

# POTOMAC CONSTRUCTION INDUSTRIES

## REQUIREMENTS BEFORE INTERVIEWING

- APPLICANT MUST HAVE AN UP-TO-DATE DRIVING RECORD
- APPLICANT MUST ALSO HAVE A VALID MEDICAL DOT CARD

## THIS APPLICATION MUST BE ACCOMPANIED BY

- A COPY OF YOUR DRIVERS LICENSE
- A COPY OF YOUR SOCIAL SECURITY CARD
- A COPY OF YOUR CURRENT DOT PHYSICAL CARD

PLEASE SUPPLY NAMES/PHONES NUMBERS OF PERSON WE MUST NOTIFY IN THE EVENT OF SICKNESS OR ACCIDENT

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

# DRIVERS APPLICATION FOR EMPLOYMENT

Applicant Name \_\_\_\_\_ Date of Application \_\_\_\_\_

**Company: Potmac Construction Industries**  
**Address: 411 Auburn Street**  
**City: Martinsburg State: WV Zip: 25402**

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 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. (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 such 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 employer 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 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## FOR COMPANY USE

Applicant hired _____	Process record
Date employed _____	Rejected _____
Department _____	Point Employed _____
	Classification _____

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

Signature of Interviewing Officer \_\_\_\_\_

## TERMINATION OF EMPLOYMENT

Date terminated \_\_\_\_\_ Department released from \_\_\_\_\_  
Dismissed \_\_\_\_\_ Voluntarily quit \_\_\_\_\_ Other \_\_\_\_\_  
Termination report placed on file \_\_\_\_\_ Supervisor \_\_\_\_\_

**APPLICANT TO COMPLETE**  
(ANSWER ALL QUESTIONS-PLEASE PRINT)

POSITION APPLIED FOR \_\_\_\_\_

NAME \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_  
LAST FIRST MIDDLE

LIST YOUR ADDRESSES OF RESIDENCY FOR THE PAST 3 YEARS

CURRENT \_\_\_\_\_  
STREET CITY, STATE AND ZIP  
PHONE \_\_\_\_\_ HOW LONG AT THIS ADDRESS? \_\_\_\_\_

PREVIOUS \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
ADDRESSES STREET CITY, STATE AND ZIP

STREET CITY, STATE AND ZIP HOW LONG? \_\_\_\_\_

STREET CITY, STATE AND ZIP HOW LONG? \_\_\_\_\_

DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES? \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ CAN YOU PROVIDE PROOF OF AGE? \_\_\_\_\_  
(Required for commercial drivers)

HAVE YOU WORKED FOR THIS COMPANY BEFORE? \_\_\_\_\_ IF SO, WHAT LOCATION? \_\_\_\_\_

DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_ RATE OF PAY \_\_\_\_\_ POSITION \_\_\_\_\_

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

ARE YOU EMPLOYED NOW? \_\_\_\_\_ IF NOT, HOW LONG SINCE LEAVING LAST EMPLOYER? \_\_\_\_\_

WHO REFERRED YOU? \_\_\_\_\_ RATE OF PAY EXPECTED \_\_\_\_\_

HAVE YOU EVER BEEN BONDED? \_\_\_\_\_ IF SO, NAME OF BONDING COMPANY \_\_\_\_\_  
(answer only if a job requirement)

HAVE YOU EVER BEEN CONVICTED OF A FELONY? \_\_\_\_\_ IF YES, PLEASE FULLY EXPLAIN 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 FUNCTION OF THE JOB FOR WHICH YOU HAVE APPLIED? \_\_\_\_\_ IF YES, PLEASE EXPLAIN \_\_\_\_\_

**EMPLOYMENT HISTORY**

ALL DRIVER APPLICANTS TO DRIVE INTERSTATE COMMERCE MUST PROVIDE THE FOLLOWING INFORMATION ON ALL EMPLOYERS DURING THE PRECEEDING 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.)

<b>EMPLOYER</b>			<b>DATE</b>	
NAME			From Mo. Yr.	To Mo. Yr.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALRY/WAGE	
CONTACT PERSON		PHONE NUMBER	Reason for leaving	
WERE YOU SUBJECT TO FMCSRST WHILE EMPLOYED?				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF49 CFR PART 40?				

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CONTACT PERSON		PHONE NUMBER	Reason for leaving	
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**\*\*INCLUDES VEHICLES HAVING A GVWR OF 26,001 LBS. OR MORE, VEHICLES DESIGNED TO TRANSPORT 15 OR MORE PASSENGERS, OR ANY SIZE VEHICLE USED TO TRANSPORT HAZARDOUS MATERIALS IN A QUANTITY REQUIRING PLACARDING.**

ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE (ATTACH A SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

**EXPERIENCE AND QUALIFICATIONS**

LIST ALL DRIVER LICENSE OR PERMITS HELD IN THE PAST 3 YEARS.

STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? \_\_\_\_\_  
 HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED? \_\_\_\_\_  
 IF THE ANSWER TO EITHER OF THE ABOVE QUESTIONS IS YES, PLEASE EXPLAIN IN DETAIL \_\_\_\_\_

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	EXPERIENCE YES OR NO	CIRCLE TYPE OF EQUIPMENT	DATES FROM (M/Y) TO (M/Y)	APPROX NUMBER OF MILES (TOTAL)
Straight Truck		Van tank flat dump refer		
Tractor and Semi Trailer		Van tank flat dump refer		
Tractor- Two Trailers		Van tank flat dump refer		
Tractor- Three trailers		Van tank flat dump refer		
Motorcoach-School Bus (more than 8 passengers)		Van tank flat dump refer		
Motorcoach-School Bus (more than 15 passengers)		Van tank flat dump refer		
Other-				

LIST STATES OPERATED IN THE FOR THE LAST 5 YEARS

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM?

**EXPERIENCE AND QUALIFICATIONS-OTHER**

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY \_\_\_\_\_

LIST ANY COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

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LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

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**EDUCATION**

CIRCLE HIGHEST GRADE COMPLETED 1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE 1 2 3 4

LAST SCHOOL ATTENDED: \_\_\_\_\_  
NAME/ADDRESS CITY, STATE & ZIP

**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.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**THIS APPLICATION IS GOOD FOR SIX MONTHS**