

# DUDCO INC.

## APPLICATION FOR EMPLOYMENT

IN COMPLIANCE WITH ALL FEDERAL AND STATE LAWS, DUDCO INC. CONSIDERS QUALIFIED APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL STATUS, OR DISABILITY OR ANY OTHER LEGALLY PROTECTED STATUS.

GENERAL INFORMATION	
POSITION(S) APPLIED FOR:	DATE OF APPLICATION:
NAME: _____	
CURRENT ADDRESS: _____ _____	PREVIOUS ADDRESS (ES): (PRIOR 3 YEARS) _____ _____
PHONE NUMBER:	ALTERNATE PHONE NUMBER:
SOCIAL SECURITY NUMBER: ____ - ____ - ____	
HAVE YOU APPLIED FOR A POSITION HERE BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU WORKED FOR THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES: WHEN? _____ WHAT POSITION? _____	
REASON FOR LEAVING? _____	
HAVE YOU EVER PLED "GUILTY" OR "NO CONTEST" TO, OR BEEN CONVICTED OF A CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE PROVIDE DATE(S) AND DETAILS _____	
ARE YOU AT LEAST AGE 18? FOR DRIVER APPLICANTS, AGE 21? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DATE AVAILABLE FOR WORK:	EXPECTED PAY RATE:
ARE YOU NOW EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NOT, HOW LONG SINCE YOU WERE LAST EMPLOYED?
WHO REFERRED YOU TO DUDCO INC.? (ONE NAME ONLY) _____	

## EMPLOYMENT HISTORY

BEGINNING WITH YOUR MOST RECENT EMPLOYER, PLEASE PROVIDE THE FOLLOWING INFORMATION: (DRIVER APPLICANTS MUST PROVIDE COMPLETE EMPLOYMENT INFORMATION FOR ALL JOBS HELD DURING THE PAST 10 YEARS)

EMPLOYER:	FROM:	TO:
ADDRESS:	POSITION:	
CITY:                      STATE:                      ZIP:	SALARY/WAGE: _____ <input type="checkbox"/> PER HOUR <input type="checkbox"/> PER LOAD/MILE <input type="checkbox"/> ANNUALLY	
PHONE NO:	REASON FOR LEAVING:	
SUPERVISOR:	SUBJECT TO FMCSR ALCOHOL AND SUBSTANCE ABUSE TESTING REQUIREMENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO	

DESCRIPTION OF DUTIES: (INCLUDE TYPE OF TRUCK DRIVEN IF APPLICABLE)

EMPLOYER:	FROM:	TO:
ADDRESS:	POSITION:	
CITY:                      STATE:                      ZIP:	SALARY/WAGE: _____ <input type="checkbox"/> PER HOUR <input type="checkbox"/> PER LOAD/MILE <input type="checkbox"/> ANNUALLY	
PHONE NO:	REASON FOR LEAVING:	
SUPERVISOR:	SUBJECT TO FMCSR ALCOHOL AND SUBSTANCE ABUSE TESTING REQUIREMENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO	

DESCRIPTION OF DUTIES: (INCLUDE TYPE OF TRUCK DRIVEN IF APPLICABLE)

EMPLOYER:	FROM:	TO:
ADDRESS:	POSITION:	
CITY:                      STATE:                      ZIP:	SALARY/WAGE: _____ <input type="checkbox"/> PER HOUR <input type="checkbox"/> PER LOAD/MILE <input type="checkbox"/> ANNUALLY	
PHONE NO:	REASON FOR LEAVING:	
SUPERVISOR:	SUBJECT TO FMCSR ALCOHOL AND SUBSTANCE ABUSE TESTING REQUIREMENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO	

DESCRIPTION OF DUTIES: (INCLUDE TYPE OF TRUCK DRIVEN IF APPLICABLE)

