



Commercial Drivers Application for Employment

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

Notice

Information required on this form complies with U.S. Department of Transportation Regulations 49CFR§391.21. In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, religion, sex, sexual orientation, national origin, age, marital status, or non-job related disability.

Personal Information

LAST NAME	FIRST NAME	MIDDLE NAME	
DATE OF BIRTH	SOCIAL SECURITY NO.		
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PEMANENT ADDRESS	CITY	STATE	ZIP CODE
CELL PHONE	EMAIL ADDRESS		
HOME PHONE	REFERRED BY		
CDL NUMBER	STATE OF ISSUANCE		

Right to Work

Only U.S. Citizens or aliens who have the legal right to work in the U.S. are eligible for employment.

Do you have the legal right to work in the United States?

YES NO

Can you, upon employment, submit documentation verifying your legal right to work in the U.S. and your identity?

YES NO

Have you ever been convicted of a felony?

YES NO NOTE: A conviction will not necessarily disqualify you from Employment. If "YES", complete the "Felony Conviction" form which can be obtained from your potential on-site employer.

Are you over 18 years of age?

YES NO

Can you provide proof?

YES NO

Northeastern Pavers Inc ◆ Northeastern Transportation LLC ◆ Northeastern Asphalt LLC

5750 Weatherford Hwy / P.O. Box 566 / Granbury, Texas 76048
Office: 817-573-3809 Fax: 817-573-8016 Email: office@northeasternpavers.com



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Emergency Contacts

IN CASE OF EMERGENCY, NOTIFY:		
NAME	PHONE NUMBER	RELATIONSHIP
NAME	PHONE NUMBER	RELATIONSHIP

Employment Desired

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

Education History

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL				

In order to permit a check of your work and educational records, should we be aware of any changes of name or assumed name that you previously used?

YES NO

If "YES", identify name(s) used and relevant dates: _____

General Information

SUBJECT OF SPECIAL STUDY/ RESEARCH	
SPECIAL TRAINING	
SPECIAL SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

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Former Employers (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH THE LAST ONE FIRST)

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding three (3) years. Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional seven (7) years information on those employers for whom the applicant operated such vehicle.

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSTION	REASON FOR LEAVING
FROM				
TO				
CONTACT PERSON		Were you subject to the FMCSR while employed at this company? <input type="checkbox"/> YES <input type="checkbox"/> NO		
CONTACT PHONE		Was your job designated as a safety sensitive function in any DOT Regulated mode subject to the Drug & Alcohol testing requirements of 40 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO		
FROM				
TO				
CONTACT PERSON		Were you subject to the FMCSR while employed at this company? <input type="checkbox"/> YES <input type="checkbox"/> NO		
CONTACT PHONE		Was your job designated as a safety sensitive function in any DOT Regulated mode subject to the Drug & Alcohol testing requirements of 40 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO		
FROM				
TO				
CONTACT PERSON		Were you subject to the FMCSR while employed at this company? <input type="checkbox"/> YES <input type="checkbox"/> NO		
CONTACT PHONE		Was your job designated as a safety sensitive function in any DOT Regulated mode subject to the Drug & Alcohol testing requirements of 40 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO		
FROM				
TO				
CONTACT PERSON		Were you subject to the FMCSR while employed at this company? <input type="checkbox"/> YES <input type="checkbox"/> NO		
CONTACT PHONE		Was your job designated as a safety sensitive function in any DOT Regulated mode subject to the Drug & Alcohol testing requirements of 40 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO		

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Former Employers Continued: _____

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding three (3) years. Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional seven (7) years information on those employers for whom the applicant operated such vehicle.

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSTION	REASON FOR LEAVING
FROM				
TO				
CONTACT PERSON		Were you subject to the FMCSR while employed at this company? <input type="checkbox"/> YES <input type="checkbox"/> NO		
CONTACT PHONE		Was your job designated as a safety sensitive function in any DOT Regulated mode subject to the Drug & Alcohol testing requirements of 40 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO		
FROM				
TO				
CONTACT PERSON		Were you subject to the FMCSR while employed at this company? <input type="checkbox"/> YES <input type="checkbox"/> NO		
CONTACT PHONE		Was your job designated as a safety sensitive function in any DOT Regulated mode subject to the Drug & Alcohol testing requirements of 40 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO		
FROM				
TO				
CONTACT PERSON		Were you subject to the FMCSR while employed at this company? <input type="checkbox"/> YES <input type="checkbox"/> NO		
CONTACT PHONE		Was your job designated as a safety sensitive function in any DOT Regulated mode subject to the Drug & Alcohol testing requirements of 40 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO		
FROM				
TO				
CONTACT PERSON		Were you subject to the FMCSR while employed at this company? <input type="checkbox"/> YES <input type="checkbox"/> NO		
CONTACT PHONE		Was your job designated as a safety sensitive function in any DOT Regulated mode subject to the Drug & Alcohol testing requirements of 40 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO		

