



11 Lamb Lane
 Grangeville, ID 83530
 PH (208)983-1407 FAX (208)983-6037
solidground@cookandsonscontruction.com

APPLICATION FOR EMPLOYMENT-DRIVER

Date: _____

PERSONAL

Last Name	First Name	Middle Initial	Home Phone:
Mailing Address:		Cell Phone: _____	
Physical Address, if different from mailing address: _____			
I can begin work on ____/____/____. I AM / I AM NOT able to travel (circle one)			
If hired, can you provide proof that you are legally able to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
How were you referred to us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Employee <input type="checkbox"/> Employment Agency <input type="checkbox"/> Walk-in <input type="checkbox"/> Other			
Have you ever been convicted of OR currently have pending a criminal offense (felony or misdemeanor)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state the nature of offense(s), date(s), city and state of disposition. <i>Note: An affirmative answer will not necessarily result in disqualification for employment:</i>			
Reason:			
List any relatives or friends employed by this company:			Relationship:

List all industrial safety violations, citations or other violations. List dates and employer at time of incident			
Date of Birth: _____ Drivers License #: _____ State: _____ Expire Date: _____			
Is the license current? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been denied a license or permit to operate a motor vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has any License or permit ever been suspended or revoked? <input type="checkbox"/> Yes No			
Explain any Yes answer:			
Do you have a CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No Expire Date: _____			
Emergency Contact Information (Name): _____			
Phone Number: () _____ Relationship: _____ (example: Parent, friend, sister, brother)			

The Following information is Optional:

Do you belong to a Union? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, which one?			
Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No Vietnam? <input type="checkbox"/> Yes <input type="checkbox"/> No Other Campaign? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you obtained any skills or abilities as the result of service in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, please describe:			

DRIVER APPLICATION

Note: A motor carrier may request an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.



APPLICATION FOR EMPLOYMENT

Position Desired:	Salary Desired:
Check appropriate box for type of employment: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary	
What days and hours are you available to work?	
Are you available for overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If under 18, can you provide a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you able to perform the essential functions of the job for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, describe the functions that cannot be performed:	
(Note: We comply with the Americans with Disabilities Act and consider reasonable accommodation measures that may be necessary to eligible applicants to perform essential functions) If you require accommodation to complete this application, please contact the Personnel Department for assistance.	

EDUCATION

Type of School	Name & Location of School	Number of Years Completed	Graduated? Yes – No	Degree(s) Diploma(s)	Major Field(s) of Study
High School or Trade School					
Business or Tech School					
Jr. College &/or University					
Other Training (Explain)					

SKILLS

Do you speak, write or understand any foreign language? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which language(s)?
Operate Personal Computer? <input type="checkbox"/> Yes <input type="checkbox"/> No Types of Software:
List other office machines you can operate:
Specific skills or training: What knowledge, special skills and/or individual capabilities do you have which especially prepare you for the position applied for?
Answer the following if you are applying for a professional, licensed or certified position:
Are you licensed/certified for the job applied for? <input type="checkbox"/> Yes <input type="checkbox"/> No Issuing State:
Name of License/Certification:
License/Certification Number:
Has your license/certification ever been revoked or suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain:

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APPLICATION FOR EMPLOYMENT EXPERIENCE

Please account for all employment within the last five (5) years, beginning with your current or more recent employer. In addition, please indicate any other experience that you believe is relevant to the position for which you are applying (e.g. volunteer experience, military service, experience gained over five (5) years prior, etc.). Attach an additional sheet if extra space is needed. NOTE: DOT Requires that employment for at least 3 years and/or Commercial Driving experience for the Past 10 years be shown.

Positions Held:

Company Name	Dates Employed <i>From</i> _____ <i>To</i> _____	Starting Salary	Ending Salary
Street Address	Job Title	Hours Worked <i>From</i> _____ <i>To</i> _____	
City, State, Zip	Specific Job Duties		
Telephone Number	1		
Supervisor	2		
Is this your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	3		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving:		
	What is the most important skill you demonstrated on the job?		

Company Name	Dates Employed <i>From</i> _____ <i>To</i> _____	Starting Salary	Ending Salary
Street Address	Job Title	Hours Worked <i>From</i> _____ <i>To</i> _____	
City, State, Zip	Specific Job Duties		
Telephone Number	1		
Supervisor	2		
Is this your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	3		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving:		
	What is the most important skill you demonstrated on the job?		

