.			Desired Salary		
Position Applied for									
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?						
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain						
EDUCATION									
High School				Address					
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
College				Address					
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
Other				Address					
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
REFERENCES									
<i>Please list three professional references.</i>									
Full Name				Relationship					
Company				Phone	(     )				
Address									
Full Name				Relationship					
Company				Phone	(     )				
Address									
Full Name				Relationship					
Company				Phone	(     )				
Address									

**\*PLEASE PRINT YOUR NAME & SIGN EACH PAGE\***

**PREVIOUS EMPLOYMENT FOR THE PAST 3 YEARS**

Company				Phone	( )
Address				Supervisor	
Job Title		Starting Salary	\$	Ending Salary	\$
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company				Phone	( )
Address				Supervisor	
Job Title		Starting Salary	\$	Ending Salary	\$
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company				Phone	( )
Address				Supervisor	
Job Title		Starting Salary	\$	Ending Salary	\$
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>

**MILITARY SERVICE**

Branch			From		To	
Rank at Discharge				Type of Discharge		
If other than honorable, explain						

<b>LEAVE BLANK</b>					
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**\*PLEASE PRINT YOUR NAME & SIGN EACH PAGE\***

**COMMERCIAL DRIVER'S LICENSE INFORMATION**

9 AUTARUM 004 578142710

LICENSE # \_\_\_\_\_

EXP DATE: \_\_\_\_\_

TYPE:      A      B      C  
(CIRCLE)

**CIRCLE**

ENDORSEMENTS:

- DOUBLE / TRIPLE TRAILERS

- PASSENGER VEHICLES

- TANK VEHICLES

- HAZARDOUS MATERIALS

LIST ANY ADDITIONAL LICENSE(S) HELD IN THE PAST 3 YEARS:

STATE: \_\_\_\_\_

STATE: \_\_\_\_\_

EXP DATE: \_\_\_\_\_

EXP DATE: \_\_\_\_\_

HAS YOUR CDL EVER BEEN REVOKED OR SUSPENDED?

YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, PLEASE EXPLAIN:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This company requires all employees who drive Commercial Motor Vehicles (CMV) which require a CDL, to be controlled substance tested with a negative result prior to driving.

Do you consent to such a testing? Yes \_\_\_\_\_ No \_\_\_\_\_

**INFORMATION NEEDED FOR MVR BACKGROUND CHECK:**

**Date Of Birth:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Marital Status:** Single / Married

**CDL Years Experience:** \_\_\_\_\_

**Drivers License #:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_

Disclose below any and all driving and speeding tickets, accidents (include who was at fault), moving violations, etc., for the past 3 years. Failure to disclose any information may result in denial of application.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PRINT & SIGN HERE: \_\_\_\_\_



**\*PLEASE PRINT YOUR NAME & SIGN EACH PAGE\***

**DISCLAIMER AND SIGNATURE**

I certify that answers given herein are true and complete to the best of my knowledge.  
I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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 employer.

Signature		Date	
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**EMPLOYEE NON-DISCLOSURE AGREEMENT**

FOR GOOD CONSIDERATION, and in consideration of being employed by The Company, the undersigned employee hereby agrees and acknowledges:

1. That during the course of my employment there may be disclosed to me certain trade secrets of the Company; said trade secrets consisting but not necessarily limited to:

- (a) Technical information: Methods, processes, formulae, compositions, systems, techniques, inventions, machines, computer programs and research projects.
- (b) Business information: Customer lists, pricing data, sources of supply, financial data and marketing, production, or merchandising systems or plans.

2. I agree that I shall not during, or at any time after the termination of my employment with the Company, use for myself or others, or disclose or divulge to others including future employees, any trade secrets, confidential information, or any other proprietary data of the Company in violation of this agreement.

3. That upon the termination of my employment from the Company:

(a) I shall notify the supervisor in writing with a two week notice of my determination to terminate my employment with the company. I further agree and understand that if I do not give notice to the supervisor in writing with a two week notice of my determination to terminate my employment with the company, I am committing abandonment and voluntarily surrender to the company my last two weeks wages.

(b) I shall return to the Company all documents and property of the Company, including but not necessarily limited to: drawings, blueprints, reports, manuals, correspondence, customer lists, computer programs, and all other materials and all copies thereof relating in any way to the Company's business, or in any way obtained by me during the course of employ. I further agree that I shall not retain copies, notes or abstracts of the foregoing.

(c) The Company may notify any future or prospective employer or third party of the existence of this agreement, and shall be entitled to full injunctive relief for any breach.

(d) This agreement shall be binding upon me and my personal representatives and successors in interest, and shall inure to the benefit of the Company, its successors and assigns.

PRINT & SIGN HERE: \_\_\_\_\_

**\*PLEASE PRINT YOUR NAME & SIGN EACH PAGE\***

**DISCLOSURE UNDER FAIR CREDIT REPORTING ACT  
AND  
CONSENT TO PROCUREMENT OF  
CONSUMER REPORTS  
FOR  
EMPLOYMENT PURPOSES  
AND  
INSURANCE APPLICATION**

The undersigned hereby authorizes

**THE COMPANY**  
(Employer)

and/or its insurance agency or its assigns, to obtain copies of consumer reports, including a motor vehicle report, pertaining to me for employment purposes, and for use in rating and/or underwriting insurance for which the above-named employer may apply, and any renewal thereof. I understand that in obtaining such consumer reports, a consumer reporting agency may be used, and I hereby authorize such use.

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_

Witness: \_\_\_\_\_

Print Name: \_\_\_\_\_  
(First/Middle Initial/Last)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver License Number and State of Issuance: # \_\_\_\_\_ **State:** \_\_\_\_\_

Thank you.

# CDL DRIVER PRE-EMPLOYMENT QUESTIONNAIRE

1) DO YOU HAVE DUMP TRUCK GRINDING/MILLING EXPERIENCE? **CIRCLE: YES / NO**

If Yes, how many years of experience do you have? \_\_\_\_\_ yrs.

2) DO YOU HAVE DUMP TRUCK PAVING EXPERIENCE? **CIRCLE: YES / NO**

If Yes, how many years of experience do you have? \_\_\_\_\_ yrs.

3) DO YOU HAVE SHIFTING EXPERIENCE WITH AN 8LL (OR SIMILAR) TRANSMISSION?  
IF YES, DESCRIBE THE EXACT MOMENT YOU ENGAGE (FLIP) THE AIR SHIFT LEVER  
INTO HIGH GEAR:

4) EXPLAIN WHAT FUNCTION THE CLUTCH **BRAKE** SERVES ON A MANUAL  
TRANSMISSION & HOW IT IS USED:

5) DO YOU KNOW HOW TO "FLOAT" GEARS WHEN SHIFTING (SHIFTING WITHOUT  
THE USE OF THE CLUTCH)? DESCRIBE HOW:

**\*PLEASE PRINT YOUR NAME & SIGN EACH PAGE\***

6) IF HIRED BY THIS COMPANY, HOW LONG DO YOU SEE YOURSELF REMAINING EMPLOYED HERE?

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7) DRIVING SAFELY FORWARDS & BACKWARDS IS THE MOST IMPORTANT REQUIREMENT & EXPECTATION OF THIS COMPANY. LIST 3 WAYS YOU CONSIDER YOURSELF TO BE A SAFE TRUCK DRIVER:

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8) DISTRACTIVE DRIVING IS THE NUMBER ONE CAUSE OF ACCIDENTS, LIST 3 WAYS AND/OR THINGS YOU BELIEVE CAN BE A DRIVING DISTRACTION:

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