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Former Employers Continued: _____

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TO				
CONTACT PERSON		Were you subject to the FMCSR while employed at this company? <input type="checkbox"/> YES <input type="checkbox"/> NO		
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FROM				
TO				
CONTACT PERSON		Were you subject to the FMCSR while employed at this company? <input type="checkbox"/> YES <input type="checkbox"/> NO		
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TO				
CONTACT PERSON		Were you subject to the FMCSR while employed at this company? <input type="checkbox"/> YES <input type="checkbox"/> NO		
CONTACT PHONE		Was your job designated as a safety sensitive function in any DOT Regulated mode subject to the Drug & Alcohol testing requirements of 40 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO		

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Former Employment:

Have you ever been dismissed or forced to resign from any employment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If "YES", please explain:		
Are you on a layoff or subject to a recall?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If "YES", please explain:		
Is there any reason you might be unable to perform the functions of the job?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If "YES", please explain:		
Do you have transportation to work?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Will you work overtime?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If "No", list any shifts you will NOT work:		

Accident Record For Past 3 Years or More:

ACCIDENT DATE	DETAILS	FATALITIES	INJURIES

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Experience and Qualifications - Driver: _____

LICENSE NUMBER	STATE	TYPE / ENDORSEMENTS	EXPIRATION
A) Have you ever been denied a license, permit, or privilege to operate a motor vehicle?			<input type="checkbox"/> YES <input type="checkbox"/> NO
B) Have you ever had any license, permit, or privilege suspended or revoked?			<input type="checkbox"/> YES <input type="checkbox"/> NO
If the answer to A or B is "YES", please explain:			
List States Operated in For Past Five (5) Years:			
Show Special Courses or Training That Will Help You as a Driver:			
Which Safe Operating Awards do You Hold and From Whom?			
Show Trucking, Transportation, or any Experience That May Help Your Work at Our Company:			
List Courses and Training Other Than Shown Elsewhere in This Application:			
List Any Other Special Equipment or Technical Materials You Can Work With:			

Truck/Tractor Experience: _____

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT VAN, TANK, ETC.	DATE FROM	DATE TO	APPROX. NUMBER OF MILES
Straight Truck				
Tractor and Semi-Trailer				
Tractor – Two Trailer				
Other _____				

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Personal References (GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU)

NAME	ADDRESS	BUSINESS	YEARS KNOWN	PHONE NUMBER

Equal Employment Opportunity Policy Statement

Resolved, that it will continue to be the policy of Northeastern Pavers, Inc. not to discriminate against any applicant for employment, or any employee, because of race, religion, sex, color, national origin, age or handicap. We will continue to take affirmative action to insure that this policy is implemented, particularly with regard to employment upgrading, demotion, transfer, recruitment advertising, layoff and termination, compensation, apprenticeship and training, and working conditions. We will continue to make it understood by the employment and union entities with whom we deal, and in our employment opportunity announcements that the foregoing is our policy, and that applicants and employees will continue to be compensated, trained, advanced, demoted, terminated, hired and transferred on the basis of their skill, devotion and loyalty, honesty, reliability and integrity.

Notice to Applicant

This Employer complies with the Americans with Disabilities Act of 1990. During the interview process you may be asked questions concerning your, ability to perform job-related functions. If you are given a conditional offer of employment you may be required to complete a post-job offer medical history questionnaire and/or, undergo a medical examination. If required, all entering employees in the same job category will be subject to the same medical questionnaire and/or examination All information will be kept confidential and in separate files.

Applicants accepted for employment should clearly understand that while we make an effort to provide steady, continuous work, we have no employment contracts and we cannot guarantee the permanence of any position. Job tenure can be affected by many factors including business/economic conditions, changes in laws or Employer policies, conformity to our work rules, job performance, etc., and of course, employees may elect to leave of their own accord to seek other employment.

We conduct our business with the highest possible degree of safety and efficiency. Because of this, the employer, may require applicants for employment to undergo blood and/or urinalysis screening for drug or alcohol use as part of our pre-placement physical examination. In addition, all employees of the Employer are subject to random blood tests and/or urinalysis screening for drug or alcohol use.

