

CDL HOLDER APPLICATION FOR EMPLOYMENT



RETURN TO:

**American Materials, LLC
717 Short Street
P.O. Box 1246
Eau Claire WI 54702
Phone # 715-835-2251 or 866-421-7625**

Date _____

CDL Holder Application For Employment

(Applications will be considered current for a period of 12 months.)

(PLEASE PRINT)

Name

LAST FIRST MIDDLE

Address _____
NUMBER STREET CITY STATE ZIP CODE

Telephone (_____) _____ Email Address _____
Area Code

Job Titles Applying For: _____

List any additional addresses of residency for the past 3 years.

Street City State Zip Code How Long? _____

Street City State Zip Code How Long? _____

Street City State Zip Code How Long? _____

Date of Birth _____

If employed and you are under 18
can you furnish a work permit? ☐ Yes ☐ No
(Leave blank if over 18)

Have you filed an application here before? ☐ Yes ☐ No If yes, give date _____

Have you ever been employed here before? ☐ Yes ☐ No If yes, give date _____

Are you employed now? ☐ Yes ☐ No May we contact your present employer? ☐ Yes ☐ No

Are you currently a U.S. citizen or otherwise currently
authorized to obtain lawful employment in this country? Yes ☐ No ☐
(Proof of citizenship or immigration is required to be
furnished at the time of hire.)

On what date would you be available for work? _____

Type of employment desired: ☐ Fulltime ☐ Part-Time ☐ Temporary ☐ Seasonal

Are you on a lay-off subject to recall? ☐ Yes ☐ No

Will you relocate if job requires it? ☐ Yes ☐ No Will you travel if job requires it? ☐ Yes ☐ No

Revised 1/2014

EEO/AA (W/M/Vets/Disability) Employer

Other than for purposes of religious observances or practices are there any days or times that you would not be available for work?.....☐ Yes ☐ No
If yes, please list the dates and/or times you would not be available:

If offered a position conditioned on the results of a medical examination and if required by the employer, will you undergo a pre-employment physical?.....☐ Yes ☐ No

Prior Pre-Employment Drug Or Alcohol Tests:

Have you ever tested positive or refused to test on any pre-employment drug or alcohol test administered by an employer to which you applied for work, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past three years?

☐ YES ☐ NO

GENERAL INFORMATION

What specific kind of work are you applying for?

List special qualifications you have.

What equipment are you qualified to operate?

REFERENCES

List name and telephone number of three (3) business/work references who are **not** related to you.

Name	Telephone	Years Known
	()	
	()	
	()	

DRIVER'S LICENSE

TO BE COMPLETED FOR ALL POSITIONS INVOLVING THE OPERATION OF A MOTOR VEHICLE OR OFF-ROAD EQUIPMENT.

TYPE OF DRIVER'S LICENSE YOU HOLD

☐ OPERATOR

☐ COMMERCIAL OPERATOR TYPE: ☐ A ☐ B ☐ C ☐ D

ENDORSEMENTS: ☐ TANKER ☐ HAZMAT

ISSUED BY
WHAT STATE

EXPIRATION
DATE

DRIVER'S LICENSE NO.

Has your driver's license been revoked or suspended in the last 3 years? ☐ Yes ☐ No

If yes, explain _____

How many years have you been driving? ☐ Less than 1 year ☐ 2-3 years ☐ Over 3 years

Any restrictions on your license? ☐ Yes ☐ No If yes, explain _____

Did you have any **moving traffic violations** or **accidents** in the last 3 years? ☐ Yes ☐ No

If yes, show details below.

