

Richard E. Pierson
CONSTRUCTION COMPANIES, INC.

APPLICATION FOR EMPLOYMENT: TRUCKING

An Equal Opportunity Employer
 Pre-Employment Questionnaire

Personal Information:

POSITION(S) APPLIED FOR

NAME			SOCIAL SECURITY NO.
LAST	FIRST	MIDDLE	TELEPHONE #
LIST YOUR ADDRESSES OF RESIDENCY FOR THE PAST 3 YEARS.			CELL #

CURRENT ADDRESS	STREET	CITY	STATE & ZIP CODE	HOW LONG? yr./mo.
PREVIOUS ADDRESSES	STREET	CITY	STATE & ZIP CODE	HOW LONG? yr./mo.
	STREET	CITY	STATE & ZIP CODE	HOW LONG? yr./mo.
	STREET	CITY	STATE & ZIP CODE	HOW LONG? yr./mo.
	STREET	CITY	STATE & ZIP CODE	HOW LONG? yr./mo.

DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES? **YES** **NO**

DATE OF BIRTH **CAN YOU PROVIDE PROOF OF AGE?** **YES** **NO**
 (REQUIRED FOR COMMERCIAL DRIVERS)

HAVE YOU WORKED FOR THIS COMPANY BEFORE? YES NO	POSITION	WHERE?
	FROM	TO
	yr./mo.	yr./mo.
	REASON FOR LEAVING	

ARE YOU NOW EMPLOYED? **YES** **NO** **IF NOT, HOW LONG SINCE LEAVING LAST EMPLOYMENT?**

WHO REFERRED YOU? **RATE OF PAY EXPECTED**

HAVE YOU EVER BEEN BONDED? **YES** **NO** **NAME OF BONDING COMPANY**
 (ANSWER ONLY IF A JOB REQUIREMENT)

HAVE YOU EVER BEEN CONVICTED OF A FELONY? **YES** **NO**

IF YES, PLEASE EXPLAIN FULLY. CONVICTION OF A CRIME IS NOT AN AUTOMATIC BAR TO EMPLOYMENT. ALL CIRCUMSTANCES WILL BE CONSIDERED.

IS THERE ANY REASON YOU MIGHT BE UNABLE TO PERFORM THE FUNCTIONS OF THE JOB FOR WHICH YOU HAVE APPLIED. [AS DESCRIBED IN THE ATTACHED JOB DESCRIPTION] ? **YES** **NO**

IF YES, EXPLAIN IF YOU WISH

EMPLOYMENT HISTORY:

ALL DRIVER APPLICANTS TO DRIVE IN INTERSTATE COMMERCE MUST PROVIDE THE FOLLOWING INFORMATION ON ALL EMPLOYERS DURING THE PRECEDING 3 YEARS. LIST COMPLETE MAILING ADDRESS, STREET NUMBER, CITY, STATE AND ZIP CODE.

APPLICANTS TO DRIVE A COMMERCIAL MOTOR VEHICLE* IN INTRASTATE OR INTERSTATE COMMERCE SHALL ALSO PROVIDE AN ADDITIONAL 7 YEARS INFORMATION ON THOSE EMPLOYERS FOR WHOM THE APPLICANT OPERATED SUCH VEHICLE

(NOTE: LIST EMPLOYERS IN REVERSE ORDER STARTING WITH THE MOST RECENT. ADD ANOTHER SHEET AS NECESSARY)

EMPLOYER NAME	FROM	TO
ADDRESS	yr./mo.	yr./mo.
CITY STATE ZIP	POSITION HELD	
CONTACT PERSON PHONE NUMBER	SALARY/WAGE	
REASON FOR LEAVING		
WERE YOU SUBJEKT TO THE FMCSRS [†] WHILE EMPLOYED? YES NO		
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES NO		

EMPLOYER NAME	FROM	TO
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ADDRESS	yr./mo.	yr./mo.
CITY STATE ZIP	POSITION HELD	
CONTACT PERSON PHONE NUMBER	SALARY/WAGE	
REASON FOR LEAVING		
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EMPLOYER NAME	FROM	TO
ADDRESS	yr./mo.	yr./mo.
CITY STATE ZIP	POSITION HELD	
CONTACT PERSON PHONE NUMBER	SALARY/WAGE	
REASON FOR LEAVING		
WERE YOU SUBJEKT TO THE FMCSRS [†] WHILE EMPLOYED? YES NO		
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES NO		

*INCLUDES VEHICLES HAVING A GVWR OF 26,001 LBS. OR MORE, VEHICLES DESIGNED TO TRANSPORT 16 OR MORE PASSENGERS (INCLUDING THE DRIVER), OR ANY SIZE VEHICLE USED TO TRANSPORT HAZARDOUS MATERIALS IN A QUANTITY REQUIRING PLACARDING.

† THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS (FMCSRS) APPLY TO ANYONE OPERATING A MOTOR VEHICLE ON A HIGHWAY IN INTERSTATE COMMERCE TO TRANSPORT PASSENGERS OR PROPERTY WHEN THE VEHICLE: (1) WEIGHS OR HAS A GVWR OF 10,001 LBS. OR MORE, (2) IS DESIGNED OR USED TO TRANSPORT MORE THAN 8 PASSENGERS (INCLUDING THE DRIVER), OR (3) IS ANY SIZE AND IS USED TO TRANSPORT HAZARDOUS MATERIALS IN A QUANTITY REQUIRING PLACARDING.

DRIVER INFORMATION:

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE. IF NONE, WRITE NONE

DATE	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL	
LAST ACCIDENT				YES	NO
NEXT PREVIOUS				YES	NO
NEXT PREVIOUS				YES	NO

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

EXPERIENCE AND QUALIFICATIONS

LIST ALL DRIVER LICENSES OR PERMITS HELD IN THE PAST 3 YEARS

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

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 THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS

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DRIVING EXPERIENCE

CLASS OF EQUIPMENT			TYPE OF EQUIPMENT	DATES (yr./mo.)		APPROX. NO. OF MILES (TOTAL)
	YES	NO		FROM	TO	
STRAIGHT TRUCK	YES	NO				
TRACTOR & SEMI TRAILER	YES	NO				
TRACTOR - TWO TRAILERS	YES	NO				
TRACTOR - THREE TRAILERS	YES	NO				
MOTORCOACH - SCHOOL BUS	YES	NO	MORE THAN 8 PASSENGERS			
MOTORCOACH - SCHOOL BUS	YES	NO	MORE THAN 15 PASSENGERS			
OTHER						

LIST STATES OPERATED IN FOR LAST FIVE YEARS:

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER:

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM?

EXPERIENCE AND QUALIFICATIONS - OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

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

NAME	CITY, STATE

TO BE READ AND SIGNED BY APPLICANT

THIS CERTIFIES 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:

DATE: