

# Hopkins Sand & Gravel, Inc.

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Webster WI 54893

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## DRIVER/OPERATOR APPLICATION FOR EMPLOYMENT (PLEASE WRITE LEGIBLY)

Applicant Name \_\_\_\_\_ Date of Application \_\_\_\_\_

Position(s) Applied for \_\_\_\_\_ Rate of Pay Expected \_\_\_\_\_

Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

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 projected group status.

### TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquires 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 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 employers will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d). 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 resend the corrected information to Hopkins Sand & Gravel, Inc.; 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 OFFICE USE ONLY

INTERVIEWED ON: \_\_\_\_\_

DATE OF HIRE: \_\_\_\_\_

BY: \_\_\_\_\_

RATE OF PAY: \$ \_\_\_\_\_

DATE OF PRE-EMPLOYMENT DRUG TEST: \_\_\_\_\_

STATUS AND DATE OF RESULTS RECEIVED: \_\_\_\_\_

DATE TERMINATED: \_\_\_\_\_

**List your addresses of residency for the past 3 years.**

Current Address: \_\_\_\_\_  
 Street City State Zip Code

How long? \_\_\_\_\_  
 yr./mo.

Previous Addresses:

\_\_\_\_\_  
 Street City State Zip Code

How long? \_\_\_\_\_  
 yr./mo.

\_\_\_\_\_  
 Street City State Zip Code

How long? \_\_\_\_\_  
 yr./mo.

Do you have the legal right to work in the United States?  Yes  No

Have you worked for this company before? \_\_\_\_\_ Dates \_\_\_\_\_

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

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

**EMPLOYMENT HISTORY**

All driver applicants to drive interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code. Applicants to drive a commercial motor vehicle\* in intrastate or interstate commerce shall also provide an addition 7 years' information on those employers for whom the applicant operated such vehicle. Please list employers in reverse order starting with the most recent. Add another sheet as necessary.

EMPLOYER	POSITION HELD:
DATE OF EMPLOYMENT FROM: MO. YR. TO: MO. YR.	SALARY/WAGE:
ADDRESS	REASON FOR LEAVING:
CITY STATE ZIP CODE	
CONTACT PERSON PHONE #	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	POSITION HELD:
DATE OF EMPLOYMENT FROM: MO. YR. TO: MO. YR.	SALARY/WAGE:
ADDRESS	REASON FOR LEAVING:
CITY STATE ZIP CODE	
CONTACT PERSON PHONE #	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	POSITION HELD:
DATE OF EMPLOYMENT FROM: MO. YR. TO: MO. YR.	SALARY/WAGE:
ADDRESS	REASON FOR LEAVING:
CITY STATE ZIP CODE	
CONTACT PERSON PHONE #	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	POSITION HELD:
DATE OF EMPLOYMENT FROM: MO. YR. TO: MO. YR.	SALARY/WAGE:
ADDRESS	REASON FOR LEAVING:
CITY STATE ZIP CODE	
CONTACT PERSON PHONE #	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	POSITION HELD:
DATE OF EMPLOYMENT FROM: MO. YR. TO: MO. YR.	SALARY/WAGE:
ADDRESS	REASON FOR LEAVING:
CITY STATE ZIP CODE	
CONTACT PERSON PHONE #	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	

\*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 (FMCS) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weights 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 quantity requiring placarding.

**Experience and qualifications - Driver/Operator**

List any driver licenses or permits held in the past 3 years.

Social Security # \_\_\_\_\_

STATE	LICENSE NO.	CLASS	ENDORSEMENT(S)	EXPIRATION DATE

Have you ever been denied a license, permit or privilege to operate a motor vehicle?  YES  NO

If yes, please explain \_\_\_\_\_

Has any license, permit or privilege ever been suspended or revoked?  YES  NO

If yes, please explain \_\_\_\_\_

**Accident Records** for the past 3 years. Attach sheet if more space is needed. If none, write none.

Dates	Nature of Accident (Head-on, rear-end, etc.)	Fatalities	Injuries

**Traffic Convictions and Forfeitures** for the past 3 years. If none, write none.

Date of Conviction	Offense	Location	Type of Motor Vehicle Operated

**Controlled Substance Testing**

Hopkins Sand & Gravel requires all drivers who drive commercial motor vehicles which requires a commercial driver's license (CDL), to be controlled substance tested with a negative prior to driving. Do you consent to such testing?  YES  NO

*In the past 2 years have you:*

Tested positive for any controlled substance pre-employment test for any other company?  YES  NO

Tested above .04 on any alcohol pre-employment test for any other company?  YES  NO

Refused to be tested for any controlled substance pre-employment test for any other company?  YES  NO

If you answered "yes" to any of the above questions, provide the following information on the Substance Abuse Professional (SAP) you consulted:

Name of SAP \_\_\_\_\_ Date(s) visited \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Zip Code

Signed: _____	Date: _____
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**Education**

Name of High School Attended: \_\_\_\_\_

City/State of High School: \_\_\_\_\_

High school diploma or GED received?  YES  NO

Other schooling? \_\_\_\_\_

List courses and training other than shown elsewhere in this application: \_\_\_\_\_

**Driving Experience**

Equipment	Dates		Approx. # of Miles Total
	From (M/Y)	To (M/Y)	
Dump Truck			
Tractor/Trailer			
Ready-Mix Truck			
Ready-Mix Pump Truck			
Dozer			
Excavator			
Loader			
Backhoe			
Bobcat			
Other			
Other			

**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.**

Signed: _____	Date: _____
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