

DRIVER'S APPLICATION



Acrobat Reader (click to download) required to fill out & submit electronically.
Application will **NOT** work properly in a browser.

Date: _____

Name: _____

Social Security No.: _____

**MASTERS RMC INC.,
MASTERS CONCRETE PRODUCTS**
P.O. BOX 25
9495 Main Street
Kingsley, PA, 18826

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 & 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 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.

I have read and understand the terms of employment.

Applicant Signature _____

Date _____

FOR COMPANY USE

Applicant Hired: _____ Rejected: _____

Date Employed: _____ Point Employed: _____

Department: _____ Classification: _____

Signature of Interviewing Officer: _____

(If rejected, summary report of reasons should be placed in file.)

TERMINATION OF EMPLOYMENT

Date Terminated: _____ Department Released From: _____

Dismissed: _____ Voluntarily Quit: _____ Other: _____

Termination Report Placed In File: _____ Supervisor: _____

DRIVER'S APPLICATION FOR EMPLOYMENT



Name: _____ Position Applied For: _____

RESIDENCY HISTORY - List your addresses of residency for the past 3 years.

Current Address	Street _____			City _____		
	State _____	Zip _____	Phone _____	How Long? _____		
Previous Address	Street _____		City _____	State _____	Zip _____	How Long? _____
	Street _____		City _____	State _____	Zip _____	How Long? _____
	Street _____		City _____	State _____	Zip _____	How Long? _____

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

Date of Birth: _____ Can you provide proof of age? **Yes** **No**

MASTERS EMPLOYMENT HISTORY

Have you worked for Masters before?	Yes No	If yes please complete the rest of this section.			
Location	_____	Dates	_____	Rate of Pay	_____
Position	_____	Reason for Leaving	_____		
Are you currently Employed?	Yes No	If not, how long since leaving last employment? _____			
Who referred you?	_____	Rate of Pay Expected	_____		
Have you ever been bonded? <small>(Answer only if a job requirement)</small>	Yes No	Name of bonding company	_____		
Have you ever been convicted of a felony?	Yes No	If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment-all circumstances will be considered.			

Is there any reason you might be unable to perform the functions of the job for which you have applied? **Yes** **No**

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EMPLOYMENT HISTORY

All 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 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			DATE (MO / YR)	
Name			From:	To:
Address			Position Held	
City	State	Zip	Salary Wage	
Contact Person		Phone	Reason for Leaving	
Were you subject to the FMCSRs** while employed?			Yes 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? Yes No				

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EMPLOYER			DATE (MO / YR)	
Name			From:	To:
Address			Position Held	
City	State	Zip	Salary Wage	
Contact Person		Phone	Reason for Leaving	
Were you subject to the FMCSRs** while employed? Yes 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? Yes No				

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Name			From:	To:
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City	State	Zip	Salary Wage	
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Were you subject to the FMCSRs** while employed? Yes 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? Yes No				

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EMPLOYER			DATE (MO / YR)	
Name			From:	To:
Address			Position Held	
City	State	Zip	Salary Wage	
Contact Person		Phone	Reason for Leaving	
Were you subject to the FMCSRs** while employed? Yes 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? Yes 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.

DRIVER'S APPLICATION FOR EMPLOYMENT**ACCIDENT HISTORY** (For past 3 years or more (attach sheet if more space is needed) if none, write NONE)

Date	Nature Of Accident (Head-On, Rear-End, Upset, Etc.)	Fatalities	Injuries	Hazardous Material Spill
Last Accident:				
Prev. Accident:				
Next Previous:				

TRAFFIC CONVICTIONS (And forfeitures for the past 3 years (other than parking violations) if none, write NONE)

Date	Location	Charge	Penalty

EXPERIENCE AND QUALIFICATIONS - DRIVER (List all driver licenses or permits held in the past 3 years)

State	License No.	Type	Expiration Date
Drivers Licenses			

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

DRIVING EXPERIENCE Check YES or NO

Class of Equipment		Type of Equipment (Van, Tank, Flat, Dump, Refer)	Dates		Approx. No. Of Miles
			From (M/Y)	To (M/Y)	
Straight Truck	Yes No				
Tractor & Semi-Trailer	Yes No				
Tractor - 2 Trailers	Yes No				
Tractor - 3 Trailers	Yes No				
Motorcoach / School Bus 8+	Yes No				
Motorcoach / School Bus 15+	Yes No				
Other :					

List states operated in for last five years

Courses or training that will help you as a driver

Which safe driving awards do you hold & from whom

EDUCATION

Did you graduate High School? Yes No Years Completed Graduate College? Yes No Years Completed

Last School Attended

TO BE READ & SIGNED BY APPLICANT

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 Signature Date

Email:

UF-1967 10/04R

PLEASE READ:	
DC APPLICANT(S)	WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
NY APPLICANT(S) (Fraud Warning)	Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.
OHIO APPLICANT(S)	Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
PA APPLICANT(S)	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.
TN & VA APPLICANT(S)	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
WV APPLICANT(S)	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
OTHER APPLICANT(S)	Any person who knowingly files an application containing any false, incomplete or misleading information, may be subject to criminal and/or civil penalties.
COMMERCIAL DRIVER SIGNATURE	<p>I certify that I have given true and complete answers to the above questions. You have my permission to obtain a copy of my motor vehicle driving record for purposes of determining my eligibility for coverage under this policy.</p> <p>DRIVER'S SIGNATURE Date</p>
POLICYHOLDER SIGNATURE	<p>POLICYHOLDER'S (OR AUTHORIZED REPRESENTATIVE'S) SIGNATURE Date</p> <p>Title</p>

or save and email to jobs@mastersconcrete.com or print and drop off at Masters Concrete, Kingsley, PA