EMPLOYER:	FROM:	TO:
ADDRESS:	POSITION:	
CITY:                      STATE:                      ZIP:	SALARY/WAGE: _____ <input type="checkbox"/> PER HOUR <input type="checkbox"/> PER LOAD/MILE <input type="checkbox"/> ANNUALLY	
PHONE NO:	REASON FOR LEAVING:	
SUPERVISOR:	SUBJECT TO FMCSR ALCOHOL AND SUBSTANCE ABUSE TESTING REQUIREMENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO	

DESCRIPTION OF DUTIES: (INCLUDE TYPE OF TRUCK DRIVEN IF APPLICABLE)

## E D U C A T I O N

HIGHEST GRADE COMPLETED.

LAST SCHOOL ATTENDED AND DEGREE RECEIVED:

LIST SPECIAL COURSES AND TRAINING THAT DIRECTLY RELATE TO THIS POSITION:

SUMMARIZE ANY SPECIAL SKILLS, TRAINING, LICENSES AND/OR CERTIFICATES THAT MAY QUALIFY YOU AT BEING ABLE TO PERFORM JOB-RELATED FUNCTIONS IN THE POSITION FOR WHICH YOU ARE APPLYING. INCLUDE SPECIAL COMPUTER SKILLS AND TRAINING.

## R E F E R E N C E S

PLEASE LIST THREE PEOPLE WHO CAN ATTEST TO THE QUALITY OF YOUR WORK. DO NOT INCLUDE RELATIVES OR SUPERVISORS WHO WERE LISTED PREVIOUSLY.

NAME: ADDRESS: PHONE:

NAME: ADDRESS: PHONE:

NAME: ADDRESS: PHONE:

## A P P L I C A N T C E R T I F I C A T I O N / S I G N A T U R E

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that the policies, rules, regulations of employment or anything said during the interview process shall not be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and is at will. Either the Employer or I may terminate my employment at any time with or without notice or cause. I understand that the Company requires the successful completion of a urinalysis for drug testing purposes as a condition of employment. By submitting this application for employment, I hereby consent to said test. I understand that completion of this application for employment does not guarantee that I have been employed by this Company. If I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge. I certify that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

DUDCO INC.  
PO BOX 464  
GERMANTON, N.C. 27019  
PHONE: 336 591 5656 FAX: 336 591 4519

### CONSENT AND RELEASE

As a prospective employer, we must perform a thorough safety investigation of all applicants we are considering for positions regulated by the Federal Motor Carriers Safety Regulations. In order to do this we must have a signed consent & release from you. This consent & release will be sent to your previous employers along with a request for employment information.

PLEASE PRINT CLEARLY.

Name: \_\_\_\_\_

Social Sec.#: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

I do hereby authorize my previous employers to release and forward all information regarding my:

- alcohol and controlled substance testing according to FMCSR 382.405 (f) and (h)
- accident records with details according to FMCSR 391.23.

I further authorize release of all other records of employment including job performance in connection with my application for employment.

I acknowledge that I have the right to review, request correction, or refute any safety history information provided by a previous employer according to FMCSR 391.23 (i).

I hereby release my former employers from any and all liability of any type as a result of providing this information.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

**DRIVER APPLICANTS ONLY:**

**ACCIDENT RECORD (PAST 3 OR MORE YEARS)**

DATES	NATURE OF ACCIDENT (head-on, rear-end, etc.)	PERSONAL OR COMMERCIAL VEHICLE	FATALITIES	INJURIES	WHO WAS CITED?
LAST ACCIDENT					
NEXT PREVIOUS					
NEXT PREVIOUS					

HAVE YOU EVER TESTED POSITIVE OR REFUSED TESTING ON A PRE-EMPLOYMENT DRUG TEST FOR WHICH YOU WERE NOT HIRED FOR SAFETY SENSITIVE WORK IN THE LAST TWO YEARS?  YES  NO