DATE	DESCRIPTION OF VIOLATIONS (not parking)	DATE	DESCRIPTION OF ACCIDENTS

(Above may be verified by DMV check)

DRIVING EXPERIENCE

Class of Equipment

Straight Truck: Dates Driven: From _____ To _____ Approx. total mileage _____

Dump Truck: Dates Driven: From _____ To _____ Approx. total mileage _____

Tank Truck: Dates Driven: From _____ To _____ Approx. total mileage _____

Flatbed Truck: Dates Driven: From _____ To _____ Approx. total mileage _____

Drop Deck: Dates Driven: From _____ To _____ Approx. total mileage _____

Other: Dates Driven: From _____ To _____ Approx. total mileage _____

EDUCATION

Education	Name and Location	Circle Last Year Completed	Did you Graduate?	Subjects Studied
High School	_____	9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College	_____	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please list any education or courses, which you feel qualify for the position(s) for which you are applying. Include school(s) attended and degree(s), if any, obtained.

Revised 1/2014

EMPLOYMENT EXPERIENCE

Please list all jobs held within the last 10 years starting with your present or last job. Explain any gaps in employment in the comments section below. All information requested is required by FMCSA regulations. Please fully answer all questions.

Employer ()	Telephone ()	Dates Employed		Work Performed
		From	To	
Address				
Job Title		Hourly Rate/Salary		
Supervisor				
Reason for Leaving		Were you subject to the Federal Motor Carrier Safety Regulation under this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Did you perform a safety-sensitive function for this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer ()	Telephone ()	Dates Employed		Work Performed
		From	To	
Address				
Job Title		Hourly Rate/Salary		
Supervisor				
Reason for Leaving		Were you subject to the Federal Motor Carrier Safety Regulation under this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Did you perform a safety-sensitive function for this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer ()	Telephone ()	Dates Employed		Work Performed
		From	To	
Address				
Job Title		Hourly Rate/Salary		
Supervisor				
Reason for Leaving		Were you subject to the Federal Motor Carrier Safety Regulation under this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Did you perform a safety-sensitive function for this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer ()	Telephone ()	Dates Employed		Work Performed
		From	To	
Address				
Job Title		Hourly Rate/Salary		
Supervisor				
Reason for Leaving		Were you subject to the Federal Motor Carrier Safety Regulation under this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Did you perform a safety-sensitive function for this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer ()	Telephone ()	Dates Employed		Work Performed
		From	To	
Address				
Job Title		Hourly Rate/Salary		
Supervisor				
Reason for Leaving		Were you subject to the Federal Motor Carrier Safety Regulation under this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Did you perform a safety-sensitive function for this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Special Skills and Qualifications

Summarize special skills and qualifications

acquired from employment or other experience. _____

Comments

APPLICANT'S STATEMENT

I certify that the information contained in my application is true and complete. I understand that false statements or material omissions on this application may result in rejection of my application, or if employed, may result in my dismissal. Furthermore, I understand that I am free to resign my employment at any time and the Company reserves the right to terminate my employment at any time, with or without cause, and without prior notice. I understand that no representative of the Company has the authority to make any assurances or representations to the contrary.

I authorize the Company to investigate all references, to verify all information I have supplied and to secure such other information as may relate to my application for employment. I understand that as a Commercial Driver's License (CDL) holder, investigations and inquiries will be conducted as required by Sec 391.23 of the Federal Motor Carrier Safety regulations. I understand that the results of the investigation may result in refusal of or release from employment.

I understand that I have the right to review any information provided by previous employers. I must submit a written request at the time of application or within 30 days of my date of hire if I wish to review information provided by my previous employers. If I disagree with the information provided I have the right to have any errors in the information corrected by my previous employer. I must send the request for correction to my previous employer. The previous employer will either re-send the corrected information or notify me within 15 days of receiving the request that the request to correct the data does not agree to the correct data. If my previous employer does not agree to correct the information in question, I have the right to have a rebuttal statement attached to the alleged erroneous information.

I release from all liability or legal claims every person seeking or providing information, whether oral or written. A photocopy of this release shall be as valid as the original, and may be relied upon by all persons providing information.

The Company is an equal opportunity employer. The Company does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.

I understand that neither this document nor any offer of employment from the Company constitute an employment contract, either expressed or implied.

