

Application For Employment



Deeds Construction, LLC
dba 4D Construction

Hire Date: _____

The civil Rights act of 1964 prohibits discrimination because of race, color, religion, sex, or national origin. PL 90-202 prohibits discrimination because of age. The American With Disabilities Act prohibits discrimination on the basis of non-job related disability. COMPLETE ENTIRE APPLICATION AND SIGN.

Name: _____
First Middle Maiden (if any) Last

Address: _____
Street City State & Zip **How Long?**

Previous Addresses _____
Street City State & Zip **How Long?**

(If above is less than 3 Years) _____
Street City State & Zip **How Long?**
(Attach sheet if more space is needed)

Phone # _____ **Date Of Birth:** _____ **Social Security #** _____

Cell # _____ **DL #** _____

Email: _____ **Date Available:** _____

Education: Highest grade completed _____ **Desire Salary:** \$ _____

To be read and signed by applicant.

I authorize you 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. 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.

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 DOT regulations. I understand that I have the right to:

- * Review information provided by previous employers;
- * Have errors corrected by previous employers and for those previous employers to re-send 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.

Signature _____ Date _____

Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you unsuccessfully applied for safety sensitive transportation work covered by DOT drug and alcohol testing rules during the last 2 years? Yes No

If yes, can you provide proof that you've successfully completed the DOT return-to-duty Yes No

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Experience And Qualifications - Driver

List all driver licenses or permits held for last 3 years

Driver	State	License Number	Type	Expiration Date
Licenses				

Driving Experience

Equipment Class	Type of Equipment (van, Flat, Tank, etc.)	Dates		Approximate # of
		From	To	Miles Driven
Straight Truck				
Tractor/Trailer				
Tractor/Two Trailers				
Other				

Accident Record Past 3 Years Or More (Attach sheet if more space is needed)

Dates	Nature of Accident (head-on, rear-end, upset, etc.)	# Fatalities	
Last Accident			
Next Previous			
Next Previous			
Next Previous			

Traffic Convictions and Forfeitures for the Past Three Years (other than parking violations)

Location	Date	Charge	Penalty

(Attach sheet if more space is needed)

(A) Have you ever been denied a license, permit or priveledge to operate a motor vehicle? Yes No

(B) Has any license, permit or priveledge ever been suspended or revoked? Yes No

If yes give details _____

Have you ever been convicted of a felony? Yes _____ No _____ If so, please explain fully: _____

Are you a U.S. citizen? Yes _____ No _____ If no, are you authorized to work in the U.S.? Yes No

If yes, what type of authorization? _____

List Skills: _____

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Employment Record (Attach sheet if needed) **COMPLETE EVERY BLANK AND, CIRCLE YES/NO WHERE IT APPLIES**

Note: DOT requires that employment for at least 3 years and/or commercial driving experience for past 10 years.

Last Employer: _____	Phone: _____
Address: _____	
Position Held: _____	From: _____ To: _____ Salary: _____
Reason for Leaving: _____	
Were you subject to federal Motor Carrier Safety Regulations while at this employer?	Yes No
Was this job designated as a safety sensitive function subject to the drug and alcohol testing requirements of 49 CFR Part 40?	Yes No

2nd Last Employer: _____	Phone: _____
Address: _____	
Position Held: _____	From: _____ To: _____ Salary: _____
Reason for Leaving: _____	
Were you subject to federal Motor Carrier Safety Regulations while at this employer?	Yes No
Was this job designated as a safety sensitive function subject to the drug and alcohol testing requirements of 49 CFR Part 40?	Yes No

3rd Last Employer: _____	Phone: _____
Address: _____	
Position Held: _____	From: _____ To: _____ Salary: _____
Reason for Leaving: _____	
Were you subject to federal Motor Carrier Safety Regulations while at this employer?	Yes No
Was this job designated as a safety sensitive function subject to the drug and alcohol testing requirements of 49 CFR Part 40?	Yes No

4th Last Employer: _____	Phone: _____
Address: _____	
Position Held: _____	From: _____ To: _____ Salary: _____
Reason for Leaving: _____	
Were you subject to federal Motor Carrier Safety Regulations while at this employer?	Yes No
Was this job designated as a safety sensitive function subject to the drug and alcohol testing requirements of 49 CFR Part 40?	Yes No

5th Last Employer: _____	Phone: _____
Address: _____	
Position Held: _____	From: _____ To: _____ Salary: _____
Reason for Leaving: _____	
Were you subject to federal Motor Carrier Safety Regulations while at this employer?	Yes No
Was this job designated as a safety sensitive function subject to the drug and alcohol testing requirements of 49 CFR Part 40?	Yes No

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.

Date: _____

Signature: _____

Deeds Construction, LLC
Employee Driving Record Info

I hereby give permission to Deeds Construction, LLC to check my driving record for insurance purposes. I understand that information is for insurance purposes only and will not be given to anyone other than my prospective employer and myself.

I am aware of the following violations associated with my driving record:

Date _____	Violation _____
Date _____	Violation _____
Date _____	Violation _____
Date _____	Violation _____

Employee Signature

Date

Printed Employee Name

Birthdate

Driver's License Number & State