



1277 Mountain Road
Glen Allen, Virginia 23060-4007
Phone: (804) 264-0707

Table with 2 columns: Field Name, Value. Fields include Emp #, Rate, Job Code, Hire Date, Crew.

Commercial Driver Employment Application

The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age. I understand that the information in this application will be used and that prior employers will be contacted for purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations.

Applicant Signature Date

Name: Social Security #: Home phone:

Birth date: City and state of birth: Cell phone:

Current address: Email:

City: State & zip: How long:

Previous address: City: State & zip:

How long:

Position applied for: Education Military service: Branch:

When will you be available for work?

Emergency contact: Relation: Telephone #

Have you worked for SPI before? If yes, supervisor's name: Reason for leaving:

Names of relatives in our employ:

Currently employed? If no, how long since last employment? Who referred you for work?

Have you ever been convicted of a felony, or a misdemeanor involving any violent act, use or possession of a weapon or act of dishonesty for which the record has not been sealed or expunged? (Y/N) If yes, explain:

Driving Experience

Straight truck experience: Type of straight truck From To Miles

Comb. vehicle experience: Type of comb. vehicle From To Miles

Other comm. vehicle: Type of other vehicle From To Miles

Driving Qualifications

Valid driver's license: Expires: License #: State

Previous license in last 3 years: Previous license state: Previous license #:

Ever denied a license? Explain:

License ever suspended or revoked? Explain:

Ever been disqualified under section 391 of the Federal Motor Carrier Safety Regulations?

Explain:

List any driving courses or training that will help you as a driver:

List any safe driving awards:

Accident Review – 3 Years

Have you been involved in ANY vehicle accidents, regardless of fault, in the past 3 years _____

Date of accident: _____ Nature of accident: _____ Fatalities _____ Injuries: _____

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Traffic Convictions and Forfeitures – 3 Years

Have you been convicted of ANY traffic violations or forfeitures in the past 3 years _____

Location: _____ Date: _____ Charge: _____ Penalty: _____

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Location: _____ Date: _____ Charge: _____ Penalty: _____

To Be Read and Signed by Applicant

It is agreed and understood that any misrepresentations of information given above shall be considered an act of dishonesty and be grounds for dismissal. It is agreed and understood that the employer or his agents may investigate the applicant's background to ascertain any and all information of concern to applicants record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information. It is also agreed and understood that under the Fair Credit Report Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living. I agree to furnish such additional information and complete such examinations as may be required to complete my employment file. It is agreed and understood that this application for employment in no way obligates the employer to employ me; and it is understood that if hired, I will be on a 30 day probationary period during which I may be discharged without recourse. 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. It is understood that employment with Slurry Pavers, Inc. is at-will and either party can terminate the relationship at any time with or without cause and with or without notice.

Company Safety Policy: It shall be the policy of Slurry Pavers, Inc. to furnish employees a place of employment, free from recognized hazards that are likely to cause death or physical harm to employees, and to comply with the Occupational Safety and Health Standards as provided for by the Occupational Safety and Health Act of 1970.

Employee's General Safety Rules: All work shall be planned and supervised to ensure safe working conditions at all times. Federal Standards for safe practices shall be enforced. Supervisors and foremen shall insist on employees observing every safe standard and shall take disciplinary action to obtain complete observance.

Safe Work Practices:

1. Wear clothes suited to your job. Dangling or loose clothing can catch in equipment, machinery or tools and cause serious injury.
2. If you do not understand how to do the job safely---before starting work---ask your supervisor for instructions.
3. You must wear personal protective equipment that the job requires, such as hard hats, safety glasses, safety vests, etc.
4. Use all safeguards provided; see that they are in place and functioning. Report deficiencies to your supervisor.
5. You shall observe safe practices and immediately report unsafe conditions to your supervisor.
6. You must be aware of fellow employees and observe practices that will not result in accidents or injuries.
7. You shall not indulge in horseplay.
8. You must immediately report any injury or accident , regardless of severity, to your supervisor.
9. You shall keep your mind on the job at hand; "day dreaming" causes injuries.
10. You shall ask your supervisor for special instructions regarding unfamiliar conditions. Never perform a task that you are unfamiliar with or have not been trained to do.

Tools and Equipment:

1. Tools and equipment shall be kept in good condition. Report any deficiency to your supervisor.
2. Use the proper tool for the job.
3. All electrical tools shall be properly grounded. All power tools must be used in accordance with safe practices
4. Use tools and equipment in the proper manner. Ask supervisor for instructions if you are not sure. Do not risk injury to yourself or others by improper use of tools.

