

A-1 Asphalt Inc.
4634 Division
Wayland, MI 49348

Application for Employment

Pre-Employment Questionnaire

an Equal Opportunity Employer

Date: _____

Personal Information

Name: (Last, First, Middle) _____

Present Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ / _____ / _____ Date of Birth: _____ / _____ / _____

Phone Number: () _____ - _____ Hire Date: _____

Other Addresses for Past Three Years

Previous Address: _____

City: _____ State: _____ Zip: _____

Previous Address: _____

City: _____ State: _____ Zip: _____

Previous Address: _____

City: _____ State: _____ Zip: _____

Desired Employment

Position: _____ Date Available to Start: _____

Salary Desired: _____ Have you applied to this company before? _____

Previous Employment (use additional forms if necessary)

- Any gaps in unemployment must be explained.
- Any applicant wishing to be employed in a driving function (or possessing a Commercial Drivers License class A, B, or C) must provide the following information on all employers during the preceding three years. You are required to give the same information for all employers for whom you have driven a commercial vehicle seven years prior to the initial three years for a total of ten years.
- The FMCSRS (Federal Motor Carrier Safety Regulations) 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 9 or more passengers, or (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

Current or Last Employer

Name: _____ Phone Number: _____

Address: _____ City: _____

State: _____ Zip: _____ Position: _____

Start Date: _____ Leaving Date: _____ Final Salary: _____

Name of Supervisor: _____

Description of Work Performed: _____

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___

Previous Employer

Name: _____ Phone Number: _____

Address: _____ City: _____

State: _____ Zip: _____ Position: _____

Start Date: _____ Leaving Date: _____ Final Salary: _____

Name of Supervisor: _____

Description of Work Performed: _____

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___

Previous Employer

Name: _____ Phone Number: _____

Address: _____ City: _____

State: _____ Zip: _____ Position: _____

Start Date: _____ Leaving Date: _____ Final Salary: _____

Name of Supervisor: _____

Description of Work Performed: _____

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___

Account for any Gaps in Employment: _____

Experience and Qualifications

Driving Experience

What type of Driver's License do you have? _____

State: _____ License Number: _____

Expiration: _____

Have you ever been denied a license, permit, or privilege to operate a motor vehicle?

Yes___ No___

Has any license, permit, or privilege ever been suspended or revoked? Yes___ No___

How many years of driving experience do you have, and in what type of vehicle? List experience in each type. _____

Equipment Operating Experience

Please list (one per line) what equipment you can operate and number of years experience.

Accident History (three years)

If no accidents within the last three years check here: _____

Date (mo/yr)	Nature of Accident (head-on, rear end, etc.)	Number of Fatalities	Number of Injuries	Hazardous Materials Spill?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Traffic Convictions History (three years)

If no traffic convictions and/or Forfeitures within last three years check here: _____

Date Convicted (mo/yr)	Violation (other than parking only)	State of Violation	Penalty (Forfeited bond, points)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

General Questions

Who referred you to this company? _____
Are you a citizen of the United States? _____
Are you available for weekend work? _____

Have you ever received workman's compensation? _____

Have you ever been convicted of a felony? _____

Do you have any disabilities that would limit your ability to perform your job? _____

If so, what restrictions? _____

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. (Medical history inquiries will generally only 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 also understand 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."

Signature _____ Date _____

Application Certification

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: _____