It is the policy of this Company to comply with all applicable federal, state and local laws and not discriminate against or harass any employee or applicant for employment because of race, color, creed, religion, national origin, ancestry, sex, sexual orientation, individuals with disabilities, veteran status, age, marital status, pregnancy or childbirth, use of lawful products, arrest or conviction record, honesty testing, genetic testing or information, military service membership, veteran status, local human rights commission activity, status with regard to public assistance, gender identity, height or weight, and all other federal, state, and local protected classes. The Company will take affirmative action to ensure that all employment practices are free of such discrimination. Such employment practices include, but are not limited to, the following: hiring, upgrading, demotion, transfer, recruitment or recruitment advertising, layoff, disciplinary action, termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship.

To complete our online application process you will be asked to provide information which may include your place of residence, background and work history. This information will be used to determine your experience as it pertains to the position to which you have applied. You will not be considered an applicant until your application is complete and electronically submitted. The information you provide is subject to verification. You agree to allow the Company to process the information to determine your qualifications for the job. Providing fraudulent or misleading information will constitute grounds for disqualification for the job. We ask that you voluntarily provide the information requested during the application process, which may include, but is not limited to, gender, ethnic or racial background information and may constitute sensitive personal data. The Company is required to ask for this type of information in order to comply with its equal opportunity legal requirements. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

By completing the job application, you voluntarily agree that the Company may provide your application information to any third party we consider relevant solely for the purpose of assessing your qualifications for the job. Job application information may also be shared with the Company's subsidiary and affiliated companies for employment considerations only.

The Company is committed to providing accessibility to employment opportunities for individuals with disabilities. If you require reasonable accommodations in the application or interview process, or have any other questions regarding the online application process, please call the Human Resource Department at (855)-844-0125.

Signature of Applicant

Date

Revised 1/2014

EEO/AA (W/M/Vets/Disability) Employer

Fair Credit Reporting Act Disclosure Statement

Company: American Materials, LLC
Address: 717 Short Street
Eau Claire WI 54702
Phone Number: 715-835-2251

In accordance with provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug & alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicant/Employee Signature

Date

Print Name

Social Security Number

Name: _____
Please Print

APPLICANT AFFIRMATIVE ACTION VOLUNTARY IDENTIFICATION

This Company is a government contractor. A requirement for Federal or Federally Assisted Construction Contracts is to report the number of handicapped, veteran, male/female, and minority/non-minority employees and applicants we have.

SUBMISSION OF THE INFORMATION REQUESTED BELOW IS **STRICTLY VOLUNTARY.**

Referral Source(s):

____ Advertisement
____ Employee
____ Relative
____ Walk-in
____ Other
____ Government Employment Agency
____ Private Employment Agency

What is your race/ethnic origin?

____ White
____ Black or African American
____ Hispanic or Latino
____ Asian
____ Native Hawaiian or Other Pacific Islander
____ American Indian or Alaska Native
____ Two or More Races

Name of referral source (if applicable) _____

What is your Gender?

____ Female
____ Male

____ **I decline to provide this information**

This company is an Equal Opportunity / Affirmative Action Employer and does not discriminate on the basis of race, color, creed, religion, national origin, ancestry, sex, sexual orientation, individuals with disabilities, veteran status, age, marital status, pregnancy or childbirth, use of lawful products, arrest or conviction record, honesty testing, genetic testing or information, military service membership, status with regard to public assistance, local human rights commission activity, gender identity, height, weight or other basis prohibited by applicable local, state or federal fair employment laws or regulations.

Date: _____ Signature: _____

CDL Credentials - Safety Performance History Records Request

The previous DOT-regulated employer release requested information on receipt of the written inquiry within 30 days after the request. 49 CFR §391.23. **This form must be completed for each employer within the past three years.**

Prospective Employer: _____

Address: _____

Telephone Number: _____ Fax Number: _____

Section 1: To be completed by the Prospective Employee

Employee Printed Name: _____ SSN: _____

Previous Employer: _____

Address: _____ Phone Number: _____

City, State, Zip: _____ Fax Number: _____

I hereby authorize my previous employer to release and forward information regarding my performance, as your past employee (driver).
A photocopy of this release shall be as valid as the original, and may be relied upon by all persons providing information.
I understand the information to be released by my previous employer is described below in section 2.

