



P.O. Box 2098 • Georgia, Vermont 05468  
www.harrisonconcreteinc.com

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HARRISON CONCRETE CONSTRUCTION, INC. Page 1 of 4

## DRIVER'S APPLICATION FOR EMPLOYMENT

HARRISON CONCRETE CONSTRUCTION, INC.  
P.O. BOX 2098, GEORGIA, VT 05468  
(802) 849-6688 FAX (802) 849-9768

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, or non-job related disability.

Date of Application \_\_\_\_\_

NAME: (Last, First, Middle): \_\_\_\_\_

Social Security No: \_\_\_\_\_

List Your Addresses of residency for the past 3 years:

CURRENT ADDRESS: (Street, City) \_\_\_\_\_  
(State, Zip Code) \_\_\_\_\_  
(Phone) \_\_\_\_\_ How Long? \_\_\_\_\_

### PREVIOUS

ADDRESSES: (St., city, State, Zip) \_\_\_\_\_  
\_\_\_\_\_ How Long? \_\_\_\_\_  
\_\_\_\_\_ How Long? \_\_\_\_\_  
\_\_\_\_\_ How Long? \_\_\_\_\_

Do you have the legal right to work in the United States? \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Can you provide proof of age? \_\_\_\_\_

Have you worked for this company before? \_\_\_\_\_ Where? \_\_\_\_\_

DATES: From: \_\_\_\_\_ To: \_\_\_\_\_ Pay \_\_\_\_\_ Position \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

Are you now employed? \_\_\_\_\_

Who referred you? \_\_\_\_\_

**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. Provide additional 7 years employment history driving any commercial motor vehicle in commerce.

(use additional sheets as necessary)

<b>EMPLOYER</b>	<b>DATE</b>
Name: _____	From: ____/____/____
Address: _____	Position _____
City, State, Zip: _____	Wage _____
Contact Person: _____	

<b>EMPLOYER</b>	<b>DATE</b>
Name: _____	From: ____/____/____
Address: _____	Position _____
City, State, Zip: _____	Wage _____
Contact Person: _____	

<b>EMPLOYER</b>	<b>DATE</b>
Name: _____	From: ____/____/____
Address: _____	Position _____
City, State, Zip: _____	Wage _____
Contact Person: _____	

<b>EMPLOYER</b>	<b>DATE</b>
Name: _____	From: ____/____/____
Address: _____	Position _____
City, State, Zip: _____	Wage _____
Contact Person: _____	

**ACCIDENT RECORD: (Must comprise the last 3 years)**

DATES	Nature of Accident	Fatalities	Injuries
Last Accident _____			
Next Previous _____			
Next Previous _____			

(attach a separate sheet if necessary).

**TRAFFIC CONVICTIONS AND FORFEITURES:** (Must comprise the last 3 years)

LOCATION	Date	Charge	Penalty

**EXPERIENCE and QUALIFICATIONS --- DRIVER**

DRIVER LICENSES: State: \_\_\_\_\_ License No.: \_\_\_\_\_

Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

A. Have you ever been denied a license, permit of privilege to operate a motor vehicle:  
 YES       No

B. Has any license, permit or privilege ever been suspended or revoked?  
 YES       No

*IF ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS.*

**EDUCATION**

Highest Grade Completed: \_\_\_\_\_

Last school Attended: (Name, City): \_\_\_\_\_

**DRIVING EXPERIENCE**

PLEASE INDICATE CLASS OF EQUIPMENT, TYPE OF EQUIPMENT, DATES DRIVEN, AND APPROXIMATE # OF MILES.

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List states operated in for last 5 years:

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List special courses or training htat will help you as a driver:

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Show any trucking, transportation or other experience that may help in you work for this company:

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List courses and training other than shown elsewhere in this application:

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**HAVE YOU EVER BEEN CHARGED OR CONVICTED OF A FELONY OR MISDEMEANOR?**

**IF YES, EXPLAIN**

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List special equipment or technical materials you can work with (other than those already shown):

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The 49 CFR 40.25 requires the following information to be asked of individuals seeking to begin safety-sensitive duties for the first time, including any employee transferring into safety-sensitive functions as defined in 49 CFR 382.107.

You must answer the following question regarding drug and alcohol testing to which you applied for, but did not obtain, safety-sensitive transportation work covered by a DOT agency drug and alcohol testing rules during the past two years.

Respond to the following questions by circling the answer.

1. Did you ever test positive on any pre-employment drug test in the past two years?  
YES - NO
2. Did you ever test positive on any pre-employment alcohol test in the past two years?  
YES - NO
3. Did you ever refuse a pre-employment drug or alcohol test in the past two years?  
YES - NO

**TO BE READ AND 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.

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 may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company.

DATE \_\_\_\_\_ Applicant's Signature \_\_\_\_\_