



Built with American Pride

American Concrete

& Precast, Inc.

☆ P.O. Box 4026, Anderson, SC 29622 ☆ 864-222-6868 ☆ Fax 864-222-6869 ☆

DRIVER EMPLOYMENT APPLICATION (MUST BE FILLED IN COMPLETELY AND SIGNED)

DATE: _____

NAME: _____
(LAST) (FIRST) (MIDDLE)

ADDRESS: _____ PHONE NO: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL ADDRESS: _____

AGE: _____ HT: _____ WT: _____ SOCIAL SEC NO: _____ BIRTH DATE: _____

ADDRESSES YOU HAVE RESIDED IN THE LAST (3) THREE YEARS _____

IN CASE OF EMERGENCY, NOTIFY: _____
(NAME) (ADDRESS, CITY & STATE) (PHONE)

HOW DID YOU HEAR ABOUT US? FRIEND ADVERTISEMENT SCESC WALK-IN (CIRCLE ONE)

EMPLOYMENT RECORD

GIVE THE FOLLOWING INFORMATION FOR EACH EMPLOYER FOR WHOM YOU WORKED IN THE LAST FIVE(5) YEARS
PLEASE KEEP IN DATE ORDER WITH NO GAPS (IF UNEMPLOYED PLEASE LIST UNEMPLOYED AND THE DATES)

LAST EMPLOYER: NAME: _____ SUPERVISOR: _____

ADDRESS: _____ CITY & STATE _____ PHONE NO: _____

POSITION HELD: _____ FROM: _____ TO: _____ SALARY: _____

DESCRIBE YOUR WORK: _____

REASON FOR LEAVING: _____

AT THIS EMPLOYER, WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? YES NO

AT THIS EMPLOYER, WAS YOUR POSITION DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT REGULATION AND SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCE TESTING REQUIRED BY 49 CFR, PART 40? YES NO

NEXT EMPLOYER: NAME: _____ SUPERVISOR: _____

ADDRESS: _____ CITY & STATE _____ PHONE NO: _____

POSITION HELD: _____ FROM: _____ TO: _____ SALARY: _____

DESCRIBE YOUR WORK: _____

REASON FOR LEAVING: _____

AT THIS EMPLOYER, WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATION? YES NO

AT THIS EMPLOYER, WAS YOUR POSITION DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT REGULATION AND SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCE TESTING REQUIRED BY 49 CFR, PART 40? YES NO

NEXT EMPLOYER: NAME: _____ SUPERVISOR: _____

ADDRESS: _____ CITY & STATE _____ PHONE: _____

POSITION HELD: _____ FROM: _____ TO: _____ SALARY: _____

DESCRIBE YOUR WORK: _____

REASON FOR LEAVING: _____

AT THIS EMPLOYER, WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? YES NO

AT THIS EMPLOYER, WAS YOUR POSITION DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT REGULATION AND SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCE TESTING REQUIRED BY 49 CFR, PART 40? YES NO

NEXT EMPLOYER: NAME: _____ SUPERVISOR: _____

ADDRESS: _____ CITY & STATE _____ PHONE: _____

POSITION HELD: _____ FROM: _____ TO: _____ SALARY: _____

DESCRIBE YOUR WORK: _____

REASON FOR LEAVING: _____

AT THIS EMPLOYER, WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? YES NO

AT THIS EMPLOYER, WAS YOUR POSITION DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT REGULATION AND SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCE TESTING REQUIRED BY 49 CFR, PART 40? YES NO

NEXT EMPLOYER: NAME: _____ SUPERVISOR _____

ADDRESS: _____ CITY & STATE _____ PHONE: _____

POSITION HELD: _____ FROM: _____ TO: _____ SALARY: _____

DESCRIBE YOUR WORK: _____

REASON FOR LEAVING: _____

AT THIS EMPLOYER, WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? YES NO

AT THIS EMPLOYER, WAS YOUR POSITION DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT REGULATION AND SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCE TESTING REQUIRED BY 49 CFR, PART 40? YES NO

NEXT EMPLOYER: NAME: _____ SUPERVISOR _____

ADDRESS: _____ CITY & STATE _____ PHONE: _____

POSITION HELD: _____ FROM: _____ TO: _____ SALARY: _____

DESCRIBE YOUR WORK: _____

REASON FOR LEAVING: _____

AT THIS EMPLOYER, WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? YES NO

AT THIS EMPLOYER, WAS YOUR POSITION DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT REGULATION AND SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCE TESTING REQUIRED BY 49 CFR, PART 40? YES NO

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL 1 2 3 4 COLLEGE 1 2 3 4
LAST SCHOOL ATTENDED: _____

DRIVER LICENSE RECORD

LIST ALL LICENSES YOU HAVE HELD IN THE LAST THREE YEARS

TYPE	ISSUING STATE	NUMBER	EXPIRATION DATE
_____	_____	_____	_____
_____	_____	_____	_____

HAS ANY LICENSE, PERMIT, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE THAT HAS BEEN ISSUED TO YOU EVER BEEN DENIED, REVOKED OR SUSPENDED? YES _____ NO _____. IF YOUR ANSWER IS YES, EXPLAIN THE FACTS AND CIRCUMSTANCES INVOLVING SUCH ACTION.