Machinery and Vehicles:

1. Do not operate machinery or equipment without permission from your supervisor.
2. Do not start equipment, operate valves, or electrical switches until you make sure it is safe to do so.
3. Do not repair or adjust machinery while it is in operation.
4. Never work under machinery or equipment supported by jacks or chain hoists without protective blocking.
5. Do not operate machinery or equipment unless you are trained and qualified. Observe all safe practices and rules while operating machinery or equipment.
6. All machinery and vehicles must be inspected prior to use. **Never operate equipment or machinery that is in need of repair.** Immediately inform your supervisor if equipment or vehicles require repair.
7. Backing: Always use a spotter if available. If no spotter is available, perform a physical search of your intended backing path to ensure a safe backing path is present; free from personnel, equipment or other objects.

The facts set forth in my application for employment are true and complete. I understand that, if employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history. I have read the safety rules and agree to comply. I am aware that all persons are employed on a 30 day probation period. I understand that employment with Slurry Pavers, Inc. is at-will and either party can terminate the relationship at any time with or without cause and with or without notice. I understand that this application will not be considered for any vacant positions that occur more than 60 days from this date.

Signed: _____

Date: _____

Federal Regulations require the applicant to provide names and addresses of the applicant's employers during the three (3) years preceding the date of this application in addition to the other information requested. Also, a list of the applicant's employers during the seven (7) year period preceding the three (3) years mentioned above, for which the applicant was employed as an operator of a commercial vehicle.

Applicant Name: _____ Date: _____

Last employer: _____ Supervisor's name: _____

Address: _____ Phone: _____

Position held: _____ Start employment date: _____ End employment date: _____

Reason for leaving: _____ Were you subject to the FMCSRs while employed here? 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 ___

Second last employer: _____ Supervisor's name: _____

Address: _____ Phone: _____

Position held: _____ Start employment date: _____ End employment date: _____

Reason for leaving: _____ Were you subject to the FMCSRs while employed here? 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 ___

Third last employer: _____ Supervisor's name: _____

Address: _____ Phone: _____

Position held: _____ Start employment date: _____ End employment date: _____

Reason for leaving: _____ Were you subject to the FMCSRs while employed here? 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 ___

Fourth last employer: _____ Supervisor's name: _____

Address: _____ Phone: _____

Position held: _____ Start employment date: _____ End employment date: _____

Reason for leaving: _____ Were you subject to the FMCSRs while employed here? 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 ___

Fifth last employer: _____ Supervisor's name: _____

Address: _____ Phone: _____

Position held: _____ Start employment date: _____ End employment date: _____

Reason for leaving: _____ Were you subject to the FMCSRs while employed here? 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 ___

Sixth last employer: _____ Supervisor's name: _____

Address: _____ Phone: _____

Position held: _____ Start employment date: _____ End employment date: _____

Reason for leaving: _____ Were you subject to the FMCSRs while employed here? 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 ___

Applicant Name: _____ Date: _____

Seventh last employer: _____ Supervisor's name: _____

Address: _____ Phone: _____

Position held: _____ Start employment date: _____ End employment date: _____

Reason for leaving: _____ Were you subject to the FMCSRs while employed here? 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 ____

Eighth last employer: _____ Supervisor's name: _____

Address: _____ Phone: _____

Position held: _____ Start employment date: _____ End employment date: _____

Reason for leaving: _____ Were you subject to the FMCSRs while employed here? 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 ____

Ninth last employer: _____ Supervisor's name: _____

Address: _____ Phone: _____

Position held: _____ Start employment date: _____ End employment date: _____

Reason for leaving: _____ Were you subject to the FMCSRs while employed here? 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 ____

Tenth last employer: _____ Supervisor's name: _____

Address: _____ Phone: _____

Position held: _____ Start employment date: _____ End employment date: _____

Reason for leaving: _____ Were you subject to the FMCSRs while employed here? 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 ____

Equal Employment Opportunity Data Reporting Form

Slurry Pavers, Inc. is an equal opportunity employer and does not discriminate in hiring or employment on the basis of race, color, religion, national origin, citizenship, gender, marital status, sexual orientation, age, disability, veteran status, or any other characteristic protected by federal, state, or local law.

The Federal Highway Administration (FHWA) requires federal contractors to collect the statistical reporting of applicants as a part of the Equal Opportunity and Affirmative Action Program requirements (FHWA-1273). This information is not used in the employment process nor released in a manner that identifies the individual.

Today's Date: _____

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Date of Birth _____

Position for which you are applying: _____

Referred by: _____

Gender (Please check appropriate box):

- Male
- Female
- I choose not to answer

Race (Please check appropriate box):

- White, not of Hispanic Origin
- Black or African American, not of Hispanic Origin
- Hispanic or Latino
- Asian, not Hispanic or Latino
- Native Hawaiian or Other Pacific Islander, not Hispanic or Latino
- American Indian or Alaskan Native
- Two or more races, not Hispanic or Latino
- I choose not to answer

Are You a Veteran of the U.S. Armed Forces? _____

If yes, please enter discharge date _____ Branch _____