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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, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information 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 understand 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 writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

I understand that a consumer credit report or criminal records check may be necessary prior to my employment. If such reports are required, I understand that, in compliance with federal law, the company will provide me with a written notice regarding the use of these reports and will also obtain a separate written authorization from me to consent to those reports. I also understand that a poor credit history or conviction will not automatically result in disqualification from employment."

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

DATE

SIGNATURE

Official Review: Do Not Write Below This Line

REMARKS				
INTERVIEWED BY			DATE	
NEATNESS			CHARACTER	
PERSONALITY			ABILITY	
HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES

APPROVED BY:

DATE:

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PERMISSION TO REQUEST STATE DRIVER MVR

I understand that as a normal part of the hiring process the driving records of all prospective employees are reviewed. In addition, I understand that my driving record is subject to future periodic reviews.

By completing and signing this form, I give permission to Northeastern Transportation and its insurance agent to obtain and review a copy of my drivers license (MVR) record both now and in the future.

LAST NAME	FIRST NAME	MIDDLE NAME	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
CDL NUMBER	STATE OF ISSUANCE	DATE OF BIRTH	

Signature

Date

Form to be returned to:

Northeastern Transportation

Terry Burdette – Vice President of Transportation

P.O. Box 566

Granbury, TX 76049

Phone : 817-573-3809

Fax: 817-573-8016

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RECORD OF VIOLATIONS – DRIVER’S CERTIFICATION

LAST NAME	FIRST NAME	MIDDLE NAME
CDL NUMBER		STATE OF ISSUANCE

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

DATE	CONVICTION OFFENSE	LOCATION	TYPE OF MOTOR VEHICLE OPERATED

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

Driver’s Signature

Date

Reviewer: _____
(Print)

Title: _____

Reviewer

Date Reviewed

In accordance with 49 Code of Federal Regulations Section 391.25, (Federal Motor Carrier Safety Regulations), all information pertinent to the above driver’s safety of operation, including the list of violations furnished by the driver in accordance with 49 CFR Section 391.27, has been reviewed for the past 12 months.

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DRIVER'S STATEMENT OF ON-DUTY HOURS

(To be completed upon hire)

Instructions:

Motor Carriers using a driver for the first time shall obtain from the driver an assigned statement giving the total time on-duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for such carrier.

Rule 395.8(j)(2) Federal Motor Carrier Safety Regulations.

Note: Hours for any compensated work during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form.

Driver Name (Print) _____
Social Security Number

Driver's License: Number State Class Endorsements

	<i>Day 1</i>	<i>Day 2</i>	<i>Day 3</i>	<i>Day 4</i>	<i>Day 5</i>	<i>Day 6</i>	<i>Day 7</i>	<i>Totals</i>
<i>Date</i>								
<i>On-Duty</i>								
<i>Driving</i>								

I hereby certify that the information given above is current to the best of my knowledge and belief, and that I was last relieved from work at:

_____ A.M. / P.M. on _____ / _____ / _____

Driver's Signature _____
Date

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FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes.

These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicant's Signature

Date

Print Name

SSN

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CERTIFICATION OF COMPLIANCE WITH DRIVER'S LICENSE REQUIREMENTS

MOTOR CARRIER INSTRUCTIONS:

The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placards.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or, can transport more than 15 people, or transports hazardous materials that require placards.

DRIVER REQUIREMENTS:

Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

POSSESS ONLY ONE LICENSE: you, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license. If you have more than one license, keep the license from your state of residence and return the additional licenses to the states that issued them. Destroying a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by that state.

NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION: Sections 391.5 (b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations required that you notify your employer the next business day of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to your employing motor carrier, and the state that issued your license (if the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.

The following license is the only one I will possess

_____	_____	_____
Driver's License Number	State	Expiration Date

DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.

_____	_____	_____
Applicant's Signature	Print Name	Date

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DRIVER QUALIFICATION (DQ) FILE CHECKLIST

LAST NAME		FIRST NAME	MIDDLE NAME	
PRESENT ADDRESS		CITY	STATE	ZIP CODE
CELL PHONE	HIRE DATE		DQ FILE COMPLETE DATE	

REQUIREMENT	DATE COMPLETE
Driver Specific Employment Application	
Previous Employer Inquiry	
Copy of CDL w/ Endorsements	
Valid Physical Exam – Pre-Employment	
Signed I-9 / W2	
Pre-Employment Drug Testing	
Request for Driving Record Check	
Record of Violations (COV)	
Statement of On-Duty Hours	
Fair Credit Reporting Act Disclosure Form	
Certificate of Compliance	
HAZMAT Certifications	
Signed Receipt of Driver’s Handbook	
Performance Test	

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