

Driver Application for Employment

Darby Creek Excavating, Inc.

19524 London Road, Circleville Ohio 43113 Phone (740)477-8600

Completed Applications may be Mailed, Emailed or Personally Delivered to our Office.

Name _____

Address _____

Applicants are considered without regard to race, creed, color, sex, religion, age, national origin or disability

PERSONAL DESCRIPTION

Full Name: _____

Date of Birth: _____

Current Address: _____

Last Three Years: _____

In case of Emergency Notify: _____

Phone: _____

Position Applying For: _____

Have you worked for this company before? _____

YES/NO

If Yes, From: _____

To: _____

Are You Currently Employed? _____

YES/NO

When Will You Be First Available? _____

Are You Prevented From Lawful Employment in This Country Because of Immigration Status? _____

YES/NO

Have You Ever Been Convicted of a Felony, Misdemeanor or Criminal Violation? _____

YES/NO

DRIVER'S LICENSE INFORMATION (This Information Will be Verified)

Valid Driver's License Number _____

State: _____

Expires: _____

License Type(I.E., CDL Class A) _____

CDL Endorsements: _____

Has Your License, Permit, or Privilege to Operate a Motor Vehicle Ever Been Denied, Revoked/Suspended? _____

YES/NO

If Yes, Explain: _____

Have You Been Disqualified Under Sec. 383 or Sec. 391 of the Federal Motor Carrier Safety Regulation? _____

YES/NO

If Yes, Explain: _____

EDUCATION

Please Circle The Last Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Other Education and Training: _____

Do You Have Full Knowledge of the Federal Motor Carrier Safety Regulations? _____

YES/NO

DRIVING EXPERIENCE

Type of Equipment	Number of Years	States You Have Driven In
Tractor		
Trailer/Tank		
Straight Truck		
Bus		
Other: _____		

ACCIDENT RECORD LAST THREE YEARS (This Information Will be Verified)

Date	Nature of Accident (Overturn, Jack Knife, Rear End, Etc.)	# of Fatalities	# of Injuries	Commercial Vehicle	Personal Vehicle

TRAFFIC CONVICTIONS AND FORFEITURES (Exclude Parking) LAST THREE YEARS (This Will be Verified)

State	Date	Charge	Penalty	Commercial Vehicle	Personal Vehicle

EMPLOYMENT HISTORY

Non-CDL driver applications must provide 3 years of employment history, CDL driver applicants must provide 10 years. We are required under Sec. 391.23 to investigate your safety performance history of all Federal Motor Carrier Safety Administration regulated employers that you worked for in the preceeding 3 years. We are required to investigate your participation in a U.S. DOT mandated drug and alcohol testing program, whether you violated any prohibitions under Sec. 382 subpart B, and whether you failed to undertake or complete rehabilitation as required under Sec. 382.605 or subpart O Sec. 40 of all U.S.DOT regulated employers that you worked for in the preceeding 3 years. You must give written consent for these investigations in order to be considered for employment as a driver. You have due process rights regarding the information received from these investigations under Sec. 391.23(i)

All Information Obtained From Previous Employers will be Kept Confidential

Last Employer

Name: _____ Phone: _____
Address: _____
Supervisors Name: _____
From: _____ To: _____ Position: _____
Reason for Leaving: _____

Did You Perform "Safety Sensitive Function" While Employed? YES/NO
Were you Subject to the Federal Motor Carrier Safety Regulations While Employed? YES/NO
Were You Required to Participate in a U.S. Dot Mandated Drug and Alcohol Testing Program? YES/NO

2nd Last Employer

Name: _____ Phone: _____
Address: _____
Supervisors Name: _____
From: _____ To: _____ Position: _____
Reason for Leaving: _____

Did You Perform "Safety Sensitive Function" While Employed? YES/NO
Were you Subject to the Federal Motor Carrier Safety Regulations While Employed? YES/NO
Were You Required to Participate in a U.S. Dot Mandated Drug and Alcohol Testing Program? YES/NO

3rd Last Employer

Name: _____ Phone: _____
Address: _____
Supervisors Name: _____
From: _____ To: _____ Position: _____
Reason for Leaving: _____

Did You Perform "Safety Sensitive Function" While Employed? YES/NO
Were you Subject to the Federal Motor Carrier Safety Regulations While Employed? YES/NO
Were You Required to Participate in a U.S. Dot Mandated Drug and Alcohol Testing Program? YES/NO

NOTICE TO APPLICANT

Applicant - If Employer has not explained or given a job description, make sure one is given to you and that you fully understand what is expected of you prior to answering the following two questions.

Can You Perform the Functions Described in the Job Descriptions? YES/NO

Please Explain How, With or Without Reasonable Accommodation, You Will be Able to Perform Those Functions.

APPLICANT MUST READ AND SIGN

I agree and understand that any misrepresentations or omissions of information of facts given on this form shall be considered an act of falsification.

I agree and understand that the carrier or its agents may investigate any and all information given on the form to determine its validity.

I understand that all employment history information from previous employers will be used by the carrier only as a part of deciding whether to hire me.

I understand that under U.S. DOT regulation Sec. 391.23(i), I cannot bring action or proceeding for defamation, invasion of privacy, or interference with a contract against the carrier or any previous employer based on furnishing or using employment history information. I agree to furnish such additional information and complete such examinations as may be required to complete my driver qualifications files.

If hired, I agree to abide by all the rules and policies of this carrier.

Date: _____

Applicant Signature

OFFICE USE ONLY

Application Received: _____

By: _____

Date of Hire: _____