

MUST HAVE A COPY OF THE FOLLOWING

DRIVER LICENSE and SOCIAL SECURITY CARD

OR

DRIVER LICENSE and BIRTH CERTIFICATE

DRIVER LICENSE and MEDICAL CARD

DRIVER LICENSE

MEDICAL LONG FORM

THESE MUST BE COPIED TOGETHER AS LISTED

Alabaster
Clanton



Shelby Concrete, Inc.

3075 Hill Street
Montgomery, AL 36108
Phone 334-265-0235
Fax 334-265-2457

Millbrook
Fairview Montgomery
East Montgomery
Spanish Fort
Gulf Shores
Fairhope

DRIVER'S APPLICATION

Applicant Name _____ Date of Application _____
(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, veteran status, non-job related disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

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.

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 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.

Signature _____ Date _____

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED _____	REJECTED _____
DATE EMPLOYED _____	POINT EMPLOYED _____
DEPARTMENT _____ (IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)	CLASSIFICATION _____
SIGNATURE OF INTERVIEWING OFFICER _____	

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____
DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____
TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

(answer all questions --please print)

Name _____
Last First Middle Social Security No. _____

Previous Addresses

State _____ Zip Code _____ Phone _____ How Long? _____
yr./mo.

Street _____ City _____ State & Zip Code _____ How Long? _____ yr./mo.

Street _____ City _____ State & Zip Code _____ How Long? _____ yr./mo.

Street _____ City _____ State & Zip Code _____ How Long? _____ yr./mo.

EMPLOYER			DATE	
NAME			FROM MO.	TO MO.
ADDRESS			YR.	YR.
CITY			POSITION HELD	
STATE			SALARY/WAGE	
ZIP			REASON FOR LEAVING	
CONTACT PERSON			PHONE NUMBER	
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYMENT HISTORY (continued)

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
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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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
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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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
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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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

[†]The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT _____				
NEXT PREVIOUS _____				
NEXT PREVIOUS _____				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS - DRIVER

List all driver licenses or permits held in the past 3 years

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____
- B. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____
- IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS _____

DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES FROM (M/Y) TO (M/Y)	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR - TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR - THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)		
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 8 passengers</small>	—		
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 15 passengers</small>	—		
OTHER _____			

LIST STATES OPERATED IN FOR LAST FIVE YEARS: _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS - OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

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, STATE) _____

TO BE READ AND SIGNED BY APPLICANT

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.

Sign _____

Date _____



**Investigation Consent Form
Receipt of Summary of FCRA Rights**

I understand and authorize that an investigative consumer report may be obtained for employment purposes. I authorize the company I have made application with, or its designated agent, to conduct pre-employment or other employment related inquiries after I am hired (to the extent allowed by law). I authorize any past or present employer, or other business, governmental agency or individual contacted to supply the requested information and documents pertaining to me and to provide full and complete disclosure. I release from liability the company I have made application with, and its representatives for gathering and using of such information. I fully release the person or entity providing the information of any right or claim of confidentiality concerning disclosure of the information requested below or any and all claims, actions, or causes of action which may arise as a consequences of the release of such information as may be requested concerning: (1) Complete background reference and work history checks; (2) Criminal and civil litigation history information and/ or any other public records; (3) Credit reports, academic achievement, professional licensure, bankruptcy filings; (4) Previous incidents of alleged sexual or racial harassment; (5) Previous incidents of violent behavior and/or suspected dishonest acts; (6) Eligibility for rehire and circumstances of previous separation from employment; (7) Social Security Number verification; and (8) Information concerning any or all worker's compensation claims *if a conditional offer of employment has been made*. I request that any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted pursuant to this investigation consent form cooperate fully and completely in responding to the inquiries. I understand that all pre-employment screening activities are conducted in compliance with ADA, EEOC and the Fair Credit Reporting Act (FCRA) requirements. By my signature below, I acknowledge that I have received a Summary of My Rights under the Fair Credit Reporting Act (FCRA).

