

DRIVER'S APPLICATION FOR EMPLOYMENT

LC Materials
805 W. 13th Street
Cadillac, MI 49601



(ANSWER ALL QUESTIONS - PLEASE PRINT - USE BLACK OR BLUE INK)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Position(s) Applied for _____ Date of Application _____

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 PLEASE INCLUDE AREA CODE

Previous Addresses _____ How long? _____
Street City State & Zip Code

_____ How long? _____
Street City State & Zip Code

_____ How long? _____
Street City State & Zip Code

Email _____

Date of Birth _____
(Required for Commercial Drivers)

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving? _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected? _____

Is there any reason you might be unable to perform the functions of the job for which you have applied for (as described in the job description attached)? _____

Have you ever been convicted of a felony? _____

If you answered *yes* to either question above, please explain: _____

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 also understand that I have the right to:

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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.

Date

Applicant's Signature

In accordance with 391.21 & .23 of the Federal Motor Carrier Safety Regulations (FMCRS), an applicant must list all previous work experience for the three (3) years prior to the date of application shown on page one, as well as all commercial driving experiences for seven (7) years prior to those three years, for a total of 10 years. If you are an owner operator, list carriers leased to.

PLEASE LIST STARTING WITH MOST RECENT EMPLOYER, USE ADDITIONAL SHEET IF NEEDED.

EMPLOYER			DATE	
NAME	FROM MO/YY		TO MO/YY	
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER		
REASON FOR LEAVING				
* Was this job subject to FMCSA Regulations? Yes No				

EMPLOYER			DATE	
NAME	FROM MO/YY		TO MO/YY	
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER		
REASON FOR LEAVING				
Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period. Yes No				
* Was this job subject to FMCSA Regulations? Yes No				

EMPLOYER			DATE	
NAME	FROM MO/YY		TO MO/YY	
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER		
REASON FOR LEAVING				
Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period. Yes No				
* Was this job subject to FMCSA Regulations? Yes No				

EMPLOYMENT HISTORY CONTINUED

EMPLOYER		DATE	
NAME		FROM MO/YY	TO MO/YY
CITY			
CONTACT PERSON		PHONE NUMBER	
REASON FOR LEAVING			
Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period.		Yes	No
* Was this job subject to FMCSA Regulations?		Yes	No

EMPLOYER		DATE	
NAME		FROM MO/YY	TO MO/YY
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		PHONE NUMBER	
REASON FOR LEAVING			
Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period.		Yes	No
* Was this job subject to FMCSA Regulations?		Yes	No

EMPLOYER		DATE	
NAME		FROM MO/YY	TO MO/YY
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		PHONE NUMBER	
REASON FOR LEAVING			
Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period.		Yes	No
* Was this job subject to FMCSA Regulations?		Yes	No

EMPLOYER		DATE	
NAME		FROM MO/YY	TO MO/YY
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		PHONE NUMBER	
REASON FOR LEAVING			
Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period.		Yes	No
* Was this job subject to FMCSA Regulations?		Yes	No

COMMERCIAL DRIVER'S LICENSE INFORMATION

License #: _____ Class: _____ State: _____ Exp. Date: _____

PASSENGER VEHICLES
 TANK VEHICLES
HAZARDOUS MATERIALS

(ANSWER ALL QUESTIONS - PLEASE PRINT - USE BLACK OR BLUE INK)

STATE: _____ NUMBER: _____ EXPIRATION DATE: _____

STATE: _____ NUMBER: _____ EXPIRATION DATE: _____

HAS YOUR PERMIT, CDL, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE EVER BEEN DENIED, SUSPENDED, OR REVOKED OR CANCELLED?

YES NO If yes, explain: _____

NAME OF DRIVING SCHOOL: _____ DATE GRADUATED: / /

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT _____			
NEXT PREVIOUS _____			
NEXT PREVIOUS _____			

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 9 10 11 12 COLLEGE: 1 2 3 4

DRIVING EXPERIENCE IF NONE, WRITE NONE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
READY MIX TRUCK				
DUMP TRUCK - DUMP TRAILER				
TRACTOR AND SEMI-TRAILER				
MOTORCOACH - SCHOOL BUS				
OTHER				

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS - OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

**** TO BE READ AND SIGNED BY APPLICANT ****

I authorize you to make such investigations and inquires of my personal, employment, financial or medical history and 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 has of employment has been extended.) I hereby release employers, 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 agree to abide by the rules and regulations of the carrier as well as the Federal Motor Carrier Safety Regulations. I also agree and understand that if I am selected to drive for the carrier that I will be on a probationary period during which time I may be discharged without reason. Final employment offer is contingent upon passing physical and drug and alcohol screening.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. **Must sign application to be considered for position.**

DATE

APPLICANT'S SIGNATURE