

DRIVER APPLICATION FOR EMPLOYMENT

§391.21

Office Use Only:
Start Date / /

NAME OF CARRIER _____

ADDRESS _____
STREET CITY STATE ZIP

Applicants are considered without regard to race, creed, color, sex, religion, age, national origin, or disability.

PERSONAL DESCRIPTION

FULL NAME _____ SOCIAL SECURITY NO. _____ - _____ - _____

DATE OF BIRTH / / LAST FIRST MIDDLE INITIAL
 PHONE NO. () _____
AREA

CURRENT ADDRESS _____

STREET CITY STATE ZIP

LAST 3 YEARS _____

STREET CITY STATE ZIP

STREET CITY STATE ZIP

STREET CITY STATE ZIP

STREET CITY STATE ZIP

IN CASE OF EMERGENCY NOTIFY _____ AT PHONE NO. () _____

AREA

POSITION APPLYING FOR _____ PAY RATE EXPECTED _____

HAVE YOU WORKED FOR THIS COMPANY BEFORE? NO _____ YES _____ IF YES FROM _____ TO _____

MONTH / YEAR MONTH / YEAR

ARE YOU EMPLOYED? _____ WHEN WILL YOU BE AVAILABLE? _____

ARE YOU PREVENTED FROM LAWFUL EMPLOYMENT IN THIS COUNTRY BECAUSE OF IMMIGRATION STATUS? NO _____ YES _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY, MISDEMEANOR, OR CRIMINAL VIOLATION? NO _____ YES _____

DRIVER'S LICENSE INFORMATION (This information will be verified)

VALID DRIVER'S LICENSE NUMBER _____ STATE _____ EXPIRATION _____

LICENSE TYPE (I.E. CDL CLASS A) _____ CDL ENDORSEMENTS _____

HAS YOUR LICENSE, PERMIT, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE EVER BEEN DENIED, REVOKED, OR SUSPENDED?

NO _____ YES _____ IF YES, EXPLAIN REASON _____

HAVE YOU EVER BEEN DISQUALIFIED UNDER §383 OR §391 OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS?

NO _____ YES _____ IF YES, EXPLAIN REASON _____

I CERTIFY I DO NOT HAVE MORE THAN ONE DRIVER'S LICENSE _____

Applicant's Signature

EDUCATION

PLEASE CIRCLE LAST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE 1 2 3 4

OTHER TRAINING _____

DO YOU HAVE FULL KNOWLEDGE OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? NO _____ YES _____

DRIVING EXPERIENCE

TYPE OF EQUIPMENT	NUMBER OF YEARS	STATES YOU HAVE DRIVEN IN
TRACTOR		
TRAILER / TANK		
STRAIGHT TRUCK		
BUS		
OTHER (SPECIFY)		

ACCIDENT RECORD LAST THREE YEARS (This information will be verified)

DATE	NATURE OF ACCIDENT (OVERTURN, JACK KNIFE, REAR END, ETC.)	NO. OF FATALITIES	NO. OF INJURIES	COMMERCIAL VEHICLE	PERSONAL VEHICLE

TRAFFIC CONVICTIONS AND FORFEITURES (Other than parking) LAST THREE YEARS (This information will be verified)

STATE	DATE	CHARGE	PENALTY	COMMERCIAL VEHICLE	PERSONAL VEHICLE

(CONTINUED ON NEXT PAGE)

EMPLOYMENT HISTORY

Non-CDL driver applicants must provide 3 years employment history. CDL driver applicants must provide 10 years. We are required under §391.23 to investigate your safety performance history of all Federal Motor Carrier Safety Administration regulated employers that you worked for in the preceding 3 years. We are required to investigate your participation in a U.S. DOT mandated drug and alcohol testing program, whether you violated any prohibitions under §382 subpart B, and whether you failed to undertake or complete rehabilitation as required under §382.605 or subpart O §40 of all U.S. DOT regulated employers that you worked for in the preceding 3 years. You must give written consent for these investigations in order to be considered for employment as a driver. You have due process rights regarding the information received from these investigations under §391.23(i).

All information obtained from previous employers will be kept confidential.

LAST EMPLOYER:

NAME _____ PHONE (_____) _____
AREA

ADDRESS _____
STREET CITY STATE ZIP

SUPERVISOR'S NAME _____

FROM ____/____/____ TO ____/____/____ POSITION _____ REASON FOR LEAVING _____
MONTH/YEAR MONTH/YEAR

DID YOU PERFORM "SAFETY SENSITIVE FUNCTIONS" WHILE EMPLOYED? YES _____ NO _____ DID YOU OPERATE A CDL VEHICLE? YES _____ NO _____

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED? YES _____ NO _____

WERE YOU REQUIRED TO PARTICIPATE IN A U.S. DOT MANDATED DRUG AND ALCOHOL TESTING PROGRAM? YES _____ NO _____

2ND LAST EMPLOYER:

