

# CDL DRIVER APPLICATION FOR EMPLOYMENT

## Star Paving

3109 Love Rd Albuquerque NM 87121

**(Answer all questions - please print)**

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job-related disability.

**Date of Application:**

**Personal Information:**

- **Position(s) Applying For:** \_\_\_\_\_
- **Name:** First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_
- **Social Security No. :** \_\_\_\_\_
- **Current Address:** \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_
- **Phone:** \_\_\_\_\_

**Previous Addresses Lived at (Past 3 Years):**

- Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
How Long? \_\_\_\_\_
- Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
How Long? \_\_\_\_\_
- Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
How Long? \_\_\_\_\_

**Employment Information:**

- Do you have the legal right to work in the United States? Yes / No
- Date of Birth (Required for Commercial Drivers): \_\_\_\_\_
- Can you provide proof of age? Yes / No
- Have you worked for this company before? Yes / No
- If Yes What Dates: From \_\_\_\_\_ To \_\_\_\_\_
- Rate of Pay: \_\_\_\_\_

- Position: \_\_\_\_\_
- Reason for leaving: \_\_\_\_\_
- Are you currently employed? Yes / No
- If not, how long since leaving last employment? \_\_\_\_\_
- Who referred you? \_\_\_\_\_
- Rate of pay expected: \_\_\_\_\_
- Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)? Yes / No
- If yes, explain: \_\_\_\_\_

**Employment History:** (List employers in reverse order starting with the most recent. Add another sheet if necessary.)

**Employer:**

- **Name:** \_\_\_\_\_
- **Address:** \_\_\_\_\_
- **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_
- **Contact Person:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_
- **Position Held:** \_\_\_\_\_
- **Dates: From:** \_\_\_\_\_ **To:** \_\_\_\_\_
- **Salary/Wage:** \_\_\_\_\_
- **Reason for Leaving:** \_\_\_\_\_

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- **Contact Person:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_
- **Position Held:** \_\_\_\_\_
- **Dates: From:** \_\_\_\_\_ **To:** \_\_\_\_\_
- **Salary/Wage:** \_\_\_\_\_
- **Reason for Leaving:** \_\_\_\_\_

**Education:**

- Circle highest grade completed: 1 2 3 4 5 6 7 8 **High School:** 1 2 3 4 **College:** 1 2 3 4
- Last School Attended: **(Name)** \_\_\_\_\_ **(City)** \_\_\_\_\_

**Driver License: Attach Copy of CDL and Medical Record to this application**

- State: \_\_\_\_\_
- License No. : \_\_\_\_\_
- Type: \_\_\_\_\_
- Expiration Date: \_\_\_\_\_

**Driving Experience:**

- Class of Equipment **CIRCLE:** Straight Truck – Tractor/Semi Trailer – Tractor (Two Trailers) – Motorcoach – School Bus - Other
- Type of Equipment (Van, Tank, Flat, etc. ): \_\_\_\_\_
- Dates From: \_\_\_\_\_ To: \_\_\_\_\_
- Approx. No. of Miles (Total): \_\_\_\_\_

**List special equipment and materials you have experience with:**

- 1.
- 2.
- 3.

**Accident Record for Past 3 Years:** (write none if none)

- Date: \_\_\_\_\_
- Nature of Accident (Head-on, Rear-end, Upset, etc. ): \_\_\_\_\_
- Fatalities: \_\_\_\_\_
- Injuries: \_\_\_\_\_

**Traffic Convictions and Forfeitures for the Past 3 Years (Other than Parking Violations):**

- Date: \_\_\_\_\_
- Location: \_\_\_\_\_
- Charge: \_\_\_\_\_
- Penalty: \_\_\_\_\_

**To be read and signed by applicant:**

**Certification:** 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.

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. (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.

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.

**Signature:**

**Date:**

# STAR PAVING COMPANY

## DRUG TESTING POLICY:

Star Paving Co. is committed to providing a safe and drug-free working environment for our customers and employees. All employees are required to be free of illegal drugs and controlled substances. All offers of employment are contingent upon a urinalysis drug test, which indicates that you are free from illegal drugs and controlled substances. All employees are subject to drug testing, with or without cause, both random and post-accident. Refusal to take a drug test at any time will be considered grounds for immediate termination.

## CONSENT AND RELEASE FOR TESTING:

I understand that if I am offered a position with Star Paving Company, I am required to take a urinalysis drug test within 24 hours at an approved testing facility. I understand that refusal to take a drug test upon request, within the time frame required, will eliminate me from consideration for employment with Star Paving Company. If I should test positive for a prescription medication and there is no record of verification of prescription, I understand that my test result will be considered positive and that I will not be considered for a position with Star Paving Company. I have read and understand the above policy and am aware of the consequences of policy violation.

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

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

**AUTHORIZATION FOR RELEASE OF INFORMATION/CONSUMER REPORT CONSENT  
(EMPLOYMENT)**

I, \_\_\_\_\_, acknowledge that **Star Paving Co.** (Company), with whom I am employed, or to whom I have submitted an employment application, has advised me that the information requested below concerning my background is required to assist the Company in making an employment determination. The information developed, and this document also may be used in determining my qualifications for future assignments and/or retention.

I hereby authorize the Company, its agents, or designated representatives bearing this document, or a copy hereof, to obtain information relating to my educational, credit, employment, and criminal history background from any law enforcement, criminal justice, or other government agencies, employers, ex-employers, and individual persons. Any and all agencies, organizations, institutions, governmental bodies, companies, or individuals are released from any liability for providing this information.

Furthermore, I hereby release any individual of the Company to include, but not limited to, record custodians, directors, agents, employees, or any other authorized representatives of the Company from any and all liability for damages of whatever kind and nature, which may at any time accrue to me on account of (1) reliance by such persons on the information submitted in my employment application; (2) reliance by such persons on the information obtained pursuant to this authorization; (3) compliance with, or any attempts to comply with, this authorization; and (4) termination of my employment, if commenced, based upon information developed pursuant to this authorization.

I hereby certify that all statements and answers set forth on my application are true and complete to the best of my knowledge, and I understand that subsequent to employment if any such statements and/or answers are found to be false or misleading or that information has been intentionally omitted, such false statements or omissions will be just cause for termination of employment.

I hereby acknowledge that I have read and understand the Federal Fair Credit Reporting Act Consumer Report Disclosure regarding the obtaining of a Consumer Report about me from a Consumer Reporting Agency. I hereby authorize the Company to obtain Consumer Reports from Consumer Reporting Agencies to aid in its determination of whether to hire or continue to employ me. I understand that I have certain rights under the Fair Credit Reporting Act, as disclosed in the Disclosure, and I can receive further information regarding my rights by contacting the Federal Trade Commission.

I hereby certify that I have read and understand the foregoing.

**Printed Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Drivers License #** \_\_\_\_\_ **State License was Issued:** \_\_\_\_\_

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

**Last Address:** \_\_\_\_\_

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