

DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name _____ Date of Application _____
(print)

Company P+S Paving, Inc.

Address 3701 Olson Drive

City Daytona Bch. State FL. Zip 32124

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 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.

APPLICANT TO COMPLETE

(answer all questions - please print)

Position(s) Applied for _____

Name _____ Social Security No. _____
Last First Middle

List your addresses of residency for the past 3 years.

Current Address	Street _____	City _____		
	State _____	Zip Code _____	Phone _____	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.

Do you have the legal right to work in the United States? _____

Date of Birth _____ / _____ / _____ Can you provide proof of age? _____
 (Required for Commercial Drivers)

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Position _____

Reason for leaving _____

Who referred you? _____ Rate of pay expected _____

Have you ever been bonded? _____ Name of bonding company _____
 (Answer only if a job requirement)

Can you perform, with or without reasonable accommodation, the essential functions of the job [as described in the attached job description]? YES NO

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			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS	POSITION HELD			
CITY	STATE	ZIP	REASON FOR LEAVING	
CONTACT PERSON	PHONE NUMBER			
WERE YOU SUBJECT TO THE FMCSRs [†] 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				

EMPLOYMENT HISTORY (continued)

EMPLOYER			DATE			
NAME			FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD			
CITY		STATE	ZIP		REASON FOR LEAVING	
CONTACT PERSON			PHONE NUMBER			
WERE YOU SUBJECT TO THE FMCSRs [†] 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						

EMPLOYER			DATE			
NAME			FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD			
CITY		STATE	ZIP		REASON FOR LEAVING	
CONTACT PERSON			PHONE NUMBER			
WERE YOU SUBJECT TO THE FMCSRs [†] 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						

EMPLOYER			DATE			
NAME			FROM MO.	YR.	TO MO.	YR.
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CITY		STATE	ZIP		REASON FOR LEAVING	
CONTACT PERSON			PHONE NUMBER			
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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						

*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

Driver licenses or permits held in the past 3 years	STATE	LICENSE NO.	CLASS	ENDORSEMENT(S)	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: _____

- I give the employer the right to contact and obtain information from all references, employers, and schools to verify the accuracy of the information contained in this application. I hereby release the employer and its representatives from liability for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.
- This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.
- I understand that if I am employed, any misrepresentation or material omission made by me on this application may be sufficient cause for immediate termination, whenever it is discovered.
- I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 form in this regard.
- I understand that it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by ADA. The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law.
- If I am hired, I understand I am free to resign at any time, with or without cause, and without prior notice. The employer reserves the same right to terminate my employment at any time, with or without cause, and without prior notice, except as may be required by law.
- This application does not constitute an agreement or contract for employment for any specific period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary.

Signature of Applicant: _____ Date: _____

DRUG-FREE WORKPLACE POLICY ACKNOWLEDGEMENT

I have been told and understand that this employer has a policy whereby employees using or under the influence of alcohol or chemical substance during work hours may be immediately terminated.

I agree that under the appropriate circumstances, particularly if I am involved in an accident during working hours, I may be required and will submit to a test administered by a qualified authority that will determine if alcohol or chemical substances are present. I understand that a positive result of this test will affect my eligibility for workers' compensation benefits.

I further understand that employment and continued employment depends upon my agreement to submit voluntarily to tests or the detection of the presence of alcohol or drugs. Refusing such a test will result in my immediate termination.

I fully understand the contents.

Signature of Applicant: _____ Date: _____



MVR RELEASE CONSENT FORM

In conjunction with my employment, or volunteer work, at/with **P&S Paving, Inc.** ("the company"), I _____ (applicant) Consent to the release of my Motor Vehicle (MVR) to the company. I understand the company will use these records to evaluate my suitability to fulfill driving duties that may be related to the position for which I am applying. I also consent to the review, evaluation, and other use of any MVR I may have provided to the company.

This consent is given in satisfaction of Public Law 18 USC 2721 et. Seq.. "Federal Drivers Privacy Protection Act", and is intended to constitute "written consent" as required by this Act.

Signed (applicant) X _____

Driver's License Number _____ State: _____

Date-Of-Birth _____

Date: _____

PRIOR INJURY & DISABILITY QUESTIONNAIRE

The purpose of this questionnaire is to provide the employer with knowledge about the employee, specifically about pre-existing condition or disability which may entitle the employer reimbursement from Florida's Special Trust Fund (Florida Statue 440.49). The information provided shall not be used to discriminate against a qualified individual with a disability because of the disability of such individual in regard to job application procedures; the hiring, advancement, or discharge of employees, employee compensation, job training, and other terms, conditions, and privileges of employees.

Name of Applicant: _____

1. Do you have or have had any of the following

Description	Yes	No	Description	Yes	No
Epilepsy			Chronic Osteomyelitis (infection in bone)		
Diabetes Medication			Hyperinsullnism		
Meniscectomy (inflammation of cartilage)			Surgical or Spontaneous fusion of a major weight bearing joint (frozen joint)		
Amputation of foot, leg, arm, or hand			Muscular Dystrophy		
Total loss of one or both eyes, or a partial loss of corrected vision of more than 75% bilaterally			Surgical removal of an invertebral disc or spinal fusion		
Polio (poliomyelitis)			Thrombophlebitis		
Cerebral Palsy			Total Deafness		
Multiple Sclerosis			Obesity (30% overweight)		
Patellectomy (surgically removed kneecap)			Hemophilia		
Ruptured cruciate ligament (knee ligament)			One or more back or neck injuries/disease process of the back or neck, substantiated by a doctor's opinion and resulting in a disability over a total of 120 or more days		

Other: _____

2. Have you previously received workers' compensation for an on-the-job injury? Yes No

If yes, indicate when, where, and why? _____

3. Have you ever received a disability rating or had one assigned to you by an insurance company or state/federal agency? Yes No

4. Have you ever injured/sprained your back? Yes No If Yes, did you have surgery? Yes No

5. Have you ever injured/sprained you neck? Yes No If yes, did you have surgery? Yes No

6. Have you ever injured/sprained a knee? Yes No If yes, did you have surgery? Yes No

7. Have you ever had any other type of surgery not mentioned above? Yes No If yes, please give details: _____

8. Do you have arthritis? Yes No If yes, what parts of the body are affected? _____

Applicant's Signature: _____ Date: _____

Equal Employment Opportunity

Applicants are considered for all positions, and employees are treated equally during employment without regard to race, color, religion, sex, national origin, age, marital status, veteran status, medical condition, or handicap disability.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment. Solely to help us comply with government record keeping, reporting and other legal requirements, please answer the following questions:

Name: _____ Date: _____

Address: _____

Position Applied for: _____

Referral Source:

- | | |
|--|---|
| <input type="checkbox"/> Job & Benefits | <input type="checkbox"/> Bulletin Board |
| <input type="checkbox"/> Newspaper: _____ | <input type="checkbox"/> Walk In |
| <input type="checkbox"/> School: _____ | <input type="checkbox"/> Social Group |
| <input type="checkbox"/> Employee: _____ | <input type="checkbox"/> Relative/Friend |
| <input type="checkbox"/> Previous Employed at P&S Paving, Inc. | <input type="checkbox"/> P&S Paving, Inc. Website |

Affirmative Action Survey

Government agencies require periodic reports on sex and ethnicity status of applicants. This data is for analysis and affirmative action only.

MALE

FEMALE

Race/Ethnic Group

- Black
- White
- Hispanic
- Asian Pacific
- American Indian