Signature of Applicant

Date

Witness

Date

Printed Name

Maiden Name(s)

Date of Birth _____ Social Security Number _____

Driver License # and State

Address:

Former Address(es)

CHECK SERVICES TO BE COMPLETED:

☐ ALABAMA STATEWIDE CRIMINAL
☐ STATEWIDE CRIMINAL
☐ COUNTY CRIMINAL
☐ NATIONAL CRIMINAL SEARCH
☐ SOCIAL SECURITY TRACE
☐ MOTOR VEHICLE REPORT
☐ STATE SEX OFFENDER CHECK
☐ PROFESSIONAL LICENSE CHECK

☐ NATIONAL SEX OFFENDER CHECK
☐ EMPLOYMENT
☐ PEER CREDIT REPORT
☐ REFERENCE
☐ WORKER'S COMP
☐ EDUCATION
☐ OIG EXCLUSIONS

STATE(S) _____ COUNTY _____

CLIENT:

PHONE:

RETURN RESULTS BY: MAIL

PHONE

CONTACT:

FAX:

FAX

EMAIL:

***NOTE: FOR EDUCATION AND EMPLOYMENT VERIFICATION PLEASE
SUPPLY ADDITIONAL INFORMATION (RESUME OR APPLICATION)
**INFORMATION IS BEING VERIFIED BY QUALITY COUNTS, INC. ANY INFORMATION
OR QUESTIONS SHOULD BE DIRECTED TO THE FOLLOWING ADDRESS:
Quality Counts, Inc. 5064 TRUMAN ALDRICH PKWY WEST BLOCTON, AL 35184
PHONE: 205-938 3747 FAX 205-7125/877-349-1990

Voluntary EEO Identification

Various agencies of the United States Government require employers to maintain information on applicants pertaining to factors such as race, sex, and type of position for which an individual applies. The information requested on this sheet is for compliance with certain record keeping requirements. The company believes all persons are entitled to equal employment opportunities and does not discriminate against its employees or applicants for employment because of race, color, sex, religion, national origin, disability, veteran status, age, marital status or any other protected group status.

Name _____ Date _____

Position Applied For _____

Social _____ Sex _____

Race/Ethnic Data:

_____ White (Non-Hispanic) _____ Asian Pacific Islander _____ American Indian or Alaskan Native
_____ Black (Non-Hispanic) _____ Hispanic

Regulations issued by the U.S. Department of Labor with respect to disabled individuals, disabled veterans, Vietnam Era veterans, or other eligible veterans require that federal contractors provide an opportunity for self-identification to candidates seeking employment. Such self-identifications are submitted on a voluntary basis, on a confidential basis, for use only in accordance with regulations, and without subjecting the individual to adverse treatment.

Disabled/Veteran Classification(s):

_____ Disabled Person _____ Special Disabled Veteran _____ Vietnam Era Veterans _____ Other Veteran

White (Non-Hispanic origin): All persons having origins in any of the original people of Europe, North Africa, or the Middle East.

Black (Non-Hispanic): All persons having origins in any of the black racial groups of Africa.

Asian or Pacific Islander: All person having origins in any of the original peoples of the Far East, Southeast Asia, the India subcontinent, or the Pacific Islands. This area included for example China, India, Japan, Korea, the Philippine Island, Samoa, and Pakistan.

Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

American Indian or Alaskan Native: All persons having origins in any of the original peoples of North American and who maintain cultural identification through tribal affiliation or community recognition.

Disabled Individual: Federal regulations define a disabled person as one who (1) has a physical or mental impairment, which substantially limits one, or more of such person's major life activities, (2) has a history of such impairment, or (3) is regarded as having such impairment.

Vietnam Era Veteran: Federal regulations define a veteran of the Vietnam Era as one who (1) served on active duty for a periods of more than 180 days; any part of which occurred between August 5, 1940 and May 7, 1975, and was discharged or released with other than a dishonorable-discharge, or (2) was discharged or released from active duty for a service connected disability if any part of such active duty was performed between August 5, 1964 and May 7, 1975.

Special Disabled Veteran: Federal regulations define a special disabled veteran as one who (1) is entitled to compensations under laws administered by the Veterans' Administration for a disability rated 30% or more, or (2) was discharged or released from active duty because of a service-connected disability.

Other Veterans: Other eligible veterans are those who served on active duty during a war or in a campaign or expedition for which a campaign badge was authorized.