NAME _____ PHONE (_____) _____
AREA

ADDRESS _____
STREET CITY STATE ZIP

SUPERVISOR'S NAME _____

FROM ____/____/____ TO ____/____/____ POSITION _____ REASON FOR LEAVING _____
MONTH/YEAR MONTH/YEAR

DID YOU PERFORM "SAFETY SENSITIVE FUNCTIONS" WHILE EMPLOYED? YES _____ NO _____ DID YOU OPERATE A CDL VEHICLE? YES _____ NO _____

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED? YES _____ NO _____

WERE YOU REQUIRED TO PARTICIPATE IN A U.S. DOT MANDATED DRUG AND ALCOHOL TESTING PROGRAM? YES _____ NO _____

3RD LAST EMPLOYER:

NAME _____ PHONE (_____) _____
AREA

ADDRESS _____
STREET CITY STATE ZIP

SUPERVISOR'S NAME _____

FROM ____/____/____ TO ____/____/____ POSITION _____ REASON FOR LEAVING _____
MONTH/YEAR MONTH/YEAR

DID YOU PERFORM "SAFETY SENSITIVE FUNCTIONS" WHILE EMPLOYED? YES _____ NO _____ DID YOU OPERATE A CDL VEHICLE? YES _____ NO _____

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED? YES _____ NO _____

WERE YOU REQUIRED TO PARTICIPATE IN A U.S. DOT MANDATED DRUG AND ALCOHOL TESTING PROGRAM? YES _____ NO _____

NOTICE TO APPLICANT

Applicant - If employer has not explained or given a job description, make sure one is given to you and that you fully understand what is expected of you prior to answering the following two questions.

CAN YOU PERFORM THE FUNCTIONS DESCRIBED IN THE JOB DESCRIPTION? _____

PLEASE EXPLAIN HOW, WITH OR WITHOUT REASONABLE ACCOMMODATION, YOU WILL BE ABLE TO PERFORM THOSE FUNCTIONS _____

APPLICANT MUST READ AND SIGN

I agree and understand that any misrepresentations or omissions of information or facts given on this form shall be considered an act of falsification.

I agree and understand that the carrier or its agents may investigate any and all information given on this form to determine its validity.

I understand that all employment history information from previous employers will be used by the carrier only as part of deciding whether to hire me.

I understand that under U.S. DOT regulation §391.23(i), I cannot bring an action or proceeding for defamation, invasion of privacy, or interference with a contract against this carrier or any previous employer based on furnishing or using employment history information.

I agree to furnish such additional information and complete such examinations as may be required to complete my driver qualification and employment files.

If hired, I agree to abide by all the rules and policies of this carrier.

____/____/____
DATE

APPLICANT'S SIGNATURE

OFFICE USE ONLY

APPLICATION RECEIVED ____/____/____
DATE

SIGNATURE OF COMPANY REPRESENTATIVE

____/____/____
DATE OF HIRE

Date: _____ Time: _____

Application for Employment

It is the policy of Guardrails, etc., Inc. to consider all applications without regard to race, religion, color, sex, age, national origin, disability, Vietnam veteran, or other veteran status.

Please complete all items and print in ink.

Position Applied For: _____ Date: _____

Date Available: _____ Days/Hours Preferred: _____ Salary Requested: _____

Referred By: ___ Advertisement ___ Friend ___ Walk In ___ Relative ___ Other(Explain)

Personal Data

Name _____
(Last) (First) (Middle) (Social Security Number)

Address _____
(Street) (City) (State) (Zip)

Home Telephone Number () _____

Are you over the age of 18? ___ Yes ___ No If no please state your date of birth: _____

Are you eligible for employment in the United States? ___ Yes ___ No

Has any time restriction been placed on your eligibility for employment in the US?
___ Yes ___ No

If yes, what restrictions: _____

***Note: If hired, you are required by law to submit proof of identity and eligibility to work in the United States.**

Have you ever been employed by Guardrails, etc. ___ Yes ___ No

If yes give date _____

Do you have any friends/relatives employed by Guardrails, etc. ___ Yes ___ No

If yes, give the name(s)/relationship(s): _____

Drivers License #: _____ State: _____

Personal Data (Continued)

Are you capable of performing the essential functions of the job for which you are applying with reasonable accommodations? _____ Yes _____ No

If no, please describe: _____

Have you ever been convicted of a crime or have been found guilty of a crime?

_____ Yes _____ No

If yes, please explain in detail: _____

***Note: Disclosure of criminal record will not necessarily disqualify you from employment, as a nature of the offense, date and the position for which you are applying will also be considered.**

Military Service Data

Have you ever served in the U.S. Armed Forces? _____ Yes _____ No

If yes, please give the dates of service

From: _____ To: _____ Branch: _____

List special skills/abilities acquired: _____

Education Data

Names & Addresses of School Attended	Dates Attended From To	Did you Graduate?	Type of Degree/Diploma Received or Expected	Major/Minor Fields of Study
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High School

College/University

Graduate School

Education Data (Continued)

Names & Addresses of School Attended	Dates Attended From To	Did you Graduate?	Type of Degree/Diploma Received or Expected	Major/Minor Fields of Study
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Other _____

List any honors or scholarships received: _____

List professional, trade, business or civic activities and offices held (you may exclude memberships which would reveal sex, race, religion, national origin, age, disability or other protected status):

References

List (with address & phone number) the names of three persons familiar with your character, ability or education for more than one year. Please do not includes friends or relatives.

