



HESLEP CONCRETE COMPANY EMPLOYMENT APPLICATION

Date: _____

Name: _____
(First) (Middle) (Last)

Social Security Number: _____ - _____ - _____ Date of Birth: _____

Earliest date available _____ Minimum starting rate _____

Type of work desired _____ Telephone (____) _____

Present Street Address _____

City _____ State _____

Zip _____

Permanent Street Address (if different) _____

City _____

State _____ Zip _____

Have you previously submitted an application to Heslep Concrete? If so, state location & date: _____

Have you previously been employed by Heslep Concrete? If so, state location & date: _____

EDUCATION

Name of High School: _____ Highest year completed _____

Address: _____

College/University: _____ Highest year completed _____

Address: _____

Degree Earned: _____

All other degrees and/or special study courses (research, technical schools, correspondence, seminars, military schools, etc.):

DRIVER EXPERIENCE & QUALIFICATIONS

Licenses and Failed Test Information

<i>Drivers Licenses</i>	State	License #	Class	Endorsement(s)	Expiration Date
<i>Held in the past</i>					
<i>3 years must</i>					
<i>Be shown</i>					

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/alcohol testing rules during the past 2 years? () YES () NO

If you answered “yes” to the above question, can you provide/obtain proof that you’ve successfully completed the DOT return-to-duty requirements? () YES () NO

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 you answered yes to any of the above questions, explain your answer on a separate sheet of paper.

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tanker, Flat, Reefer, Etc.)	Dates		Approximate Total Miles
		From	To	
Straight Truck				
Tractor/Trailer				
Doubles/Triples				
Bus				

ACCIDENT REVIEW FOR THE PAST 3 YEARS (attach separate sheet if more space is needed)

Nature of Accident (Head-on, Rear-end, Overturn, Backing, etc.)	Fatalities	Injuries	Date
Next Previous-			
Next Previous-			

TRAFFIC CONVICTIONS AND FORFEITURES for the past 3 years other than parking violations

Location	Date	Charge	Penalty

Employment history information (10 year minimum)

PREVIOUS EMPLOYMENT

Last Employer _____ Address _____

Employed from (month/year) _____ to _____

Position Held _____

Name, Title, and Phone # of Supervisor _____

Base Wage of Salary: Starting \$ _____ Ending \$ _____ Other Compensation _____

Your duties _____

Reason for leaving _____

Were you Subject to the Federal Motor Carrier Safety Regulations while employed with this employer () YES () NO

Was this position designated as a safety sensitive function in any DOT regulated mode and were you subject to alcohol and controlled substance testing as requirements required by 49 CFR part 40? () YES () NO

PREVIOUS EMPLOYMENT

Employer _____ Address _____

Employed from (month/year) _____ to _____ Your Position _____

Name, Title, and Phone # of Supervisor _____

Base Wage of Salary: Starting \$ _____ Ending \$ _____ Other Compensation _____

Your duties _____

Reason for leaving _____

Were you Subject to the Federal Motor Carrier Safety Regulations while employed with this employer () YES () NO

Was this position designated as a safety sensitive function in any DOT regulated mode and were you subject to alcohol and controlled substance testing as requirements required by 49 CFR part 40? () YES () NO

Employer _____ Address _____

Employed from (month/year) _____ to _____

Your Position _____

Name, Title, and Phone # of Supervisor _____

Base Wage of Salary: Starting \$ _____ Ending \$ _____ Other Compensation _____

Your duties _____

Reason for leaving _____

Were you Subject to the Federal Motor Carrier Safety Regulations while employed with this employer () YES () NO

Was this position designated as a safety sensitive function in any DOT regulated mode and were you subject to alcohol and controlled substance testing as requirements required by 49 CFR part 40? () YES () NO

Employer _____ Address _____

Employed from (month/year) _____ to _____
Your Position _____

Name, Title, and Phone # of Supervisor _____

Base Wage of Salary: Starting \$ _____ Ending \$ _____ Other Compensation _____

Your duties _____

Reason for leaving _____

Were you Subject to the Federal Motor Carrier Safety Regulations while employed with this employer () YES () NO

Was this position designated as a safety sensitive function in any DOT regulated mode and were you subject to alcohol and controlled substance testing as requirements required by 49 CFR part 40? () YES () NO

PERSONAL DATA

Three Years Experience and CDL for (3) years _____ YES _____ NO

Are you 25 years of age or older? _____ YES _____ NO

Have you ever been convicted of a felony? _____ YES _____ NO

If "YES", list all felony convictions, giving brief description, including date, place and charge. A positive response will not necessarily affect your eligibility to be hired.

Can you perform the job you're applying for with or without reasonable accommodations? _____ yes _____ no

If "NO" please provide a brief description. A positive response will not necessarily affect you eligibility to be hired.

Are you legally permitted to work in this country? ____YES ____NO

If "YES" will you be prepared to produce proof at the time of hire, in accordance with the Immigration Reform and Control Act of 1986? ____YES ____NO

REFERENCES

Give references, professional associates, supervisors, or coworkers, not friends or relatives.

Name

_____ Telephone# _____

Address

_____ Occupation _____

Name

_____ Telephone# _____

Address

_____ Occupation _____

Name

_____ Telephone# _____

Address

Occupation

What prompted your application to Heslep Concrete? ____Advertisement If so, where? _____

____Friend (Heslep Emp?) _____

____Agency If so, where? _____

____Other _____

Emergency contact information: _____ Phone: _____

Use this space for additional information

I have been informed by this company that the previous employment information I have given for the preceding three (3) years with FMSCA regulated entities will be investigated by contacting my previous employers for the purpose of obtaining my safety performance history as required by paragraphs (d) and (e) of 391.23

This company has advised me, during the application process, that I have the following due process rights regarding information received from previous employers as a result of these investigations conducted on my safety performance history. In accordance with 391.23 (i) I have been advised that I have the right to review information provided by previous employers: I have 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 employer; I have the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and I cannot agree on the accuracy of the information. I have been informed that my previous Department of Transportation regulated employment history in the previous three (3) years can be reviewed by me by submitting a written request to the prospective employer, 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 employment. This company has advised me that within five (5) business days after receiving my request or within five(5) business days of receiving the information they will supply the information to me. This company has advised me that if I have not arranged to pick up or receive the requested records within thirty (30) days of making them available, this company may consider I have waived the request to review the records. All information obtained is to be used in the decision making for employment with this company.

It has been recommended to me to read 49 CFT Part 391.23 to be more of the procedure motor carriers are required to use to obtain/review my safety performance history with previous DOT regulated motor carriers.

If employed, I agree to comply with the Company's rules, policies, and safety regulations.

I recognize that no provision of this application or any other Heslep Concrete Company policy shall be construed as an employment agreement. Employment with Heslep Concrete Company can be terminated at any time, with or without cause, by either the employee concerned or Heslep Concrete.

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.

Applicant's Signature

Date

Heslep Concrete Company is an equal opportunity employer. All candidates are reviewed on the basis of merit without regard to race, color, age, sex, national origin, US military status and mental or physical disability in accordance with applicable laws.