Company Name	Dates Employed <i>From</i> _____ <i>To</i> _____	Starting Salary	Ending Salary
Street Address	Job Title	Hours Worked <i>From</i> _____ <i>To</i> _____	
City, State, Zip	Specific Job Duties		
Telephone Number	1		
Supervisor	2		
Is this your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	3		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving:		
	What is the most important skill you demonstrated on the job?		

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**APPLICATION FOR EMPLOYMENT
EXPERIENCE AND QUALIFICATIONS -
DRIVER**

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

NOTE: DOT Requires that employment for at least 3 years and/or Commercial Driving experience for the Past 10 years be shown.

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR – TWO TRAILERS				
OTHER				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH EXTRA SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT DATE			
NEXT PREVIOUS DATE			
NEXT PREVIOUS DATE			

TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

(ATTACH ADDITIONAL SHEET IF MORE SPACE IS NEEDED)

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes___ No___

Has any license, permit or privilege ever been suspended or revoked? Yes___ No___

IF THE ANSWER TO EITHER QUESTION IS YES, ATTACH A STATEMENT GIVING DETAILS

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REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

From: _____, Cook & Sons Construction
(Name of Requester)

To: _____ Date _____
(Former Employer)

_____ has made application to this company for
(Applicant)

A position as _____ and states that he/she was
(Position Applied For)

Employed by you as _____ from _____
(Past Position) (Start Date)

To _____
(End Date)

Please reply to the inquiry below in respect to this applicant. Your reply will be held in strict confidence and will in no way involve you in any responsibility. For your convenience to reply by return mail, we have enclosed a self-addressed stamped envelope.

1. Is the employment record with your company correct as stated above? _____
2. What kind(s) of work did the applicant do? _____
3. Did the applicant drive motor vehicles for you? Passenger car _____ Straight truck _____
 Bus _____ Tractor-Semitrailer _____ Other (specify) _____
4. Was the applicant a safe and efficient driver? _____
5. Give the dates of vehicle accidents in which he/she was involved. _____
6. Reason for leaving your employ: Discharged _____ Laid off _____ Resigned _____

Remarks _____

7. Was the applicant's general conduct satisfactory? _____
8. Is the applicant competent for the position sought? _____
9. Did the applicant drink any alcoholic beverages while on duty? _____

	Excellent	Good	Fair	Poor	Very Poor
Quality of work -	_____	_____	_____	_____	_____
Cooperation with others	_____	_____	_____	_____	_____
Safety Habits	_____	_____	_____	_____	_____
Personal Habits	_____	_____	_____	_____	_____
Driving Skill	_____	_____	_____	_____	_____
Attitude	_____	_____	_____	_____	_____

Remarks: _____

Date: _____ Signature: _____

Name of Company _____

_____ Date: _____
(Name of Former Employer)

You are hereby authorized to give to Cook & Sons Construction, LLC. of White Bird, Idaho, all information regarding my services, character, and conduct while in your employ, and you are released from any and all liability which may result from furnishing such information to the above named company.

(Signature of Applicant)

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APPLICATION FOR EMPLOYMENT

PERSONAL REFERENCES

<i>Please list at least two (2) persons NOT related to you who have known you for at least five (5) years.</i>		
Name	Address	Phone number
Name	Address	Phone number

APPLICANT'S STATEMENT

(Initial each numbered item as read)

1.	The information that I have provided on this application is accurate to the best of my knowledge and may be verified by the company or its agents.
2.	I authorized all the schools, persons and organizations named in this application to provide all relevant information in their possession or knowledge to the agents of the company, for use in deciding whether or not to offer me employment and specifically waive any required notification. I hereby release the Company, my former employers and all other persons from any claims, demands, or liabilities arising out of or in any way related to such inquiry or disclosure.
3.	I understand and agree that any misrepresentation or omission of facts in this application will be justification for refusal or termination of employment, regardless of the time elapsed before discovery.
4.	I understand and agree that the employment for which I am making application is, and is intended to be, at-will and such employment may be terminated at any time with or without cause, without prior notice, by either myself or the Company. There will be no agreement, expressed or implied, between the Company and me for any specific period of employment, nor for continuing or long term employment, unless made in writing, signed by an authorized representative of the Company.
5.	I have placed my signature in the space provided below only after I have completed the entire form to the best of my ability and have carefully read the foregoing four (4) statements.

Signature of Applicant

Date

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Release of Driving Record Information

The undersigned employee/prospective employee (please print):

Hereby requests Associated Insurance Services, LLC to release a copy of my driving record to Cook & Sons Construction, LLC. for purposes of verifying the accuracy of same.

NAME (exactly as shown on Driver License)

Date of Birth: _____

Driver License Number _____

State of Issue _____

Sign: _____

Please print name here: _____

Date: _____

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