Employee Signature: _____ Date: _____

Section 2: To be completed by the Previous Employer

You are hereby requested to provide the following information and transmit it to the prospective employer listed above.

Dates Employed from _____ to _____ as _____ at a wage or salary of _____.

Equipment Operated: Tractor Trailer ☐ Straight Truck ☐ Van ☐ Flat ☐ Reefer ☐ Bus ☐

Type of Operation: Local ☐ Over the Road ☐ Combination ☐

Accident History:

Date _____ Type of accident _____ Preventable? Yes ☐ No ☐

Date _____ Type of accident _____ Preventable? Yes ☐ No ☐

Date _____ Type of accident _____ Preventable? Yes ☐ No ☐

Date _____ Type of accident _____ Preventable? Yes ☐ No ☐

Comments: _____

In the three years prior to the date of the prospective employee's signature in Section 1 above, for DOT-regulated testing:

	Yes	No
1. Did the individual receive an alcohol test with a result of 0.04 or greater?	<input type="checkbox"/>	<input type="checkbox"/>
2. Did the individual receive a verified positive drug test result?	<input type="checkbox"/>	<input type="checkbox"/>
3. Did the individual refuse to be tested (including verified adulterated or substituted drug test results)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Did the individual have other violations of DOT agency drug & alcohol testing regulations?	<input type="checkbox"/>	<input type="checkbox"/>
5. Did a previous DOT-regulated employer report a drug & alcohol rule violation to you?	<input type="checkbox"/>	<input type="checkbox"/>
6. If you answered "yes" to any of the above items, did the individual complete the return-to-duty process?	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing records).

Name of person providing information: _____ Title: _____

Phone number: _____ Date: _____

Section 3: To be completed by the Prospective Employer

Receipt of information from Previous Employer

Date information Received: _____

Received by: _____

Method of Communication

☐ Letter ☐ Fax

☐ Phone ☐ E-mail

Revised: 11/2/2012

NOTICE FOR ALL EMPLOYEES & APPLICANTS

OPERATING STATEMENT

It is the policy of American Materials, LLC to assure that applicants are employed, and that employees are treated equal during employment, without regard to their race, color, national origin, religion, creed, sex, disability, marital status, arrest or conviction record, ancestry, membership in the National Guard, state defense force or reserves, age, or status as a special disabled veteran or veteran of the Vietnam era, use of lawful products, honesty testing, pregnancy or childbirth, genetic testing or information, military service membership, sexual orientation, status with regard to public assistance, local human rights commission activity, gender identity, height or weight, and all other federal, state, and local protected classes. Such action shall include: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including: apprenticeship, preapprenticeship, or on-the-job training.

We encourage our employees to refer qualified and/or qualifiable minority and female applicants for employment.

DESIGNATION OF EEO/AA OFFICER

American Materials, LLC has designated Linda Thompson, 717 Short Street, Eau Claire, WI 54701, (715) 835-2251 as the Division EEO/AA Officer and June R. Gale, 920 10th Ave. N., Onalaska, WI 54650, (608) 783-6411 or her direct line (608) 779-6308 as the Corporate EEO/AA Officer for this project.

Linda Thompson has the responsibility to effectively administer and promote this Policy, and is assigned adequate authority and responsibility to do so.

TRAINING LETTER

American Materials, LLC has an approved informal training and promotion program available through various associations. We encourage your participation in these programs. Periodic random interviews will be conducted to assess the training needs of our employees.

To be considered for our company's training program, a prospective trainee must be an employee in good standing and/or have supervisory approval. For further information, copies of outlines of individual job classifications/area training programs contact Linda Thompson at the American Materials office at 717 Short Street, Eau Claire, WI 54701. American Materials office phone number is (715) 835-2251 or Linda Thompson's direct line is (715) 835-2251 x 108.