

TRUCK DRIVER APPLICATION

BCS Concrete Accessories

*BCS Masonry
 dba Marvel Building & Masonry Supply*

BCS Rebar

(To be completed along with Employment Application)

NAME: _____ Social Security # _____
(Last) (First) (Middle)

PREVIOUS ADDRESSES FOR THE PAST 3 YEARS (IF NOT INDICATED ON THE FIRST PAGE OF APPLICATION).

(Street) (City) (State & Zip Code) How Long? _____

(Street) (City) (State & Zip Code) How Long? _____

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EMPLOYMENT FOR THE PAST 10 YEARS (IF NOT INDICATED ON THE FIRST PAGE OF APPLICATION).

EMPLOYER	DATE	
NAME:	From	To
ADDRESS:	Position	
CITY:	Salary	
CONTACT PERSON:	Reason for Leaving	
Were you subject to the FMCSRs while employed: YES <input type="checkbox"/> NO <input type="checkbox"/>		
Was your subject to 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"/>		
EMPLOYER	DATE	
NAME:	From	To
ADDRESS:	Position	
CITY:	Salary	
CONTACT PERSON:	Reason for Leaving	
Were you subject to the FMCSRs while employed: YES <input type="checkbox"/> NO <input type="checkbox"/>		
Was your subject to 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"/>		
EMPLOYER	DATE	
NAME:	From	To
ADDRESS:	Position	
CITY:	Salary	
CONTACT PERSON:	Reason for Leaving	
Were you subject to the FMCSRs while employed: YES <input type="checkbox"/> NO <input type="checkbox"/>		
Was your subject to 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"/>		
EMPLOYER	DATE	
NAME:	From	To
ADDRESS:	Position	
CITY:	Salary	
CONTACT PERSON:	Reason for Leaving	
Were you subject to the FMCSRs while employed: YES <input type="checkbox"/> NO <input type="checkbox"/>		
Was your subject to 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"/>		

Were you subject to the FMCSRs while employed: YES NO

Was your subject to 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 NO

EMPLOYER		DATE	
NAME:		From	To
ADDRESS:		Position	
CITY:		Salary	
CONTACT PERSON:		Reason for Leaving	

Were you subject to the FMCSRs while employed: YES NO

Was your subject to 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 NO

CURRENT QUALIFICATIONS

Unexpired Operator Licenses or Permits	State	License No.	Type	Expiration Date

PREVIOUS QUALIFICATIONS

Previous Operator Licenses or Permits	State	License No.	Type	Expiration Date

Below, please write a statement indicating in detail the facts and circumstances of any denial, revocation, or suspension of any license, permit, or privilege to operate a motor vehicle that has been issued to you, or a statement indicating that no such denial, revocation, or suspension has occurred. (Attach sheet if necessary.)

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Flat, Etc.)	From (Mo. & Yr.)	To (Mo. & Yr.)	Extent of Experience (Miles, Hours, Etc.)
Straight Truck				
Tractor & Semi-Trailer				
Tractor – Two Trailers				
Other				

LIST ALL MOTOR VEHICLE ACCIDENTS IN WHICH YOU WERE INVOLVED DURING THE PAST 3 YEARS. (ATTACH SHEET IF MORE SPACE IS NEEDED.)

	Date	Nature of Accident (Head-on, Rear-end, Upset, Etc.)	Specify Fatalities	Specify Injuries
Last Accident				
Next Previous				
Next Previous				

LIST ALL VIOLATIONS OF MOTOR VEHICLE LAWS OR ORDINANCES OF WHICH YOU WERE CONVICTED OR FORFEITED BOND OR COLLATERAL DURING THE PAST 3 YEARS (OTHER THAN PARKING TICKETS).

Location	Date	Charge	Penalty

EXPERIENCE AND QUALIFICATIONS – OTHER

List any trucking, transportation, or other experience that may help you in your work for this company. _____

TO BE READ AND SIGNED BY APPLICANT

The facts set forth above in my application for employment are true and complete. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigation or credit agencies or bureaus of your choice.

In making this application of employment I understand that an investigative consumer report may be made whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry may include information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigative report.

The applicant agrees to furnish such additional information and complete such examinations as may be required to complete his driver's file.

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

WE DRUG TEST AND DO CRIMINAL BACKGROUND CHECKS