

# DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name (print) \_\_\_\_\_ Date of Application \_\_\_\_\_

Company ISC Building Materials

Address 1400 W. Commerce

City Dallas State TX Zip 75208

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

### TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, motor vehicle record, 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 application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### FOR COMPANY USE

#### PROCESS RECORD

APPLICANT HIRED \_\_\_\_\_ REJECTED \_\_\_\_\_

DATE EMPLOYED \_\_\_\_\_ POINT EMPLOYED \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ CLASSIFICATION \_\_\_\_\_  
(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING OFFICER \_\_\_\_\_

#### TERMINATION OF EMPLOYMENT

DATE TERMINATED \_\_\_\_\_ DEPARTMENT RELEASED FROM \_\_\_\_\_

DISMISSED \_\_\_\_\_ VOLUNTARILY QUIT \_\_\_\_\_ OTHER \_\_\_\_\_

TERMINATION REPORT PLACED IN FILE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

This form is made available with the understanding that J. J. Keller & Associates, Inc. is not engaged in rendering legal, accounting, or other professional services. J. J. Keller & Associates, Inc. assumes no responsibility for the use of this form, or any decision made by an employer which may violate local, state, or federal law.



**EMPLOYMENT HISTORY (continued)**

EMPLOYER		DATE	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO			

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\*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 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE**

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT _____				
NEXT PREVIOUS _____				
NEXT PREVIOUS _____				

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

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)  
**EXPERIENCE AND QUALIFICATIONS - DRIVER**

List all driver licenses or permits held in the past 3 years

DRIVER LICENSES	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 \_\_\_\_\_

**DRIVING EXPERIENCE CHECK YES OR NO**

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM (M/Y)	TO (M/Y)	
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 8 passengers</small>	---			
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 15 passengers</small>	---			
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 \_\_\_\_\_

# Investigation of Drivers Safety Performance History

Applicant Name: \_\_\_\_\_  
Drivers License: State \_\_\_\_\_ Number: \_\_\_\_\_  
Social Security No. \_\_\_\_\_

Pursuant to 49 CFR 391.23, I hereby authorize ISC Building Materials to make inquiries from Previous Employers where I have held any position over the past three years. This investigation will be conducted to obtain information in regards to Accident and/or Drug and Alcohol testing records. I agree to hold harmless respondents to this inquiry. I understand that any information obtained from a Previous Employer will be used to determine employment eligibility, and that a rebuttal of this information may be made according to 49 CFR 391.23 (D),(E).

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\* APPLICANT-DO NOT WRITE BELOW THIS LINE \*\*\*\*\*

Please provide information to the following questions. Failure to provide this information will result in a complaint being filed with the FMCSA as instructed by 49 CFR 386.12. Please complete and return by fax to 214-651-7809, Attn. Michelle

Company Name: \_\_\_\_\_ Dates of Service: From \_\_\_\_\_ to: \_\_\_\_\_

Name of Immediate supervisor: \_\_\_\_\_  
Type of equipment operated: \_\_\_\_\_ Straight Truck \_\_\_\_\_ Tractor Trailer \_\_\_\_\_ Doubles Combination \_\_\_\_\_

Was this individual subject to DOT Drug and Alcohol testing specified by 49 CFR part 40? \_\_\_\_\_ YES \_\_\_\_\_ NO

If Yes: IN THE PAST THREE YEARS:

Has this individual had a verified Positive Drug Screen? \_\_\_\_\_ YES \_\_\_\_\_ NO

Has this individual refused a drug screen or supplied a verified adulterated sample? \_\_\_\_\_ YES \_\_\_\_\_ NO

Has this individual failed to undertake or complete a rehabilitation program prescribed by a Substance Abuse Professional (SAP)? \_\_\_\_\_ YES \_\_\_\_\_ NO

Has this individual had a Breath Alcohol test with a result of 0.04 or higher concentration? \_\_\_\_\_ YES \_\_\_\_\_ NO

### Accidents:

Has this individual been involved in any Motor Vehicle Accidents while operating a Commercial Motor Vehicle which have resulted in: a fatality, injuries requiring medical attention away from the scene of the accident, or any vehicle incurring disabling damages requiring a tow truck to transport the vehicle from the scene? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please complete the following section:

1) Date of Accident: \_\_\_\_\_ Number of injuries: \_\_\_\_\_ Number of fatalities: \_\_\_\_\_

City or Town closest to where the accident occurred: \_\_\_\_\_

State where accident occurred: \_\_\_\_\_ Were Hazardous Materials involved? \_\_\_\_\_ YES \_\_\_\_\_ NO

2) Date of Accident: \_\_\_\_\_ Number of injuries: \_\_\_\_\_ Number of fatalities: \_\_\_\_\_

City or Town closest to where the accident occurred: \_\_\_\_\_

State where accident occurred: \_\_\_\_\_ Were Hazardous Materials involved? \_\_\_\_\_ YES \_\_\_\_\_ NO

I believe the information provided here to be complete and accurate.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_