

Application for Employment

Date of Application _____

Company _____

Address _____

City _____ State _____ Zip _____

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.

Signature _____ Date _____

DRIVER APPLICANT ONLY

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 _____

The U. S. Department of Transportation requires that driver applicants state their date of birth (§391.21(b)(2)). Date of Birth _____
month / day / year

Applicant Name (print) First _____ Middle _____ Last _____ Social Security No. _____

*Current Address _____ Street _____ City _____ State _____ Zip Code _____ Phone (____) _____

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

Street _____ City _____ State _____ Zip Code _____

Street _____ City _____ State _____ Zip Code _____

Position applying for _____ Temporary _____ Part Time _____ Full Time _____

Who referred you? _____ Rate of pay expected? _____

Have you worked for this company before? _____ Dates: From _____ month/year To _____ month/year

Where? _____ Rate of Pay _____ Position _____

Reason for leaving _____

Names of any relatives employed by this company _____

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

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 _____

GENERAL

Have you ever been bonded? _____ Name of bonding company _____
(Answer only if a job requirement)

Have you ever worked for this company under another name? _____ If so, under what name? _____

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DRIVER EXPERIENCE & QUALIFICATION (cont'd) Answer the questions in this section only if applying for a driver position
LICENSES

Drivers Licenses held in past 3 years must be shown	State	License No.	Class	Endorsement(s)	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 you answered "yes" to A or B attach a statement giving 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 during 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? _____

ACCIDENT RECORD for past 3 years (Attach separate sheet of paper if more space is needed)

Dates	Nature of Accident (Head-On, Rear-End, 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)

EMPLOYMENT HISTORYAll driver applicants to drive in 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 must include the names of DOT-regulated employers under whose authority they operated as a contract or leased driver.

Applicants to drive a commercial motor vehicle* that requires a CDL 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	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
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	
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 (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.

MAINTENANCE EXPERIENCE & QUALIFICATIONS

List courses and training in maintenance work _____

Job Function

Indicate training and experience in the following:	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experience
Drive Line Components			Body Work		
Diesel Engine Tune-up and Rebuild			Electrical Repair		
Gas Engine Tune-up and Rebuild			Frame and Wheel Alignment		
Tire Service			Brakes		
Trailer Repair			Cooling System		
Air Conditioning (Cab)			Inspections (State/Federal)		
Refrigeration (Cargo)			General Car Repair		

Shop Equipment

Indicate training and experience in the following:	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experience
Diagnostic Equipment (Type(s))			Tire Servicing		
			Wheel & Tire Balancing Machine		
Sheet Metal Equipment			Tire Recapping		
Frame & Axle Straightening Equipment			Engine Dynamometer		
Engine Rebuilding			Chassis Dynamometer		
Diesel Injection Equipment			Magnetic Crack Detector		
Electric Welder			Engine Analyzer		
Oxyacetylene Welder			Noise Measuring Equipment		
Paint Spray Gun			Emissions/ Smoke Testing		
Air Conditioning (Cab)			Inspections (State/Federal)		
Refrigeration (Cargo)			General Car Repair		

ASE Certification(s) (Specify) _____

CLERICAL EXPERIENCE & QUALIFICATIONS

List courses and training in office work _____

Indicate training and experience in the following:	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experience
Typing (wpm)			Dictating Machine		
Shorthand (wpm)			Bookkeeping Machine		
Billing			Switchboard Equipment		
Filing			(indicate type)		
Computers (indicate Software)			Tabulator		
Word Processing Equipment			Accounting		
Key Punch			OS & D		
Calculator			Interline		
Adding Machine			Claims		
Telecopier			Cashier		
Photocopier			Dispatcher		

Rates (indicate tariffs with which you have worked) _____

PLATFORM EXPERIENCE & QUALIFICATIONS

List types of platform experience and number of years of each _____

List platform equipment you can operate (lift truck, etc.) _____

List courses or training in platform work _____

APPLICANT MUST READ AND SIGN

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.

Applicant's Signature _____

Date _____

FOR OFFICE USE—DO NOT WRITE IN THIS SPACE PROCESS RECORD

Applicant Hired? _____ Yes _____ No

Date of Birth: _____ (month/day/year)*

Date Employed: _____

Point Employed: _____

Department: _____

Classification: _____

(If not hired, summary report of reasons should be placed in file)

IN CASE OF EMERGENCY NOTIFY: _____ Phone: (____) _____

Address: _____

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

	Superior	Good	Fair	Below Average	Poor	Written Record on File
1. Application						
2. Interview						
3. Past Employment						
4. Written Exam						
5. Road Test						
6. Policy and Traffic Record						

Signature of Interviewing Officer: _____ Date: _____

TRANSFERS

From: _____ To: _____ From: _____ To: _____

Date: _____ Date: _____

Reason for Transfer: _____ Reason for Transfer: _____

TERMINATION OF EMPLOYMENT

Date Terminated: _____ Department Release From: _____

Dismissed: _____ Voluntarily Quit: _____ Other: _____

Termination Report Placed in File: _____ Supervisor: _____

(Duplication of form is permissible. To be completed post-offer, pre-hire.)

