



MIKE SANBORN EXCAVATING & TRUCKING

55 HOMESTEAD LANE
BRENTWOOD, NH 03833
603-234-1424 603-772-5949
www.mikesanbornexcavation.com

DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name

(Print Name): _____ Date of Application: _____

Company: MIKE SANBORN
EXCAVATION

Address: 55 HOMESTEAD LANE, BRENTWOOD NH 03833

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-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 m related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history wi 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 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 e 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 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 ONLY

PROCESS RECORD

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: _____ VOLUNTARY QUIT: _____ OTHER: _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR: _____

APPLICANT TO COMPLETE

(ANSWER ALL QUESTIONS – PLEASE PRINT)

Position(s) Applied for: _____

Name: _____ SSN: _____
Last First Middle

Phone: _____

List your addresses of residency for the past 3 years:

Current Address _____ How Long? _____
Street City State Zip Code yr./mo.

Previous Address _____ How Long? _____
Street City State Zip Code yr./mo.

Previous Address _____ How Long? _____
Street City State Zip Code yr./mo.

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? _____ Where? _____

Dates: From: _____ To: _____ Rate of Pay: _____ Position: _____

Reason for leaving: _____

Are you employed now? _____ If not, how long has it been since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Have you ever been bonded? _____ Name of bonding company _____
(Answer only if a job requirement)

Have you ever been convicted of a felony? _____
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 (as described in the job description)? If yes, explain if you wish.

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List your 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	DATES
NAME:	FROM: To:
ADDRESS:	POSITION:
CITY: STATE: ZIP:	WAGES:
CONTACT PERSON: PHONE:	REASONS FOR LEAVING:
MAY WE CONTACT THIS REFERENCE: Yes No (IF NO, WHY?)	
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	DATES
NAME:	FROM: To:
ADDRESS:	POSITION:
CITY: STATE: ZIP:	WAGES:
CONTACT PERSON: PHONE:	REASONS FOR LEAVING:
MAY WE CONTACT THIS REFERENCE: Yes No (IF NO, WHY?)	
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	DATES
NAME:	FROM: To:
ADDRESS:	POSITION:
CITY: STATE: ZIP:	WAGES:
CONTACT PERSON: PHONE:	REASONS FOR LEAVING:
MAY WE CONTACT THIS REFERENCE: Yes No (IF NO, WHY?)	
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.

EMPLOYER	DATES
NAME:	FROM: To:
ADDRESS:	POSITION:
CITY: STATE: ZIP:	WAGES:
CONTACT PERSON: PHONE:	REASONS FOR LEAVING:
MAY WE CONTACT THIS REFERENCE: Yes No (IF NO, WHY?)	
WERE YOU SUBJECT TO THE FMCSRS** WHILE EMPLOYED? Yes No	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN AY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIRMENTS OF 49 CFR PART 40? Yes No	

EMPLOYER	DATES
NAME:	FROM: To:
ADDRESS:	POSITION:
CITY: STATE: ZIP:	WAGES:
CONTACT PERSON: PHONE:	REASONS FOR LEAVING:
MAY WE CONTACT THIS REFERENCE: Yes No (IF NO, WHY?)	
WERE YOU SUBJECT TO THE FMCSRS** WHILE EMPLOYED? Yes No	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN AY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIRMENTS OF 49 CFR PART 40? Yes No	

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ADDRESS:	POSITION:
CITY: STATE: ZIP:	WAGES:
CONTACT PERSON: PHONE:	REASONS FOR LEAVING:
MAY WE CONTACT THIS REFERENCE: Yes No (IF NO, WHY?)	
WERE YOU SUBJECT TO THE FMCSRS** WHILE EMPLOYED? Yes No	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN AY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIRMENTS OF 49 CFR PART 40? Yes No	

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CONTACT PERSON: PHONE:	REASONS FOR LEAVING:
MAY WE CONTACT THIS REFERENCE: Yes No (IF NO, WHY?)	
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WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN AY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIRMENTS OF 49 CFR PART 40? Yes No	

ACCIDENT RECORD for the past 5 years or more (attach sheet if more space is needed) If NONE, write NONE

	Dates:	Nature of Accident (Head-on, Rear-End, Upset, Etc.)	Fatalities	Injuries	Hazzardous Materials Spill
Last Accident:					
Next Previous:					
Next Previous:					

TRAFFIC CONVICTIONS AND FORFEITURES for the past 5 years (other than parking violations) If NONE, write NONE

Location	Date	Charge	Penalty

EXPERIENCE AND QUALIFICATIONS- DRIVER

List all driver licenses or permits held in the past 5 years (Attach another sheet if more space is required).

DRIVER LICENSES	STATE	LICENSE #	TYPE	EXPIRATION DATE

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

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS _____

DRIVER EXPERIENCE Check Yes or No

CLASS OF EQUIPMENT			Circle Type of Equipment					Dates From (M/Y) To (M/Y)		Approx. # of Miles (Total)
	Yes	No	Van	Tank	Flat	Dump	Other			
Straight Truck										
Tractor & Semi-Trailer										
Tractor- 2 Trailers										
Tractor- 3 Trailers										
Motorcoach- School Bus >8 pass										
Motorcoach- School Bus >15 pass										
Other										

List states operated in for the last five 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

Showing any trucking, transportation or other experience that may help in your work for this company: _____

List courses and training other than shown elsewhere in this application: List special equipment or technical materials you can work with: (other than those already shown) _____

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

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 accurate to the best of my knowledge:

SIGNATURE: _____ **DATE:** _____



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EMPLOYMENT VERIFICATION

Applicant Name: _____ Social Security Number: _____

I hereby authorize for you to give Mike Sanborn Excavating & Trucking all information regarding my services, character, and conduct while in their employ, and you are released from any liability which might result from giving such information. In order to enable Mike Sanborn Excavating & Trucking to comply with the requirements of 49CFR 382.413, I hereby consent Mike Sanborn Excavating & Trucking to obtain from my prior employers the information pertaining to me which they are required to maintain by 49CF 382.401 (B)(1)(i) through (iii) regarding alcohol tests with a concentration result of 0.04 or greater, positive controlled substance test results, and refusals to be tested, within the three (3) direct my prior employers to release such information to Mike Sanborn Excavating & Trucking in personal interviews, telephone interviews, letters, or any other means that insure confidentiality. I hereby authorize Mike Sanborn Excavating & Trucking to such information to any of its personnel whose duties require them to assess this application or to make any recommendations or decisions with respect to it.

Applicant Signature: _____ Date: _____

**PREVIOUS PRE-EMPLOYMENT EMPLOYEE
ALCOHOL AND DRUG TEST STATEMENT**

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past ten years. If the employee admits that he or she had a positive test or refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25(b)(5) and (e))

Company Name: Mike Sanborn Excavating & Trucking
Street: 55 Homestead Lane
City State Zip: Brentwood, NH 03833

Prospective Employee Name: _____ ID Number _____

The prospective employee is required by Sec. 40.25(j) to respond to the following questions.

1. Have you tested positive or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, in any safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules, or refused a post-accident drug and alcohol test at any time when instructed to do so by employer?

Circle One: Yes: No:

2. If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Circle One: Yes: No:

Prospective Employee Signature: _____ Date: _____

Witnessed By: _____ Date: _____