## **DRIVER'S APPLICATION**



what Reader (click to download) required to fill out & submit electronically

Termination Report Placed In File: Supervisor:

Application will <b>NOT</b> work properly in a browse		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.								
ТО	BE READ & SIC	NED 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;									
	<ul> <li>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</li> </ul>								
Have a rebuttal statement attache on the accuracy of the information		oneous information, if the previous employer(s) and I cannot agree							
I have read and understand the terms	of employment.								
Applicant Signature		Date							
FOR COMPANY USE									
Applicant Hired:		Rejected:							
Date Employed:		Point Employed:							
Department:	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:\	oluntarily Quit:	Other:							

### DRIVER'S APPLICATION FOR EMPLOYMENT



Name:	Position Applied For:								
RESIDENCY HI	STORY - List	your addres	ses of	residency for t	he past 3 ye	ears.			
Current Address	Street					City			
	State Zip Phone			ne				How Lo	ong?
Previous Address	Street			City		State	Zip	How Lo	ong?
	Street			City		State	Zip	How Lo	ong?
	Street			City		State	Zip	How Lo	ong?
Do you have the le	egal right to w	ork in the Un	ited Sta	ntes? Yes	No				
Date of Birth:		Can	you pro	ovide proof of ag	e? <b>Ye</b> s	. No	)		
MASTERS EMP	OYMENT H								
MASIERS EMI	LOTMENT	iioroki							
Have you worke	ed for Masters	s before?	Yes	<b>No</b> If y	es please con	nplete the r	est of this sec	tion.	
Location			Date	s L	_ L		Rate of Pay		
Position			– Reas	on for Leaving					
Are you current	:ly Employed?	Yes	N	O If not, how lo	ong since leav	ing last en	nployment?		
Who referred yo	ou?					Rate of Pa	ay Expected		
							LAPECTEU _		
Have you ever b (Answer only if a job		Yes	N	O Name of bon	ding compar	у			
Have you ever b	een convicte	d of a felony?		Yes No			n a separate shee		viction of a crime is not onsidered.
Is there any reasor		ahla ta m	- wf - w	the functions of	the ich for w	hiaha ha	nuo ampliad?	Yes	No
	,					, ,			
EMPLOYMENT	HISTORY								
All driver applica	ants to drive in nailing address nerce shall also	s, street numb provide an ad	er, city, ditiona	, state and zip co	de. Applicant tion on those	ts to drive a	a commercial for whom the a	motor vehicopolicant ope	e preceding 3 years. cle* in intrastate or erated such vehicle.
			MPLC	YER				DATE (	MO / YR )
Name							From	1:	То:
Address		1 -			T			ion Held	
City	State Zip Salary Wage								
Contact Person		***!!	a .a.c :- 1	ري در	Phone		Reas	on for Leaving	5
Were you subject					No				
Was your job de requirements of	_	-		No	ı-regulated r	noae subje	ect to the dru	g and alcoh	ioi testing

#### **DRIVER'S APPLICATION FOR EMPLOYMENT**



EMPLOYER		DATE (	MO / YR )				
Name		From:	To:				
Address	1	Position Held	1				
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 requirements of 49 CFR part 40? Yes No		e drug and alcoh	ol testing				
EMPLOYER		DATE (	MO / YR )				
Name		From:	То:				
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							
EMPLOYER		DATE (	MO / YR )				
Name		From:	То:				
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 requirements of 49 CFR part 40? Yes No	T-regulated mode subject to th	e drug and alcoh	ol testing				
EMPLOYER		DATE (	MO / YR )				
Name	•	From:	То:				
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? <b>Yes No</b>							
EMPLOYER		DATE (	MO / YR )				
Name		From:	То:				
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							

<sup>\*</sup>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.

<sup>\*\*</sup>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 po	ıst 3 years <u>or m</u> oı	re (atta <u>ch</u> s	sheet if more_space is needed) if	none, write NONE)			
Date	Nature Of Accident (Head-On, Rear-End. Upset. Etc.)		ent Eatalities	Injuries	Ha	Hazardous Material Spill	
Last Accident:	(Head-On, Rear	-End. Upset. I	Etc.)				
Prev. Accident:							
Next Previous:							
TRAFFIC CONVICTIONS ()	And forfeitures for	r the past :	3 years lother than parking violat	tions) if none write <b>N</b> C	ONF )		
Date		Loco		Charge		Penalty	
Baic		1000		Charge		renany	
EXPERIENCE AND QUALIFI	CATIONS - D	RIVER ( L	ist all driver licenses or permits h	eld in the past 3 years	; )		
	State		License No.	Туре		Expiration Date	
Drivers				71 -			
Licenses						1	
						1	
A. Have you ever been denied a	license, permi	it or privi	lege to operate a motor veh	nicle? Yes	No	1	
B. Has any license, permit or pri	<del>-</del>	-		Yes	No		
DRIVING EXPERIENCE Chec	k YES or NO						
Class of Equip	oment	-	Type of Equipment (Van, Tank, Flat, Dump, Refer)	Do From ( M/Y )	ites To ( M,	Approx. No. Of Miles	
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 fi	ve years						
Courses or training that will hel	p you as a driv	er					
Which safe driving awards do yo	ou hold & from	whom					
EDUCATION							
Did you graduate High School?	Yes N	lo Vears	Completed Gradua	ate College? Ye	s No	Years Completed	
Last School Attended		- icais	Completed Gradue				
TO BE READ & SIGNED BY	ADDLICANT						
This certifies that this application		ed by me,	, and that all entries on it an	d information in it a	re true and	complete to the best of	
my knowledge. Applicant Signature				n.	<sub>1+0</sub>		
Applicant Signature				Da			
Email:							



