

E-Verify

NOTICE:

Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.



E-VERIFY IS A SERVICE OF DHS AND SSA.

AVISO:

La Ley Federal le exige a todos los empleadores que verifiquen la identidad y elegibilidad de empleo de toda persona contratada para trabajar en los Estados Unidos.

DRIVER'S APPLICATION FOR EMPLOYMENT



**2355 WEST HIGHWAY 6
HASTINGS, NE 68901**
office: (402) 462-5341
fax: (402) 461-4962

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.

APPLICANT INFORMATION

Name _____
(first) (middle) (maiden name, if any) (last)

Date of Birth _____ Social Security No. _____

Phone No. _____ e-mail address _____

Address _____ How long? _____
(street) (city) (state & zip code)

PREVIOUS THREE YEARS RESIDENCY:

Address _____
(street) (city) (state & zip code)

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(street) (city) (state & zip code)

Address _____
(street) (city) (state & zip code)

Do you have the legal right to work in the United States? _____

Have you worked for Vontz Paving, Inc. before? _____ If yes, when? From _____ To _____
(mo/yr) (mo/yr)

Position held? _____ Rate of Pay? _____

Reason for leaving? _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected? _____

Have you ever been convicted of a felony? _____ If yes, please explain fully on the back of application.

Is there any reason you might be unable to perform the functions of the job for which you have applied? If yes, explain if you wish.

PREVIOUS EMPLOYMENT

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. Please, list the 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 additional 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the **most recent**. Add another sheet as necessary.)

EMPLOYER			DATES	month	year
NAME			FROM		
			TO		
ADDRESS			POSITION HELD		
CITY	STATE	ZIP	SALARY/WAGE		
CONTACT PERSON		PHONE NO.	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 DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO					

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			TO		
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LICENSE INFORMATION

SECTION 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		TO	FROM	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR-TWO TRAILERS				
OTHER				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	NUMBER OF FATALIES	NUMBER OF INJURIES	CHEMICAL SPILLS

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

DATE CONVICTED	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (forfeited bond, collateral, and/or points)

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 current/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."

_____ DATE _____ APPLICANT'S SIGNATURE

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

_____ DATE _____ APPLICANT'S SIGNATURE

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.