

# CDA PAVING AND CONCRETE SPECIALTIES

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## COMMERCIAL DRIVER APPLICATION

WE ARE AN EQUAL OPPORTUNITY EMPLOYER DRUG-FREE WORKPLACE

### APPLICANT INFORMATION

<b>Desired Position (check one or both)</b>		<input type="checkbox"/> Concrete Mixer Driver		<input type="checkbox"/> Dump truck Driver		Desired Salary						
Last Name		First Name		M.I.		Date						
Street Address				Apartment/Unit #								
City			State		ZIP							
Phone			Emergency Phone									
E-mail Address												
Date Available			Available for full-time work?			YES <input type="checkbox"/>		NO <input type="checkbox"/>				
Driver's License #:			Class (A or B)		State		Expiration					
Physical Exam Expiration Date			How did you hear about the position?									
Previous Three Years Addresses:												
						From		To				
						From		To				
						From		To				
Are you a citizen of the United States?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/>		NO <input type="checkbox"/>	
Have you ever worked for this company?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?					
Reason for leaving												
Have you ever been convicted of a crime?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain					

### EDUCATION

High School		Address									
Did you graduate high school?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree					
College		Address									
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree	
Other		Address									
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree	

**PREVIOUS EMPLOYMENT – Give a COMPLETE RECORD of all employment for the past three years, including any unemployment or self-employment periods, and all commercial driving experience for the past ten years. Attach sheet if more space is needed.**

Company		Supervisor		Title	
Address		Phone			
Email		Fax			
Position Held		Starting Salary	\$	Ending Salary	\$
Responsibilities					
From		To		Reason for Leaving:	
Were you subject to the FMCSRs while working here?		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?				YES	<input type="checkbox"/>
May we contact your previous supervisor for a reference?				YES	<input type="checkbox"/>
Company		Supervisor		Title	
Address		Phone			
Email		Fax			
Position Held		Starting Salary	\$	Ending Salary	\$
Responsibilities					
From		To		Reason for Leaving	
Were you subject to the FMCSRs while working here?		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?				YES	<input type="checkbox"/>
May we contact your previous supervisor for a reference?				YES	<input type="checkbox"/>
Company		Supervisor		Title	
Address		Phone			
Email		Fax			
Position Held		Starting Salary	\$	Ending Salary	\$
Responsibilities					
From		To		Reason for Leaving	
Were you subject to the FMCSRs while working here?		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?				YES	<input type="checkbox"/>
May we contact your previous supervisor for a reference?				YES	<input type="checkbox"/>
Company		Supervisor		Title	
Address		Phone			
Email		Fax			
Position Held		Starting Salary	\$	Ending Salary	\$
Responsibilities					
From		To		Reason for Leaving	
Were you subject to the FMCSRs while working here?		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?				YES	<input type="checkbox"/>
May we contact your previous supervisor for a reference?				YES	<input type="checkbox"/>
Company		Supervisor		Title	
Address		Phone			
Email		Fax			
Position Held		Starting Salary	\$	Ending Salary	\$
Responsibilities					

From		To		Reason for Leaving	
Were you subject to the FMCSRs while working here?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>

**DRIVING EXPERIENCE**

Class of Equipment	From	To	Approximate number of miles
Straight Truck			
Tractor & Semi-Trailer			
Tractor & two trailers			
Tractor & triple trailers			
Other:			

List states operated in, for the last five (5) years:

List special courses/training completed (PTD/DDC, HAZMAT, ETC):

List any Safe Driving Awards you hold and from whom:

**Accident Record for past three (3) years. Attach sheet if more space is needed.**

Date of Accident	Nature of Accidents (Head on, rear end, etc.)	Location of Accident	# of Fatalities	# of People Injured

**Traffic Convictions and Forfeitures for the last three (3) years (other than parking violations):**

Date	Location	Charge	Penalty

**Driver's License (list each driver's license held in the past three (3) years:**

State	License	Type	Endorsements	Expiration Date

Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES  NO

Has any license, permit or privilege ever been suspended or revoked? YES  NO

Is there any reason you might be unable to perform the functions of the job for which you have applied?  
(as described in the job description)? YES  NO

If the answers to any questions listed above are "YES", give details:

**REFERENCES - PLEASE LIST THREE PROFESSIONAL REFERENCES, WHO HAVE KNOWLEDGE OF YOUR SAFETY HABITS.**

Full Name		Relationship		Phone	
Company		Email		Fax	
Address					
Full Name		Relationship		Phone	
Company		Email		Fax	
Address					
Full Name		Relationship		Phone	
Company		Email		Fax	
Address					

**SKILLS/QUALIFICATIONS/LICENSE CERTIFICATIONS/OTHER**

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**THIS IS A DRUG-FREE WORKPLACE**

Do you agree to take a pre-employment drug test?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
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If no, explain:
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**MILITARY SERVICE**

Branch		From		To	
Rank at Discharge		Type of Discharge			

If other than honorable, explain:
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**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to obtain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and person named herein from all liability for any damages on account of his furnishing such information.

I agree to furnish such additional information and complete such examinations as may be required to complete my application file.

I authorize Coeur d'Alene Paving/CDA Redi Mix to confirm any of the information included in this application.

Signature		Date	
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**Please submit a copy of your driving record with your completed application.**