

DRIVER EMPLOYMENT APPLICATION

Company Name: Ready- Set- Go Concrete Solutions LLC

Date of Application: _____

1. APPLICANT INFORMATION

- Full Name: _____
- Phone: _____ Email: _____
- Current Address: _____
 - How long at this address? ____ Years ____ Months
- Previous Addresses (Past 3 Years):
 - _____ (How long? ____)
 - _____ (How long? ____)
- Date of Birth: ____ / ____ / ____
- Social Security #: _____
- Are you legally authorized to work in the United States? Yes No

2. LICENSE INFORMATION

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license."

- Current Driver's License Number: _____
- State: _____ Exp Date: _____ Class (A, B, C): _____
- Endorsements (Check all that apply): Hazmat (H) Tanker (N)
Doubles/Triples (T) Passenger (P)
- 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 ever been suspended or revoked? Yes No
 - If "Yes" to A or B, please explain: _____

Driving Experience

Class of Equipment	Type (Van, Flat, Tank, etc.)	Dates (From/To)	Approx. Total Miles
Straight Truck			
Tractor & Semi-Trailer			
Tractor & Two Trailers			
Other			

Accident Record (If none , check box)

Date	Nature of Accident (Head-on, Rear-end, Upset, etc.)	Fatalities?	Injuries?	Hazmat Spill?

Traffic Convictions (Past 3 years, If none, check box)

Date	Location	Charge	Penalty

Employment History

DOT requires employment for the past 3 years to be verified. Applicants applying to drive a Commercial Motor Vehicle must provide 10 years of information on those employers for whom the applicant operated such vehicle.

(Most Recent Employer)

- **Company Name:** _____ **Phone:** _____
- **Address:** _____
- **Position Held:** _____ **Dates Employed:** ___/___ to ___/___
- **Reason for Leaving:** _____
- **Were you subject to FMCSRs while employed?** Yes No
- **Was your job designated as a "safety-sensitive function" subject to drug/alcohol testing requirements of 49 CFR Part 40?** Yes No

(Second Most Recent Employer)

- **Company Name:** _____ **Phone:** _____
- **Position Held:** _____ **Dates Employed:** ___/___ to ___/___
- **Reason for Leaving:** _____
- **Were you subject to FMCSRs while employed?** Yes No
- **Was your job designated as a "safety-sensitive function" subject to drug/alcohol testing requirements of 49 CFR Part 40?** Yes No

(Third Most Recent Employer)

- **Company Name:** _____ **Phone:** _____
- **Position Held:** _____ **Dates Employed:** ___/___ to ___/___
- **Reason for Leaving:** _____

7. TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial, 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 after 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.

Applicant Signature: _____ **Date:** _____