1. _____

2. _____

3. _____

Employment Record

Please list date of all employment starting with your most recent position. Attach a separate sheet if necessary.

Company Name & Address

Position/Title/Duties

Supervisor's Name/Title/Telephone #

Dates of employment From: _____ To: _____

Salary Starting: _____ Ending: _____

Reason for leaving: _____

Company Name & Address

Position/Title/Duties

Supervisor's Name/Title/Telephone #

Dates of employment From: _____ To: _____

Salary Starting: _____ Ending: _____

Reason for leaving: _____

Company Name & Address

Position/Title/Duties

Supervisor's Name/Title/Telephone #

Dates of employment From: _____ To: _____

Salary Starting: _____ Ending: _____

Reason for leaving: _____

Voluntary Survey

At times, government agencies require periodic reports on the sex, ethnicity, disability, veteran and other protected status of employees and/or applicants. This data is for statistical analysis with respect to the success of Guardrails, etc., Inc. Affirmative Action Program.

SUBMISSION OF THIS INFORMATION IS VOLUNTARY, INCLUSION OR EXCLUSION OF DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

Sex: _____ Male _____ Female

Ethnic Origin: _____ White _____ Hispanic _____ American Indian/Alaskan Native

 _____ Black _____ Asian/Pacific Islander _____ Other

Check Any Of The Following That Are Applicable:

_____ Vietnam Era Veteran _____ Disabled Veteran _____ Disabled Individual

Date of Birth: _____

Pre-Employment Physical/Testing Notice

Guardrails, etc., Inc., is committed to maintaining a drug-free workplace. Therefore, all candidates for employment (applicants to whom a contingent offer of employment has been made) are required to complete a medical examination, including testing for drug and alcohol use, by a physician of Guardrails, etc., Inc., choice. Employment is contingent upon a candidate's submission to and successful completion of the medical exam and test.

Applicant's Acknowledgement

I agree to undergo the pre-employment and drug/alcohol test. I understand that the results of such a test will be disclosed only to Guardrails, etc., Inc., Human Resources personnel and other's with a need to know, or as required by law. I understand that if I refuse to consent to testing, fail to provide a urine sample when requested, provide a false or tampered urine sample or fail to successfully complete the physical or drug/alcohol test, I will not be hired in accordance with Guardrails, etc., Inc., policies.

Permission is granted to Guardrails, etc., Inc., to conduct an investigation and to solicit information as to my educational and employment history, character and general reputation, and criminal conviction record. I release Guardrails, etc., Inc., and all persons or organizations from any liability arising from such statements, their solicitation or use.

I understand that this employment application and any other company documents are not contracts of employment and that any individual who is hired may voluntarily leave or be terminated at any time, with or without cause. If terminated, I authorize Guardrails, etc., Inc., to deduct, to the extent permitted by law, any amount which I may owe to Guardrails, etc., Inc. from any amount which Guardrails, etc., Inc., may owe me. I understand that no representative of Guardrails, etc., Inc., except the President, has any authority to offer or to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.

I certify that all statements made by me on this application are true and correct to the best of my knowledge and belief. I understand that any false, inaccurate, or omitted statements of a material fact could be a cause for rejection of my application or termination of my employment at any time.

I have read, understand, and by my signature consent to these statements.

Signature of Applicant

Date



GUARDRAILS, etc., Inc.

MARYLAND'S POLYGRAPH-TESTING LAW

MD. Code Ann., Lab. & Empl. § 3-702.

UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE-DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLTES THIS LAW IS GUILTY OF A MISDEAMER AND IS SUBJECT TO A FINE NOT EXCEEDING \$100.

Signature

Printed Name

Today's Date



GUARDRAILS, etc., Inc.

Conditions of Employment at Guardrails, etc., Inc.

I, _____ (print name) understand that my employment with Guardrails, etc., Inc., will consist of the following instances and I agree to them;

1. I can and will work Saturdays, if and when needed. _____ (initial)
2. I can and will work nighttime, if and when needed. _____ (initial)
3. I can and will work out-of-town, if and when needed. _____ (initial)

I also understand that if I refuse to comply with any of these conditions, my employment with Guardrails, etc., Inc. will be terminated. I understand and agree to abide by these conditions. _____ (initial)

A representative from the company has offered to read and explain the conditions of this document if I cannot read or do not understand what is written. _____ (initial)

I have read these conditions and understand what is written and decline to have it read to me. _____ (initial)

Signature

Date

Witness

Date