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: _____ ID 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 Signature: _____ Date: _____

Witnessed By: _____ Date: _____
(signature)

MOTOR VEHICLE DRIVER'S CERTIFICATION OF VIOLATIONS/ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months (Section 391.27). Drivers who have provided information required by Section 383.31 need not repeat that information on this form.

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he/she shall so certify (Section 391.27).

COMPLETE D BY DRIVER - CERTIFICATION OF VIOLATIONS

Name of Driver (Print)	Social Security Number	Date of Employment
Home Terminal (City & State)	Driver's License No.	State Expiration Date

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

(If you have had no violations, check the following box - ☐ None.)

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.

Date of Certification _____ Driver's Signature _____

COMPLETED BY MOTOR CARRIER - ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Review the Certification of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she check one):

- ☐ Meets minimum requirements for safe driving
 ☐ Is disqualified to drive a motor vehicle pursuant to Section 391.15
☐ Does not adequately meet satisfactory safe driving performance

Action taken with driver: _____

Reviewed by:

Signature

Date

Printed Name

Title

Motor Carrier Name

Motor Carrier Address

Motor Vehicle Driver's

CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. They are as follows:

- 1) **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.
- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (If the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.

The following license is the only one I possess:

Driver's License No. _____ State _____ Exp. Date _____

DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.

Driver's Name (Printed): _____

Driver's Signature: _____ Date: _____

Notes: _____

EMPLOYMENT VERIFICATION

SHELBY CONCRETE
3075 HILL STREET
MONTGOMERY, AL 36108
PHONE: 334-265-0235
FAX: 334-265-2457
DOT # 1337423

I hereby authorize you to release the following information for the purposes of investigation as required by Section 391.23 and allowed by Section 383.35 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

Date: _____ Applicant's Signature _____

Name of Applicant: _____ Social Security #: _____

Company: _____

Employed from _____ to _____ as _____ at a wage of _____.

Did he/she drive motor vehicle for you? Yes or No

_____ Straight Truck _____ Tractor-Semitrailer _____ Other (specify) _____

1. Was he/she a safe and efficient driver? _____
2. Reason for leaving your employment: Discharged _____; Resignation _____; Lay Off _____; Military Duty _____.
3. Was his/her general conduct satisfactory? _____

Driving History: Accidents: If none, Check: ☐

Preventable _____ # Non-Preventable _____ # DOT Reportable _____

If more space is needed, please attach and additional sheet					
Date	City, State/Description	# Fatalities	# Injuries	Hazmat ?	Preventable?

Drug and Alcohol, Mark here if employee was not required to drug testing ☐

In the three years prior to the date of the employee's signature (on release) for DOT-regulated testing:

1. Did the employee have alcohol test with a result of 0.04 or higher? Yes No
2. Did the employee have verified positive drug tests? Yes No
3. Did the employee refuse to be tested: Yes No
4. Did the employee have other violations of DOT agency drug and alcohol testing regulation? Yes No
5. Did a previous employer report a drug and alcohol rule violation to you? Yes No
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? N/A Yes No

Note: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (SAP report(s), follow-up testing record).

Info provided by (Signature) _____

Title, Date _____

Phone _____

Printed Name _____

Email _____

Company Dot # _____

EMPLOYMENT VERIFICATION

SHELBY CONCRETE
3075 HILL STREET
MONTGOMERY, AL 36108
PHONE: 334-265-0235
FAX: 334-265-2457
DOT # 1337423

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Date: _____ Applicant's Signature _____

Name of Applicant: _____ Social Security #: _____

Company: _____

Employed from _____ to _____ as _____ at a wage of _____.

Did he/she drive motor vehicle for you? Yes or No

_____ Straight Truck _____ Tractor-Semitrailer _____ Other (specify) _____

1. Was he/she a safe and efficient driver? _____
2. Reason for leaving your employment: Discharged _____; Resignation _____; Lay Off _____; Military Duty _____.
3. Was his/her general conduct satisfactory? _____

Driving History: Accidents: If none, Check: ☐

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Info provided by (Signature) _____

Title, Date _____

Phone _____

Printed Name _____

Email _____

Company Dot # _____