

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

_____ Phone _____ How Long? _____
State Zip Code yr./mo.

Previous Addresses _____ How Long? _____
Street City State & Zip Code yr./mo.

_____ How Long? _____
Street City State & Zip Code yr./mo.

_____ How Long? _____
Street City State & Zip Code 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	YR.	TO	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				
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				
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				
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				

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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.

- 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 responsible 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 excusing 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: _____



Motor Vehicle 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 Record (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 er. Seq.. "Federal Drivers Privacy Protection Act," and is intended to constitute "written consent" as required by this Act.

Driver's License Number: _____ State: _____

Date of Birth: _____

Signature: _____ Date: _____

General Consent for Limited Queries of Federal Motor Carrier Safety Administration (FMCSA) Drug & Alcohol Clearinghouse

I, _____ (applicant) hereby provide consent to P & S Paving, Inc. to conduct a limited query of the FMCSA Commercial Driver's License Drug & Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse. This consent extends to pre-employment and annual review of the Clearinghouse.

I understand that if the limited query conducted by P & S Paving, Inc. indicates that drug or alcohol violation information about me in the Clearinghouse, FMCSA will not disclose the information to P & S Paving, Inc. without first obtaining specific consent from me.

I further understand that if I refuse to provide consent for P & S Paving, Inc. to conduct a limited query of the Clearinghouse, P & S Paving, Inc. must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

Signature: _____ 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:

Job & Benefits

Bulletin Board

Newspaper: _____

Walk In

School: _____

Social Group

Employee: _____

Relative/Friend

Previous Employed at P&S Paving, Inc.

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