

Morgan Sand & Gravel, Inc.

430 Morgan Lane

Marathon, WI 54448

PHONE: (715) 443-2796

FAX: (715) 443-3455

www.morganreadymix.com

Equal Opportunity Employer

DRIVER'S APPLICATION FOR EMPLOYMENT

Phone: () _____
First Name Middle Name Last Name

Current Address: _____
Street City State Zip

If at the above residence less than 3 years, list below all residences for the past 3 years.
Attach a separate sheet if necessary.

Previous Address: _____
Street City State Zip

Previous Address: _____
Street City State Zip

Date of Birth* ___/___/___ Social Security Number: ___ - ___ - ___

***Drivers need to complete Date of Birth:**

In Case of Emergency Notify: _____ () _____
Name Phone

Contact's Address: _____
Street City State Zip

Position Applying for: _____ Rate of pay expected? _____

Temporary Part Time Full time Who referred you? _____

Have you worked for this company before? Yes No Dates: ___/___/___ - ___/___/___

Where ? _____ Rate of Pay ? _____

Position: _____ Reason for leaving? _____

Have you ever worked for this company under another name? Yes No

Are you currently employed? Yes No If not, how long since leaving last employment?

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Have you been convicted of a felony or released from prison in the past 7 years? Yes No . Note: A yes answer does not automatically disqualify you from employment since the nature of the offense, date, and type of job for which you are applying will be considered.

Are you charged with an unresolved criminal charge (have you been charged with a crime that has not yet resulted in a plea of guilty, court trial, or dropping of the charge?) Yes No . Note: A yes answer will not automatically disqualify you from employment. If yes, please explain:

EDUCATION

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

Last school attended _____
Name Address

List special courses or training that will help you as a driver: _____

PHYSICAL HISTORY

For drivers only: Date of last D.O.T. prescribed physical examination: _____
Expiration Date: _____ / _____ / _____

DRIVER EXPERIENCE & QUALIFICATION

LICENSES List all licenses held in the last 3 years.

State	License Number	Type	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____

Do you currently hold more than one valid license? Yes No

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 disqualified for violation of the Federal Motor Carrier Safety Regulations? Yes No

If answered Yes to any of the above questions, please give details: _____

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EXPERIENCE		Dates	
Class of Equipment	Type (Van, Tank, Etc.)	From	To
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List safe driving awards held & who presented by: _____

ACCIDENT REVIEW FOR PAST 3 YEARS:

<u>Date</u>	<u>Fatalities</u>	<u>Injuries</u>	Nature of Accident (<u>Head-on, Rear-end, etc.</u>)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Traffic Convictions and Forfeitures for the past 3 years other than parking violation:

<u>Location</u>	<u>Date</u>	<u>Charge</u>	<u>Penalty</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Applicant: Read and sign before submitting this application.

I understand that the information in this application will be used and that prior employers will be contacted for the purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. 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.

 Signature of Applicant

 Date

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EMPLOYMENT RECORD: The U.S. Department of Transportation requires that the driver applicants show all employment for the past three years. Effective July 1, 1987, they must also show commercial driver employment for the seven years preceding this three year period. Sec. 391.21 (b) (10) (11)

Last Employer:

Name: _____ Phone : (_____) _____

Address: _____
Street City State Zip

Position Held: _____ Dates: ____/____/____ - ____/____/____

Type of Equip. Driven: _____

Reason for Leaving: _____

Second Last Employer:

Name: _____ Phone : (_____) _____

Address: _____
Street City State Zip

Position Held: _____ Dates: ____/____/____ - ____/____/____

Type of Equip. Driven: _____

Reason for Leaving: _____

Third Last Employer:

Name: _____ Phone : (_____) _____

Address: _____
Street City State Zip

Position Held: _____ Dates: ____/____/____ - ____/____/____

Type of Equip. Driven: _____

Reason for Leaving: _____

Fourth Last Employer:

Name: _____ Phone : (_____) _____

Address: _____
Street City State Zip

Position Held: _____ Dates: ____/____/____ - ____/____/____

Type of Equip. Driven: _____

Reason for Leaving: _____

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PRE-EMPLOYMENT QUESTIONNAIRE

As the employer, **Morgan Sand & Gravel, Inc.** must ask whether you have tested positive or refused to be tested on any pre-employment drug or alcohol test. Applicable tests would have been administered by motor carrier to which you applied for, but did not obtain safety-sensitive transportation work (as covered by DOT agency drug and alcohol testing rules) during the past two years.

I, APPLICANT (Print Name) _____, have not tested positive or refused any such test in the past two years. If I have, then I am including below the appropriate substance abuse provider information.

SAPName: _____ Phone _____

City: _____ State: _____

Applicant Signature: _____

Date: _____

Requested in accordance with 49 CFR 40.25(j) for all applicants since August 1, 2001

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Release of Information Authorization

I hereby authorize Morgan Sand & Gravel, Inc., its employees, and its agents, and its employees and authorized agents, to verify any information I have provided. In connection with, and duration of my employment (including contract for services) with you, I understand investigative background inquiries are to be made on myself including consumer, criminal, driving, and other reports. These reports will include information as to my character, work habits, performance, and experience along with the reasons for termination of past employment from previous employers. Further, I understand you will be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies. (All inquiries are subject to the provisions of the Fair Credit Reporting Act.)

I authorize my current and previous employers, educational institutions, banking, and other financial institutions, credit rating bureaus or institutions maintaining individual credit rating files, and governmental agencies or political subdivisions to give any information requested regarding my employment, character, and qualifications. Any previous employer is also hereby authorized to release any and all documents which, by agreement with me, have been designated as confidential or sealed.

