

COEUR D'ALENE PAVING / CDA REDI MIX

120 E Anton Ave. Coeur d'Alene, ID 83815
 208-762-0235 Fax: 208-665-9236
 office@cdapaving.com www.cdapaving.com



COMMERCIAL DRIVER APPLICATION

WE ARE AN EQUAL OPPORTUNITY EMPLOYER DRUG-FREE WORKPLACE

APPLICANT INFORMATION

Desired Position (check one or both)		<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"/>	NO <input type="checkbox"/>
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <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"/>		
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"/>		
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"/>		
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

--

THIS IS A DRUG-FREE WORKPLACE

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

MILITARY SERVICE

Branch		From		To	
Rank at Discharge		Type of Discharge			
If other than honorable, explain:					

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	
-----------	--	------	--



DOT/FMCSA Previous Employee Investigations & Inquiries

First Name _____ Middle Name _____ Last Name _____ Social Security Number _____

Current Address _____ City _____ State _____ Zip _____

Coeur d'Alene Paving/CDA Redi Mix _____ / _____ / _____
 Company Name _____ Driver's License Number _____ State _____ Date of Birth _____ Applicant Telephone Number _____

I hereby authorize the above named company to release any and all information to Coeur d'Alene Paving / CDA Redi Mix concerning my performance, conduct, accident record and all required DOT drug and alcohol related information while previously employed as a commercial motor vehicle operator in the previous 3 years from the date of this form as specified and required by the Federal Motor Carrier Safety Regulations, Part 391.23 investigation and inquiries. In connection with, and for the duration of, my employment (including contract for services) with you, I understand that investigative background inquiries are to be made on myself including consumer, driving, and other reports. This information will, in whole or in part, be obtained from CDTA, A Part of National Compliance Solutions Inc., 1011 Camino Del Rio South, Suite 200, San Diego, CA 888. 908.2382. These reports will include information as to my work habits, performance and experience along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information from various federal, state and other agencies which maintain records concerning my past activities relating to my driving, credit, civil and other experiences as well as claims involving me in the files of insurance companies. This release may also be used to obtain worker's compensation and education records. By signing below, I also acknowledge that I have read and understand the summary of my rights under The Fair Credit Reporting Act Pub. L. 111-203, H.R. 4173.

APPLICANT'S SIGNATURE: _____ **Date:** _____

Previous Company Name: _____ Mailing Address: _____ City: _____ State _____ Zip _____ Supervisors Name: _____ Telephone Number: _____ Period of Employment: FROM _____ / _____ TO _____ / _____ Position Held: _____ <div style="text-align: center; font-size: small;">MO. YR. MO. YR.</div>	<i>The information requested is required by Part 391.23 for the U.S. Department of Transportation Motor Carrier Safety Regulations.</i>
--	---

TO FORMER EMPLOYER: Please give the following information about this applicant. It will be held in strict confidence.

Description	Excellent	Good	Fair	Poor	Supervision	Comments
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cooperation with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Driving Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Attendance Record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Is employment record with your company correct? _____
 Why did applicant leave? _____
 If Company policy allowed, would you rehire? _____
 Did he have custody of money or valuables? _____
 Qualified in what equipment? _____
 How many total accidents? _____ How many FMCSA defined recordable accidents? _____
 Driver's license ever revoked or suspended? _____

Yes No DOT/FMCSA Previous Employer 3-year Drug and Alcohol Investigation and Inquiry

- Did the employee have an alcohol test with results greater than 0.04 BAC?
- Did the employee have a verified positive test result?
- Did this employee refuse to be tested?
- Did the employee have any other violation of the DOT/FMCSR drug and alcohol testing regulations?
- Did the employee report any drug and alcohol rule violations to you?
- If you answered yes to any of the above items, did the employee complete an SAP program and return to duty test?

*** If yes, please send the employee's SAP reports, return to duty documentation and any and all follow-up test information or records.

This company did not have a DOT drug/alcohol program during this period.

Signed: _____ Position: _____ Date: _____
Print Name/ Sign Name

Notice to California Applicants: Under Section 1786.22 of the California Civil Code, you have the right to request from CDTA, upon proper identification, the nature and substance of all information in its files on you, including the sources of information, and the recipients of any reports on you which CDTA has previously furnished within the two-year period preceding your request. You may view the file maintained on you by CDTA during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services. Upon making a written request, you may receive a summary report via telephone. **California, Minnesota & Oklahoma Applicants only:** Please check here to have a copy of your consumer report sent directly to you. Minnesota & Oklahoma applicants receive a copy direct from CDTA. California applicants may receive a copy from either the prospective employer or CDTA.

Date Sent/Initial:	2nd Request Date/Initial	3rd Request Date Initial
--------------------	--------------------------	--------------------------