# **COMMERCIAL DRIVER QUESTIONNAIRE #10**

1. POLICYHOLDER'S NAME	POLICY NUMBER	AGENT NO.	AGENT NAME						
POLICYHOLDER'S ADDRESS									
2. DRIVER'S FIRST NAME	MIDDLE INITIAL L	AST NAME		□ MALE □ FEMALE					
Z Z									
LICENSE NUMBER  STATEPR TH  COMMERCIAL DRIVER'S IDATE HIRED  JOB TITLE	RIOR STATE AND OPERATOR'S NUM	MBER IF LESS DATE FIRST LICENSE	D DATE OF BIRTH	SOCIAL SECURITY NUMBER					
THE PROPERTY OF THE PROPERTY O	RÍOR STATE AND OPERATOR'S NÚN IAN 3 YEARS	OR DATE OF PERMIT	DATE OF BIRTH	Soone Secont Promber					
	. D	RIVER'S AUTO INSURANCE CO	MPANY	HOME PHONE NUMBER					
≤ LICENSE?									
3. WARNING: An incorrect answer, intention	al or not to any quest	ion helow may jeonardi:	ze continuina co	verage					
If the answers to any of the following are "			ze continuing co						
Has driver:				YES NO					
(a) Had any auto insurance refused, cancelled or ex	pired in the past 5 years?	or been excluded or restric	ted on a policy in t	the past 5 years?					
OHIO ONLY: Had any auto insurance refused, ca	ncelled or expired for:								
(1) Material misrepresentation in application or									
(2) Suspension, revocation or expiration of open	rator's license of named i	nsured or principal operator	?						
(b) Been required to file evidence of financial respon	nsibility in the past 5 year	's?							
(c) Had their driver's license or driving privileges re	voked or suspended in the	e past 5 years? (Give date a	nd reason.)						
(d) Received a ticket for speeding, a PBJ (PJC in NC	), or any other vehicle cod	e violation within the past 5	vears?						
(If "Yes," give date and description of violation(s)	•	•	-						
(e) Ever receive any felony convictions? Give date, or		-	,						
(f) Had a physical or mental impairment or disabilit									
sight or limb loss, back condition or other medic	•								
(g) Had any comprehensive losses (deer, fire, glass	• • • •		•						
1 10									
(h) While driving any motor vehicle, commercial or	•	i an accident during the pas	t 5 years?						
Describe all accidents regardless of who was at									
(i) FOR MD ONLY: Refused to submit to a chemical				e past 3 years?					
(NOTE FOR DC ONLY: Question 3(a) not applicable. F			cord only.)						
(NOTE FOR MD ONLY: For Questions 3 (a), (b), (c), (d)	), (g), (h) & (i) ask for 3 yea	ar record only.)							
(NOTE FOR WI ONLY: Question 3(f) not applicable.)									
Details for "Yes" answers:									
4. List driver's previous experience driving types of	commercial vehicles insur	ed and anv safety courses o	ompleted						
<b>5.</b> Does driver take home any company autos on a re									
	-	are the restrictions?							
7. Were MVRs/CLUEs ordered on any/all drivers?	•	attach copies.							
7. Were myns/olds ordered on any/an drivers:	103 110 11 103,	attacii copics.							
8. OTHER PERTINENT INFORMATION									
AGENT: Do you consider this an accepta	able risk?								
Agent's									
Signature									
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#### PLEASE READ: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other DC person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially APPLICANT(S) related to a claim was provided by the applicant. 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 APPLICANT(S) (Fraud Warning) 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. 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 OHIO containing a false or deceptive statement is guilty of insurance fraud. 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 APPLICANT(S) thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties. It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the TN & VA company. Penalties include imprisonment, fines and denial of insurance benefits. APPLICANT(S) Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information WV APPLICANT(S) in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. Any person who knowingly files an application containing any false, incomplete or misleading information, may be subject to criminal **OTHER** and/or civil penalties. APPLICANT(S) I certify that I have given true and complete answers to the above questions. You have my permission to obtain a copy COMMERCIAL of my motor vehicle driving record for purposes of determining my eligibility for coverage under this policy. DRIVER **SIGNATURE** DRIVER'S SIGNATURE \_\_\_\_\_\_ Date \_\_\_\_\_ POLICYHOLDER'S (OR AUTHORIZED REPRESENTATIVE'S) **POLICYHOLDER SIGNATURE** SIGNATURE .....

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

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