I hereby expressly release and hold harmless Morgan Sand & Gravel, Inc., their agents, employees, and any person or organization who provides information or records relating to me from any and all liability or claiming related to the investigation of my personal employment audit or financial history. I further agree to release and hold harmless, any person or entity which provides accurate and further information to Morgan Sand & Gravel, Inc., or its agents in the course of conducting a background check for purposes of employment with Morgan Sand & Gravel, Inc.

This Release shall be valid for twelve (12) months immediately following the date of my signature below.

In compliance with the Privacy Act of 1974, the following information is provided:
The disclosure of your Social Security Number (SSN) is voluntary. However, failure to supply a SSN may result in errors in processing your application. A false statement or a material omission on any part of your application may be grounds for termination from employment.

I have read, understood, and approve of the previous Privacy Act notice:

Initials: _____

Name (Please Print)

Social Security Number

Previous Names/Maiden Names

Current Address

City/State/Zip

Date of Birth

Drivers License Number

State

Date

Signature

Male Female

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**WRITTEN DISCLOSURE OF INTENT TO OBTAIN CONSUMER
REPORT/INVESTIGATIVE CONSUMER REPORT FOR EMPLOYMENT
PURPOSES**

You are hereby notified that **MORGAN SAND & GRAVEL** (the “Company”) in connection with your consideration for employment, and if hired, for the duration of your employment with the Company, may obtain a consumer report regarding you for employment purposes as part of any employment background investigation. A consumer report means any information provided by one or more consumer reporting agencies that bears on a consumer’s credit-worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living, which is used or expected to be used for the purpose of establishing eligibility for employment, promotion, reassignment, or continued employment.

The consumer report could also include an “investigative consumer report,” which includes information such as that described above, and which is obtained through personal interviews with neighbors, friends, co-workers, or others with whom you may be acquainted. With respect to any investigative consumer report, you have the right to request additional disclosures regarding the nature and scope of the investigation. You have the right to request a written summary of your rights under the Fair Credit Reporting Act.

This notice is provided pursuant to the FCRA, 15U.S.C.s. 1681b(b)(2).

**EMPLOYEE AUTHORIZATION FOR THE PROCUREMENT OF
CONSUMER/INVESTIGATIVE CONSUMER REPORT FOR EMPLOYMENT
PURPOSES**

I hereby authorize **MORGAN SAND & GRAVEL** (the “Company”) and one or more consumer reporting agencies, acting on behalf of the Company, in connection with my consideration for employment, and if hired, for the duration of my employment with the Company, to investigate my employment history, personal history, criminal history, and financial and other records by, among other things, procuring a consumer report, including an investigative consumer report, regarding me for employment purposes. I acknowledge that the Company has provided to me, and I have read, the Written Disclosure of Intent to Obtain Consumer Report/Investigative Consumer Report for Employment Purposes.

Signature

Date

Witness

Date

EMPLOYMENT INQUIRY

(I, Print Name) _____, Social Security _____ - _____ - _____
authorize my former employer to release this requested information to my prospective employer for investigation purposes as required by FMCSR 391.23, 382.405 (f) & 382.413 (b). I authorize general employment information the 3 years preceding this release. I further, specifically authorize you to include information on any alcohol test with concentration results 0.04 or greater, positive controlled substance results, and/or refusals to be tested within two years preceding the date of this request. This authorization also permits the disclosure requirements of 49 CFR 382.413 (b), including the results of any drug tests conducted under 49 CFR Part 391, Subpart H. I further authorize and request you to release any information in your possession concerning my evaluation by substance abuse professional (SAP). Include the identity of that SAP, my participation in any treatment or rehabilitation recommended by the SAP and the results of any return to duty drug or alcohol tests within in the two years preceding this request. You are released from any and all liability that may result from furnishing such information.

A photocopy of this release shall be valid as the original.

Past Employer: _____ Contact Name: _____

Phone: _____ FAX#: _____

Address: _____ City, State, Zip: _____

Applicant Signature: _____ Date: _____

Dear Previous Employer:

The above driver as made application with our Company and states that she/he worked for you from ___/___/___ until ___/___/___. We appreciate your time completing in confidence the information requested below. Thank-you.

1. Employment dates: ___/___/___ to ___/___/___ 2. Job Title(s): _____
3. Did she/he drive a motor vehicle? ___ Yes ___ No If yes, what type: _____
4. Was she/he a safe & efficient driver? ___ Yes ___ No Explain: _____
5. Reason for leaving your company: ___ Discharged ___ Resignation ___ Lay-off ___ Military Duty ___ Other _____
6. Was his/her general conduct satisfactory: ___ Yes ___ No Explain: _____

7. Has this person ever tested positive for a controlled substance test in the last 2 years? ___ Yes ___ No
 8. Has this person ever had an alcohol test with a breath alcohol concentration 0.04 or greater in the last 2 years? ___ Yes ___ No
 9. Has this person ever refused a required test for drugs or alcohol in the last 2 years including verified adulterated or substituted drug test results? ___ Yes ___ No
 10. Has this person ever had other violations of DOT agency drug & alcohol testing regulations? ___ Yes ___ No
 11. Did the previous employer background check information conducted by your company find ___ Yes ___ No
- “YES” responses to any of the above questions within the past 2 years?

If YES to 7-11, please explain. If applicable give the Substance Abuse Provider (SAP) name, address and phone number for further reference where applicable.

SAP

Name: _____ Phone: (____) _____ Address: _____

Completed by: _____ Title: _____ Date: _____

Please return to: **MORGAN SAND & GRAVEL, INC.; 430 Morgan Lane, Marathon, WI 54448**

Phone # 715-443-2796

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