

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION				
NAME (LAST, FIRST)			SOCIAL SECURITY NO.	
PRESENT ADDRESS	APT. NO.	CITY	STATE	ZIP
PERMANENT ADDRESS	APT. NO.	CITY	STATE	ZIP
ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	PHONE			
DESIRED EMPLOYMENT				
POSITION	DATE YOU CAN START		SALARY DESIRED	
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO			
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?		
EVER WORKED FOR THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?		
REASON FOR LEAVING				
NAME OF LAST SUPERVISOR AT THIS COMPANY				
WHO REFERRED YOU TO THIS COMPANY?				
<input type="checkbox"/> EMPLOYMENT AGENCY		<input type="checkbox"/> NEWSPAPER ADVERTISING		<input type="checkbox"/> FRIEND
<input type="checkbox"/> STATE EMPLOYMENT OFFICE		<input type="checkbox"/> COLLEGE PLACEMENT SERVICE		<input type="checkbox"/> WALK IN <input type="checkbox"/> OTHER
EDUCATION				
SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				
GENERAL				
SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK				
SPECIAL TRAINING				
SPECIAL SKILLS				

FORMER EMPLOYERS

LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR	<input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF SUPERVISOR	TITLE		PHONE
DECRPTION OF WORK			
REASON FOR LEAVING			

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR	<input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF SUPERVISOR	TITLE		PHONE
DECRPTION OF WORK			
REASON FOR LEAVING			

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR	<input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF SUPERVISOR	TITLE		PHONE
DECRPTION OF WORK			
REASON FOR LEAVING			

REFERENCES

BELOW, GIVE THE NAMES OF THHREE PERSONS YOU ARE NOT RELATED TO , WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

	NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

SERVICE RECORD

BRANCH OF SERVICE	DISCHARGE DATE RANK

HAVE YOU BEEN CONVICTED OF A FELONY WITHING THE LAST 5 YEARS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, EXPLAIN. (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION)		

AUTHORIZATION

'I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIES STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMAITON CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAN AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WIRTING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.'

DATE

SIGNATURE

**DO NOT WRITE ON THIS PAGE
FOR INTERVIEWER'S USE ONLY**

INTERVIEWED BY:	DATE
COMMENTS	

INTERVIEWED BY:	DATE
COMMENTS	

INTERVIEWED BY:	DATE
COMMENTS	

HIRED (DATE) FOR DEPT.	FOR POSITION
SALARY WAGES	WILL REPORT
APPROVED 1	DATE
DEPARTMENT MANAGER	
APPROVED 2	DATE
DEPARTMENT MANAGER	
APPROVED 3	DATE
DEPARTMENT MANAGER	



FMCSA - Applicant Authorization to Release DOT Drug/Alcohol Test Results

(As required by 49 CFR Parts 40.25 and 391.23)

I, _____, as the Applicant, understand that as a condition of hire with Springville Ready Mix, Inc., I must consent to the release of all DOT mandated drug and alcohol information from **all of the employers, each on separate forms**, for which I worked in a DOT safety-sensitive position, or for which I took a DOT pre-employment drug test, during the previous three (3) years.

Below, I have listed **ONE** of the employers for which I have worked during the past three years. I hereby authorize my previous employer to furnish to the prospective company the DOT information described below.

Previous Employer Name	Address	Phone Number	Fax Number	Dates of Employment

Applicant Certification: I have read and fully understand this authorization to release my previous drug and alcohol test information, identified by the check boxes below. In signing below, I certify that all of the information I have furnished on this form is true and complete, and that I have identified one employer for which I have worked in a DOT safety-sensitive position during the previous three years. I also understand that I am responsible for all costs associated with any pending Substance Abuse Professional assessment, recommendations, education and treatment, including costs involving return-to-duty testing and follow-up testing yet to be completed.

- Check this box if you have NOT performed DOT functions in the past three years.
- Check this box if you have tested positive, or refused to test, on any DOT pre-employment drug or alcohol test for an employer who did not hire you during the past three years.

Signature of Applicant

Social Security Number

Date

Release of Previous Employer's DOT Drug/Alcohol Testing Results

(To be completed by Previous Employer)

(To be completed by Previous Employer)

In accordance with 49 CFR Part 40.25 and meeting the new FMCSA requirements, the company, named above, is required to obtain -- and as a previous employer, you are required to release -- DOT drug and alcohol information, listed below, concerning the applicant, named above. This information request covers any period of employment of the applicant by you going back three years from the date of this request. Please complete the following:

- | | | |
|-------------|--------------------------|--|
| YES* | NO | |
| _____ | _____ | 1. Any DOT alcohol test results of 0.04 or greater? |
| _____ | _____ | 2. Any DOT positive drug test results? |
| _____ | _____ | 3. Refusal to submit to a DOT required drug / alcohol test? (incl. adulterated or substituted specimens) |
| _____ | _____ | 4. Other violations of DOT drug and alcohol testing regulations? |
| _____ | _____ | 5. If "yes" for any of the above items, did the employee complete the return-to-duty process? |
| | <input type="checkbox"/> | 6. Check this box if your company and/or the applicant was <u>not</u> subject to DOT regulations. |

Note: If "yes" for item 5, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

Previous Employer's Company Name

Name of Person Completing Form

Date

Return COMPLETED FORM TO:

* A reproduction of this form shall be deemed as effective and valid as an original.



FMCSA - Applicant Authorization to Release Safety Performance History

(As required by 49 CFR Parts 40.25 and 391.23)

Name of Applicant: _____ (Print Clearly)

Social Security #: _____ Date of Birth: _____

I, _____, do hereby authorize you to release the following information to **Clarendon ISD**, for the purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations.

Check this box if you have NOT performed DOT functions in the past three years.

Signature of Applicant

Date

Previous Employer: _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone #: _____ Fax #: _____

The above named applicant has applied to this company for a position as _____ and states that he/she was employed by you as (position) _____ from (m/y) _____ to (m/y) _____.

In accordance with Section 391.23, we are obligated to request the information below from all previous employers of the applicant that employed him/her to operate a commercial motor vehicle within the 3 years preceding the date above. Please complete the information below and return to us within 30 days, as required by Section 391.23(g). Please phone/fax/mail or email the following information to:

TO BE COMPLETED BY PREVIOUS EMPLOYER

Safety Performance History:

Did he/she drive a commercial motor vehicle for you? Yes No

If Yes, what type? Straight Truck Tractor-Semi trailer Bus
 Cargo Tank Doubles/Triples Other (specify) _____

Reason for leaving your company: Discharged Resignation Lay Off Military Duty

Check if there is no safety performance history to report, sign below and return.

Accidents: Complete the following for any accidents included on your accident register (390.15(b)) that involved the applicant in the 3 years prior to the application date shown above.

Date	Location	No. of injuries	No. of fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Enclosed is other accident information pursuant to the employer's internal policies for retaining minor accident information (391.23(d)(2)(ii)).

Any other remarks: _____

Signature: _____ Title: _____ Date: _____

Keep a record of this request and the response for one year.

**** Please Return to:**
