



P.O. Box 2494  
Lexington, SC 29071  
(1059 Bonhomme Richard Drive)  
Fax: (803) 808-0655

### Employment Application

Date: \_\_\_\_\_

Capital Concrete Co. and affiliates are Equal Opportunity Employers

Please circle which position you are applying for: Truck Driver / Yard Worker / Management / Sales / Other  
Full Time? \_\_\_\_\_ Part Time? \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
Last First Middle

E-mail: \_\_\_\_\_ Social Sec. # \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Current Address: \_\_\_\_\_ How long? \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Previous Address: \_\_\_\_\_ How long? \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Have you ever worked for this company before? \_\_\_\_\_ If so, where? \_\_\_\_\_ When? \_\_\_\_\_  
Reason for leaving? \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If not, how long since last employment? \_\_\_\_\_

Did anyone refer you to Capital? \_\_\_\_\_ If so, who? \_\_\_\_\_

Rate of pay expected: \$ \_\_\_\_\_ Start date available? \_\_\_\_\_

**Education:** Circle highest grade completed: 1 2 3 4 5 6 7 8 High School 9 10 11 12 College 1 2 3 4 5

Other education, training or special skills:  
\_\_\_\_\_

### License Information

You must provide a current Driver's License Number and State to be considered.

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license." I certify that I do not have more than one motor vehicle license, the information for which is listed below.

Driver's License State: \_\_\_\_\_ License #: \_\_\_\_\_ Type: \_\_\_\_\_ 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

Have you ever been charged with DWI/ DUI or Reckless Driving? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been charged for ANY type of DRUG OFFENSE? \_\_\_\_\_ Yes \_\_\_\_\_ No

If answer to any of these questions above is yes, please explain:  
\_\_\_\_\_

## Employment History

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years and further information on CDL driving jobs for seven years (10 years total). Please provide all information and add extra sheets if necessary. **Be sure to list all CDL driving jobs for trucks operated which were over 26,001 pounds.**

**\*Any gaps in employment and/or unemployment must be explained.** Use additional sheet(s) if necessary.

Employer Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Dates Employed- From: \_\_\_\_\_ To: \_\_\_\_\_ Wage: \_\_\_\_\_

Job/Position Held: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Dates Employed- From: \_\_\_\_\_ To: \_\_\_\_\_ Wage: \_\_\_\_\_

Job/Position Held: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Dates Employed- From: \_\_\_\_\_ To: \_\_\_\_\_ Wage: \_\_\_\_\_

Job/Position Held: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

**\*Any gaps in employment? If so, please list dates & why:**

\_\_\_\_\_

**Driving Experience**

**TRUCK** \_\_\_\_\_ **Van/ Tank/ Flat, etc.** \_\_\_\_\_ **Dates (to & from)** \_\_\_\_\_ **Miles/Yr.** \_\_\_\_\_

Straight Truck \_\_\_\_\_

Tractor/ Semi \_\_\_\_\_

Tractor/ Two Trailers \_\_\_\_\_

Motor Coach/ School Bus \_\_\_\_\_

Other: \_\_\_\_\_

**States operated in during the last five (5) years:** \_\_\_\_\_

**Special Courses / Qualifications?** \_\_\_\_\_

**Awards?** \_\_\_\_\_

What other trucking, transport or related experience can you cite here that would help benefit Capital Concrete Co. and affiliates?

**Accident/ Traffic Record History (past TEN (10) years):**

Dates (Month & Yr.)   Type of Accident/ Ticket   Fatalities?   Injuries?   Points

Most Recent Accident: \_\_\_\_\_

Other Accidents: \_\_\_\_\_

Traffic Violations: \_\_\_\_\_

**Applicant Questions**

Have you ever been convicted of a Felony or Misdemeanor? \_\_\_\_\_ If yes, please explain:  
\_\_\_\_\_

Are you currently on probation? \_\_\_\_\_ If yes, please explain:  
\_\_\_\_\_

Is there any reason you might be unable to perform the functions of the job for which you are applying? Please explain:  
\_\_\_\_\_

\*Criminal convictions are considered but will not necessarily mean that you will be rejected solely on that background.

### **Applicant Authorization**

I authorize Capital Concrete Co. and affiliates 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. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) 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 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information 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."