Name of employer _____

Name of employee _____ Phone number _____

Employee's Social Security number	Height	Weight
123456789	5'10"	180
987654321	5'8"	160
456789123	5'12"	200
321654987	5'6"	150
789123456	5'9"	170
654987321	5'11"	190
234567891	5'7"	140
891234567	5'13"	210
567891234	5'5"	130
135792468	5'10"	185
864209753	5'8"	165
357912468	5'12"	205
951357924	5'6"	155
246813579	5'9"	175
753195135	5'11"	195
468135792	5'7"	145
135792468	5'10"	185
864209753	5'8"	165
357912468	5'12"	205
951357924	5'6"	155
246813579	5'9"	175
753195135	5'11"	195
468135792	5'7"	145

1. Do you now have, or have you ever had, any of the following?

Yes	No		Yes	No		Yes	No	
		Amputation of foot, leg, arm or hand			Diabetes (medication <input type="checkbox"/> Yes <input type="checkbox"/> No)			Multiple sclerosis
		Ankylosis of a joint (frozen joint)			Epilepsy (convulsions, seizures)			Muscular dystrophy
		Arteriosclerosis			Fractures			Parkinson's disease
		Arthritis			Gastroesophageal reflux disease			Polio (poliomyelitis)
		Brain damage			Heavy-metal poisoning			Psychiatric/Psychological treatment or nervous condition
		Cancer (any type)			Hemophilia			Silicosis
		Cardiac or heart problems			Herniated disk (back or neck injury)			Stroke
		Carpal tunnel syndrome			High blood pressure			Surgical removal of a disk, or spinal fusion
		Cerebral palsy			Hodgkin's Disease			Thrombophlebitis
		Cerebral vascular accident			Hyperinsulinism			TMJ (temporomandibular joint disorder)
		Chronic fatigue syndrome			Ionizing radiation injury			Tuberculosis
		Chronic osteomyelitis (infection in bone)			Knee surgery			Ulcers
		Complex regional pain syndrome or reflex sympathetic dystrophy			Total loss of sight of one or both eyes, or a partial loss of corrected vision of more than 75% bilaterally			Varicose veins
		Compressed air sequelae			Migraines			
		Deafness				Explain all "Yes" answers. Please use back of form to give further explanation and details.		

2. Primary care physician _____ Address _____

3. Have you ever injured or hurt your knee? ☐ Yes ☐ No Back? ☐ Yes ☐ No Neck? ☐ Yes ☐ No Shoulder? ☐ Yes ☐ No

If yes, did you receive treatment from a doctor? ☐ Yes ☐ No

Was surgery performed? ☐ Yes ☐ No If yes, when? _____ Where? _____

Name and address of doctor who performed the treatment _____

4. Have you ever received workers' compensation or disability benefits? ☐ Yes ☐ No If yes, please explain _____

5. Do you have, or have you ever had, any physical disability or impairment? ☐ Yes ☐ No If yes, please describe _____

Part of body? _____ Percentage of impairment? _____

I HAVE READ, AND FULLY UNDERSTAND, THIS FORM. I UNDERSTAND THAT MY FAILURE TO ANSWER TRUTHFULLY ANY OF THE ABOVE QUESTIONS MAY RESULT IN MY FORFEITURE OF ANY AND ALL WORKERS' COMPENSATION BENEFITS UNDER LA. REV. STAT. ANN. § 23:1208.1 (West 2007).

Your signature

Date

Witness's signature

Date

CRIMINAL HISTORY AND DRIVING RECORD SEARCH

Consent to perform Criminal History and Driving Record Search

Date _____

Drivers License Number _____

Drivers License State _____

Last Name _____

First Name _____

Middle Name _____

Maiden and/or Last Names Used _____

Current Mailing Address _____

Date of Birth _____

Social Security Number _____

Sex _____

Race _____

I, _____ am applying for employment with TFG Construction, Inc., and as part of the application process, the employer conducts a criminal history and driving record search. I hereby certify that all information provided in this authorization is true, correct and complete. I give consent for them to conduct a criminal history and driving record search.