

# BARTOW PRECAST, INC.

## 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 \_\_\_\_\_

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

\_\_\_\_\_ # Years \_\_\_\_\_  
(Street) (City) (State & Zip Code)

\_\_\_\_\_ # Years \_\_\_\_\_  
(Street) (City) (State & Zip Code)

\_\_\_\_\_ # Years \_\_\_\_\_  
(Street) (City) (State & Zip Code)

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### 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

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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

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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)

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 \_\_\_\_\_