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. I also understand that the company is an "At Will" employer and that absolutely no contract of employment is offered nor implied by the company.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **Applicant Certification**

I certify that this application was completed by me and that all entries on it are true and complete to the best of my knowledge.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SIDE 1****SAFETY PERFORMANCE HISTORY RECORDS REQUEST**

**RECIPIENT EMPLOYER:** The individual identified in SECTION 1 below has indicated that you employ(ed) or use(d) him/her within the last 3 years in a position that involved the operation of a commercial motor vehicle and/or that was subject to U.S. Department of Transportation (DOT)-regulated drug and alcohol testing.

In accordance with 49 CFR §§40.25 and 391.23, we are hereby requesting that you supply us with the Safety Performance History of this individual. **Under DOT rule §391.23(g), you must respond to this inquiry within 30 days of receipt.**

Please complete SECTIONS 2 through 4 (as applicable) and return to the prospective employer shown in SECTION 1.

**APPLICANT:** Complete SECTION 1 and submit to prospective employer.

**PROSPECTIVE EMPLOYER:** Complete SECTION 5a and send form to current/previous employer. Upon receipt of completed form, complete SECTION 5b and retain.

<b>SECTION 1:</b>	<b>TO BE COMPLETED BY PROSPECTIVE EMPLOYEE</b>	
I, (Print Name)	First, M.I., Last _____	Social Security Number _____
	hereby authorize:	
		Date of Birth _____
Previous Employer:	_____	Email: _____
Street:	_____	Telephone: _____
City, State, Zip:	_____	Fax No.: _____
to release and forward the information requested by section 4 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____ (date of employment application)		
To:		
Prospective Employer:	Capital Concrete Co. _____	
Attention:	HR- Shannon Cunliffe _____	Telephone: (803) 808-0825 _____
Street:	P.O. Box 2494 _____	
City, State, Zip:	Lexington, SC 29071 _____	
In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.		
Prospective employer's confidential fax number: (803) 808-0655 _____		
Prospective employer's confidential email address: scunliffe@capitalconcreteteeco.com _____		
_____ Applicant's Signature		_____ Date

<b>SECTION 2:</b>	<b>TO BE COMPLETED BY PREVIOUS EMPLOYER</b>	
<b>EMPLOYMENT VERIFICATION</b>		
The applicant named above was or is employed or used by us. Yes <input type="checkbox"/> No <input type="checkbox"/>		
Employed as (job title) _____ from (m/y) _____ to (m/y) _____		
Did he/she drive a motor vehicle for you? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what type? Straight Truck <input type="checkbox"/> Tractor-Semitrailer <input type="checkbox"/> Bus <input type="checkbox"/>		
Cargo Tank <input type="checkbox"/> Doubles/Triples <input type="checkbox"/> Other (Specify) _____		
Completed by: _____		
Company: _____		
Street: _____		
City, State, Zip: _____ Telephone: _____		
Signature: _____ Date: _____		
If there is no safety performance history to report, check here <input type="checkbox"/> and return. Otherwise, complete Sections 3 and 4 on SIDE 2 before returning.		

## PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25(b)(5) and (e))

Prospective Employee Name: \_\_\_\_\_ S.S. Number: \_\_\_\_\_  
(Print)

The prospective employee is required by Sec. 40.25(j) to respond to the following questions.

- 1) Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check one:  Yes  No

- 2) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one:  Yes  No

I certify that the information provided on this document is true and correct.

Prospective Employee: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

Witnessed By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL  
ACCOUNT HOLDERS**

**IMPORTANT DISCLOSURE**

**REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service***

In connection with your application for employment with Capital Concrete Co. ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization. If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

**AUTHORIZATION**

I authorize **Capital Concrete Co.** ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

\*\*\*\*\*

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: \_\_\_\_\_

Signature

\_\_\_\_\_  
Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.





**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 Reform Act of 1996 (Title II, Subtitle D, Chapter 1, 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. A “consumer report” is defined under the Fair Credit Reporting Act as a report from a consumer-reporting agency bearing on a person’s credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living, which may be used for certain purposes, including employment purposes for use in connection with (1) your application for employment with us, and/or (2) our employment of you (if we offer you employment and you accept the employment).

I acknowledge the receipt of the above disclosure and authorize Capital Concrete Co. to obtain a consumer report on me for employment purposes. This authorization is ongoing in the event such a report is needed in the future.

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security Number