ACCIDENT RECORD

LIST ALL ACCIDENTS IN WHICH YOU WERE INVOLVED AS A DRIVER DURING THE PRECEDING THREE YEARS.

DATE	LOCATION	NATURE	NO. OF FATALITIES	NO. OF INJURIES
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TRAFFIC VIOLATIONS RECORD

LIST ALL VIOLATIONS OF MOTOR VEHICLE LAW OR ORDINANCES (OTHER THAN PARKING) OF WHICH YOU WERE CONVICTED OR FORFEITED BOND OR COLLATERAL DURING THE THREE YEARS PRECEDING DATE OF THIS INFORMATION SHEET.

DATE	TYPE	LOCATION
_____	_____	_____
_____	_____	_____
_____	_____	_____

SUBSTANCE ABUSE INFORMATION

In the last three years, have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules? Yes No (Circle One)

TO BE READ AND SIGNED BY EMPLOYEE

This certifies that this information sheet was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, state motor vehicle record, financial, or medical history 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 answers in the event of employment, I understand that false or misleading information given in my answers or interview (s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company.

DATE

DRIVER'S SIGNATURE

Information Request from Previous Employer/Carrier

Applicant Name _____ **SSN#** _____

You are hereby authorized to give American Concrete & Precast, Inc. all information regarding my services, character, and conduct while in your employ, and you are released from any liability, which may result from giving such information. In order to enable American Concrete & Precast, Inc. to comply with the requirements of 49 CFR 391.21 and 382.413, I hereby authorize American Concrete & Precast, Inc. to obtain from my prior employers the information pertaining to me. I also authorize the specific release of information they are required to maintain by 49 CFR 382.401 (b) (1) through (iii) regarding alcohol/substance abuse tests. I hereby authorize and direct my prior employers to release such information to American Concrete & Precast, Inc in personal interviews, telephone interviews, letters, or any other material that insures confidentiality. I hereby authorize American Concrete & Precast, Inc. to release such information to any of its personnel whose duties require them to assess this application or to make any recommendations or decision with respect to it.

Applicant Signature _____ **Date** _____

Company Name _____ **Address** _____
Company Fax # _____ **Email address** _____

When did this individual work for your company? **From:** Month / Year _____ / _____ **TO:** Month/Year _____ / _____

Was the applicant involved in any accidents while in your employ? No Yes **If Yes, please explain.**

Date	Nature of Accident	Prev	Non-Prev	DOT	Injuries/Fatalities	Cost

REQUEST FOR DRUG/ALCOHOL RESULTS

Based upon a review of your company's drug and alcohol test records:

	Yes	No
Has this individual had an alcohol test with a confirmed breath alcohol concentration of 0.04 or greater in the past (3) years?		
Has this individual had a controlled substance test with a positive result in the past (3) Years?		
Has this individual refused (includes verified adulterated or substituted results) a controlled substance test and/or alcohol test within the past (3) years?		
Has this individual violated other DOT drug/alcohol regulations in the past (3) years?		
Have you received information from a previous employer that this individual violated DOT drug and alcohol regulations in the past (3) years?		

Reason for leaving: Resigned No Show Abandonment Quit under Dispatch
 Terminated/Disqualified Laid Off
 Eligibility for rehire Yes No Upon review Other comments _____
 Verified by (Signature) _____ Title _____ Date _____

FOR OFFICE USE ONLY

This Form Was: (check one) Faxed to previous employer Mailed Emailed Other _____

By: _____ Date: _____

Information Received From: _____

Recorded By: _____ Method: Fax Mail Email Telephone

Date: _____ Other

NOTICE TO APPLICANT

In accordance with FMCSR 391.21(d), as an applicant, you are afforded the following rights regarding investigative information that will be requested and provided by your previous employer. These rights are stated below and by signing this document you are confirming receipt and understanding of these rights, per 391.23(i).

(i)(1)(i) The right to review information provided by previous employers;

(i)(1)(ii) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective motor carrier;

(i)(1)(iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

(i)(2) Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective motor carrier, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of qualification. The prospective motor carrier must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective motor carrier has not yet received the requested information from the previous employer(s), then the five-business day's deadline will begin when the prospective motor carrier receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective motor carrier making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

Applicant's Signature

Date

