

Hopkins Sand & Gravel, Inc.

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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 5 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 #	

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	Were you subject to the FMCSRs† while employed? <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 5 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 5 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 5 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 _____

Signed: _____	Date: _____
Street	City State Zip Code

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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