**TRAFFIC CITATIONS RECEIVED (PAST 3 YEARS – OTHER THAN PARKING VIOLATIONS)**

DATE	PERSONAL OR COMMERCIAL VEHICLE	LOCATION	CHARGE	PENALTY

HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE MOTOR VEHICLE?  YES  NO

HAVE YOU HAD ANY LICENSE, PERMIT OR PRIVILEGE SUSPENDED OR REVOKED?  YES  NO

IF YES TO EITHER QUESTION ABOVE, PLEASE EXPLAIN:

**DRIVER QUALIFICATIONS:**

CURRENT DRIVERS' LICENSE	STATE	LICENSE #	TYPE	ENDORSEMENTS	EXPIRES

DO YOU HAVE A CURRENT LICENSE FOR THE STATE WHERE YOU RESIDE?  YES  NO

LIST STATES YOU HAVE OPERATED IN DURING THE LAST 5 YEARS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, DUMP, FLAT, ETC)	DATES FROM	DATES TO	APPROX. NO. OF MILES (TOTAL)
Straight truck				
Tractor-semi-trailer				
Tractor-2 trailers				
Other				

INDICATE ANY TRUCKING, TRANSPORTATION, OR MECHANICAL EXPERIENCE THAT MAY HELP IN YOUR WORK FOR DUDCO INC.:

\_\_\_\_\_

PLEASE INDICATE YOUR EQUIPMENT OPERATING ABILITIES:

\_\_\_\_\_

**APPLICANTS:**

IT IS DUDCO INC.'S POLICY THAT DRIVERS MUST NOTIFY THE COMPANY IMMEDIATELY AFTER RECEIVING ANY TICKETS, FOR ANY TYPE OF VIOLATION, IN ANY STATE AND IN ANY VEHICLE. ALSO, IT IS DUDCO INC.'S POLICY THAT A DRIVER MUST NOTIFY THE COMPANY WITHIN 72 HOURS OF ANY REVOCATION, SUSPENSION, OR CANCELLATION OF A DRIVERS LICENSE. DUDCO INC. MAINTAINS A ZERO TOLERANCE POLICY ON THE USE OF DRUGS, ALCOHOL, OR ANY OTHER ILLEGAL SUBSTANCE WHILE ON DUTY AS AN EMPLOYEE OF THE COMPANY. IS THERE ANY REASON WHY YOU WOULD NOT BE ABLE TO ABIDE BY THE ABOVE POLICIES?

YES  NO

IF YES, PLEASE EXPLAIN \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DAC SERVICES DISCLOSURE AND RELEASE:**

IN CONNECTION WITH MY APPLICATION FOR EMPLOYMENT (INCLUDING CONTRACT FOR SERVICES) WITH YOU, I UNDERSTAND THAT CERTAIN PUBLIC RECORD INFORMATION CONCERNING MY DRIVING RECORD MAY BE REQUESTED FROM DAC SERVICES OF TULSA, OK. I FURTHER UNDERSTAND THAT SUCH REPORTS, PROVIDED BY DAC, ARE FROM FEDERAL AND STATE AGENCIES THAT MAINTAIN SUCH RECORDS.

I AUTHORIZE WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTRACTED BY DAC TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I HAVE THE RIGHT TO MAKE A REQUEST TO DAC, UPON PROPER IDENTIFICATION, TO REQUEST THE NATURE AND SUBSTANCE OF ALL INFORMATION IN ITS FILES ON ME AT THE TIME OF MY REQUEST, INCLUDING THE SOURCES OF INFORMATION, AND THE RECIPIENTS OF ANY REPORTS ON ME WHICH DAC HAS PREVIOUSLY FURNISHED WITHIN THE TWO YEAR PERIOD PRECEDING MY REQUEST. I HEREBY CONSENT TO YOU OBTAINING THE ABOVE INFORMATION FROM DAC.

\_\_\_\_\_  
APPLICANT'S PRINTED NAME

\_\_\_\_\_  
SOCIAL SECURITY #

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE