

# DRIVER'S APPLICATION FOR EMPLOYMENT

Small's Asphalt Paving, Inc.  
 Small's Sand and Gravel, Inc.  
 Small's Trucking, LLC  
 Small's, Inc.

10229 Killduff Road  
 P.O. Box 552  
 Gambier, Ohio 43022  
 Telephone: 740-427-3677

(answer all questions - please print)

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Date of application \_\_\_\_\_

Position(s) Applied for \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street

Phone \_\_\_\_\_

City State Zip

**ADDRESS FOR PAST THREE YEARS**

					How Long? _____
<small>Street</small>	<small>City</small>	<small>State</small>	<small>Zip</small>		
					How Long? _____
<small>Street</small>	<small>City</small>	<small>State</small>	<small>Zip</small>		

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

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Can you provide proof of age? \_\_\_\_\_  
(Required for Truck Drivers)

In case of emergency notify \_\_\_\_\_

	<small>Name</small>	<small>Address</small>	<small>Phone</small>
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Have you worked for this company before? \_\_\_\_\_ 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 \_\_\_\_\_

Can you perform all of the essential functions of the position, with or without reasonable accommodation?  
 \_\_\_\_\_  
 \_\_\_\_\_

Are you physically capable of heavy manual work? \_\_\_\_\_

## EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years.

Applicants to drive a commercial motor vehicle\* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order, starting with the most recent.)

EMPLOYER		DATES	POSITION HELD
NAME		FROM	
ADDRESS		MO.      YR.	
CITY		TO	REASON FOR LEAVING
PHONE NUMBER		MO.      YR.	
WERE YOU SUBJECT TO THE FMCSR? **		YES/NO	
WERE YOU SUBJECT TO DRUG AND ALCOHOL TESTING?		YES/NO	

EMPLOYER		DATES	POSITION HELD
NAME		FROM	
ADDRESS		MO.      YR.	
CITY		TO	REASON FOR LEAVING
PHONE NUMBER		MO.      YR.	
WERE YOU SUBJECT TO THE FMCSR?		YES/NO	
WERE YOU SUBJECT TO DRUG AND ALCOHOL TESTING?		YES/NO	

EMPLOYER		DATES	POSITION HELD
NAME		FROM	
ADDRESS		MO.      YR.	
CITY		TO	REASON FOR LEAVING
PHONE NUMBER		MO.      YR.	
WERE YOU SUBJECT TO THE FMCSR?		YES/NO	
WERE YOU SUBJECT TO DRUG AND ALCOHOL TESTING?		YES/NO	

EMPLOYER		DATES	POSITION HELD
NAME		FROM	
ADDRESS		MO.      YR.	
CITY		TO	REASON FOR LEAVING
PHONE NUMBER		MO.      YR.	
WERE YOU SUBJECT TO THE FMCSR?		YES/NO	
WERE YOU SUBJECT TO DRUG AND ALCOHOL TESTING?		YES/NO	

EMPLOYER		DATES	POSITION HELD
NAME		FROM	
ADDRESS		MO.      YR.	
CITY		TO	REASON FOR LEAVING
PHONE NUMBER		MO.      YR.	
WERE YOU SUBJECT TO THE FMCSR?		YES/NO	
WERE YOU SUBJECT TO DRUG AND ALCOHOL TESTING?		YES/NO	

\*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

\*\* Federal Motor Carrier Safety Regulations.

**EXPERIENCE AND QUALIFICATIONS - OTHER**

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

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LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

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

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**NOTICE**

The information provided in the Employment Section will be used, and your previous employers will be contacted for the purpose of investigating your safety performance history or for other related use.

You have the following rights regarding the investigative information that will be provided by previous employers:

- 1) The right to review the information provided by previous employers;
  - 2) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the company; and
  - 3) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and you cannot agree on the accuracy of the information.
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**TO BE READ AND SIGNED BY APPLICANT**

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.

I authorize you to make such investigations and inquiries of my personal, employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries 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, as permitted by law.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

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

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

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: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED \_\_\_\_\_  
(NAME) (CITY)

**EXPERIENCE AND QUALIFICATIONS - DRIVER**

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES \_\_\_\_\_ NO \_\_\_\_\_  
 B. Has any license, permit or privilege ever been suspended or revoked? YES \_\_\_\_\_ NO \_\_\_\_\_

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR - TWO TRAILERS				
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? \_\_\_\_\_

**PROCESS RECORD**

APPLICANT HIRED \_\_\_\_\_ REJECTED \_\_\_\_\_

DATE EMPLOYED \_\_\_\_\_ POINT EMPLOYED \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ CLASSIFICATION \_\_\_\_\_

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
1. APPLICATION						
2. INTERVIEW						
3. PAST EMPLOYMENT						
4. WRITTEN EXAM						
5. ROAD TEST						
6. POLICE AND TRAFFIC RECORD						

SIGNATURE OF INTERVIEWING OFFICER \_\_\_\_\_

**TRANSFERS**

FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
DATE: \_\_\_\_\_  
REASON FOR TRANSFER: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
DATE: \_\_\_\_\_  
REASON FOR TRANSFER: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
DATE: \_\_\_\_\_  
REASON FOR TRANSFER: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
DATE: \_\_\_\_\_  
REASON FOR TRANSFER: \_\_\_\_\_

**TERMINATION OF EMPLOYMENT**

DATE TERMINATED \_\_\_\_\_

DEPARTMENT RELEASED FROM \_\_\_\_\_

DISMISSED \_\_\_\_\_ VOLUNTARILY QUIT \_\_\_\_\_ OTHER \_\_\_\_\_

TERMINATION REPORT PLACED IN FILE \_\_\_\_\_

SUPERVISOR \_\_\_\_\_

Small's Sand and Gravel, Inc.  
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P.O. Box 552  
Gambier, OH 43022  
Telephone: 740-427-3677

## Motor Vehicle Record Disclosure and Release Form

In conjunction with my application/employment at Small's Sand & Gravel, Inc., Small's Asphalt Paving, Inc. and Small's Trucking, LLC (the company), I \_\_\_\_\_  
(applicant/employee) consent to the release of my Motor Vehicle Records (MVR) to the company. I understand the company will use these records to evaluate my suitability to fulfill driving duties that may be related to the position for which I am applying. I further understand that such record(s) will contain personal information and public record information concerning my driving record from federal, state, and other agencies that maintain such records, as well as independent services that provide driving record information.

I authorize, without reservation, any party or agency contacted to furnish the above mentioned information to Kernan Insurance Agency, Inc. or its agent(s).

If hired, this authorization shall remain on file and shall serve as ongoing authorization for you to procure such reports at any time during my employment. The Company, commercial auto insurer and agent, will also use this information in conjunction with loss control and safety review efforts.

This consent is given in satisfaction of Public Law 18 USC 2721 et. Seq.. "Federal Drivers Privacy Protection Act", and is intended to constitute "written consent" as required by this Act.

\_\_\_\_\_  
Full Legal Name (include Middle initial)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
State of Issue

\_\_\_\_\_  
Signature and Date

## CONSENT & RELEASE FORM FOR EMPLOYEES/APPLICANTS

I, \_\_\_\_\_, (applicant or employee name), as an employee/applicant of the Company, hereby acknowledge that the Company's policy requires me to submit to urine drug testing and/or breath alcohol testing.

I further understand that the purpose of this analysis is to determine or rule out the presence of non-prescribed or prohibited dangerous controlled substances in my system.

I hereby freely and voluntarily consent to this request for a urine sample and/or breathe alcohol test, and agree to participate in the testing program.

I hereby and herewith release the Company, its employees, agents and contractors from any and all liability whatsoever arising from this request for testing, from the actual testing procedures, and from decisions made concerning my application for or continuation of employment based on the results of the analysis.

I agree to cooperate in all aspects of the testing program.

I hereby authorize the release of my drug and/or alcohol test results to the contractor's Medical Review Officer (MRO), and or to the Company's examining physician, as provided by the Company's Policy.

I further acknowledge that the Company has provided me with an opportunity to ask questions related to its drug and alcohol testing program and that all my questions have been answered.

Employee/Applicant Signature: \_\_\_\_\_

Employee/Applicant Printed Names: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

Printed Name of Witness: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

# **Small's Trucking, LLC, General Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse**

I, \_\_\_\_\_, hereby provide consent to Small's Trucking to conduct limited queries of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse. I give consent to multiple limited queries for a year from the date this consent is signed.

I understand that if the limited query conducted by Small's Trucking, LLC indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Small's Trucking, LLC without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for Small's Trucking, LLC to conduct a limited query of the Clearinghouse, Small's Trucking, LLC, Smalls Sand & Gravel, LLC and Small's Asphalt Paving, LLC , must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date