

BARTOW PRECAST, INC.

1504 Sugar Valley Road, P. O. Box 200067, Cartersville, GA 30120

DRIVER'S APPLICATION FOR EMPLOYMENT

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.

Applicant Name _____ Date of Application _____
(First) (Middle) (Last)

Social Security No. _____ Date of Birth _____

Address _____ How Long ? _____
(Street) (City) (State & Zip Code)

Mailing Address (if different from street address) _____

Telephone # _____ E-Mail Address _____

PREVIOUS THREE YEARS RESIDENCY (Attach sheet if more space is needed)

(Street) (City) (State & Zip Code) # Years _____

(Street) (City) (State & Zip Code) # Years _____

(Street) (City) (State & Zip Code) # Years _____

EDUCATION

SCHOOL LEVEL	SCHOOL NAME	DATES		AREA OF STUDY OR DEGREE
		FROM (M/Y)	TO (M/Y)	
HIGH SCHOOL				
COLLEGE				
COLLEGE				
OTHER (Specify):				

LIST SPECIAL COURSES, DRIVER TRAINING, OR SAFETY AWARDS:

EMPLOYMENT HISTORY
(Attach sheet if more space is needed)

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on **all employers** during the previous three (3) years. You must also give the same information for **all employers for whom you have driven a commercial motor vehicle for the seven (7) years prior to the initial three (3) years (total of ten (10) years employment record).**

Must list the complete accurate mailing address and phone number. Candidates whose employment history cannot be verified will not be considered.
List employers in reverse order starting with the most recent. Gaps in employment must be explained.

EMPLOYER NAME _____

ADDRESS _____ PHONE _____

CONTACT PERSON _____ E-MAIL ADDRESS OR FAX # _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASON FOR LEAVING _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes No

EMPLOYER NAME _____

ADDRESS _____ PHONE _____

CONTACT PERSON _____ E-MAIL ADDRESS OR FAX # _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASON FOR LEAVING _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes No

EMPLOYER NAME _____

ADDRESS _____ PHONE _____

CONTACT PERSON _____ E-MAIL ADDRESS OR FAX # _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASON FOR LEAVING _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes No

EMPLOYER NAME _____

ADDRESS _____ PHONE _____

CONTACT PERSON _____ E-MAIL ADDRESS OR FAX # _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASON FOR LEAVING _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes No

EMPLOYER NAME _____

ADDRESS _____ PHONE _____

CONTACT PERSON _____ E-MAIL ADDRESS OR FAX # _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASON FOR LEAVING _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes No

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. NO. OF TOTAL MILES
		FROM (M/Y)	TO (M/Y)	
STRAIGHT TRUCK	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR & SEMI-TRAILER	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR – TWO TRAILERS	(VAN, TANK, FLAT, DUMP, REFER)			
OTHER (Specify):				

LIST STATES OPERATED IN FOR LAST FIVE YEARS:

LIST SPECIAL EQUIPMENT OR MATERIALS YOU HAVE WORKED WITH AS A DRIVER: _____

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE
(Attach sheet if more space is needed)**

DATE	NATURE OF ACCIDENT (Head-On, Rear-End, Upset, etc.)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS

**TRAFFIC CONVICTIONS & FORFEITURES FOR PAST 3 YEARS (Other Than Parking Violations)
(Attach sheet if more space is needed)**

DATE CONVICTED	VIOLATION	LOCATION	PENALTY (forfeited bond, collateral and/or points)

DRIVERS LICENSE #: _____ STATE: _____ EXPIRATION DATE: _____

HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? Yes No

IF YES, EXPLAIN: _____

HAVE YOU EVER HAD A LICENSE, PERMIT, OR PRIVILEGE SUSPENDED OR REVOKED? Yes No

IF YES, EXPLAIN: _____

DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES? Yes No

TO BE READ AND SIGNED BY APPLICANT

I authorize Bartow Precast, Inc. to make such investigations and inquiries of my personal, employment, financial, or medical history 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 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 employers; 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 _____

This certifies that I completed this application and that all entries on it and information in it are true and complete to the best of my knowledge.

SIGNATURE _____ DATE _____

BACKGROUND SCREENING

Bartow Precast, Inc. conducts a background screening as part of our hiring process. You will receive an emailed invitation from PSI Background Screening where you will be able to complete all forms online.

Once you receive the email from PSI, please be sure to complete all forms quickly, completely, and legibly. Errors and omissions will delay the screening and the hiring process.

My email address is: _____

ALCOHOL AND/OR DRUG TEST NOTIFICATION

Part 382 - Controlled Substances and Alcohol Use Testing applies to drivers of this company.

§382.113 Requirement for notice.

Before performing an alcohol or controlled substances test under this part, each employer shall notify a driver that the alcohol or controlled substances test is required by this part. No employer shall falsely represent that a test is administered under this part.

Company Name: _____

Driver/Applicant Name: _____
(Print) (First, M.I., Last)

You are hereby notified the following test will be administered in compliance with the Federal Motor Carrier Safety Regulations.

1. The test is scheduled: Date: _____

Location: _____

Time: _____

2. Check type of test: Alcohol Controlled Substance

3. Check reason for test: Pre-employment Random Reasonable suspicion
 Post-accident Return to duty Follow-up

4. Appointment instructions/comments:

I understand as a condition of my employment with this company, the above identified test is required.

Driver/Applicant's Signature Date

Witnessed by:

Company Representative Date