

DRIVER'S APPLICATION FOR EMPLOYMENT

CUMMINS CONSTRUCTION CO., INC.
P.O. Box 748
Enid, Oklahoma 73702

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.

Answer All Questions – Please Print

Date: _____

Name: _____ Social Security No.: _____

Address: _____

Address for Past Three Years: _____

Phone number: _____ Email address: _____

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? _____

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

Who referred you? _____ Rate of Pay Expected: _____

ANSWER ALL QUESTIONS - PLEASE PRINT

Is there any reason you might be unable to perform the function of the job for which you have applied (As described in the attached 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.

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. (Total of ten years employment record).

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER		DATE	
Name		From	To
Address		Position Held	
City	State	Zip	
Contact Person		Phone Number	
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDES DATES (MONTH/YEAR) AND REASON.	
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No.			

EMPLOYER		DATE	
Name		From	To
Address		Position Held	
City	State	Zip	
Contact Person		Phone Number	
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDES DATES (MONTH/YEAR) AND REASON.	
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No.			

EMPLOYER		DATE	
Name		From	To
Address		Position Held	
City	State	Zip	
Contact Person		Phone Number	
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDES DATES (MONTH/YEAR) AND REASON.	
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No.			

EMPLOYER		DATE	
Name		From	To
Address		Position Held	
City	State	Zip	
Contact Person		Phone Number	
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDES DATES (MONTH/YEAR) AND REASON.	
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No.			

EMPLOYER		DATE	
Name		From	To
Address		Position Held	
City	State	Zip	Salary/Wage
Contact Person	Phone Number		Reason for Leaving
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? _____Yes _____No			ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDES DATES (MONTH/YEAR) AND REASON.
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? _____Yes _____No.			

EMPLOYER		DATE	
Name		From	To
Address		Position Held	
City			Salary/Wages
Contact Person	Phone Number		Reason for Leaving
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? _____Yes _____No			ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDES DATES (MONTH/YEAR) AND REASON.
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? _____Yes _____No.			

EMPLOYER		DATE	
Name		From	To
Address		Position Held	
City			Salary/Wages
Contact Person	Phone Number		Reason for Leaving
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? _____Yes _____No			ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDES DATES (MONTH/YEAR) AND REASON.
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? _____Yes _____No.			

*Includes vehicles having a BVWR of 26,001 lbs or more, vehicles designed to transport 15 tons or more, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

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 resend 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.

DATE _____

APPLICANT'S SIGNATURE

Accident record for past 3 years or more (Attach sheet if more space is needed)

DATES	NATURE OF ACCIDENT (Head-On, Rear-End, Upset, Etc.)	FATALITIES	INJURIES
Last Accident			
Next Previous			
Next Previous			

Traffic convictions and forfeitures for the past 3 years (Other than parking violations)

LOCATION	DATE	CHARGE	PENALTY

(Attach sheet if more space is needed)

EDUCATION

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Last School Attended: _____
Name City

EXPERIENCE AND QUALIFICATIONS - DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	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, attach statement giving details

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, Etc)	DATES		APPROX NO. OF MILES (Total)
		From	To	
Straight Truck				
Tractor & Semi-Trailer				
Tractor - Two Trailers				
Other				

List states operated in for 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

Show 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):

Under 49 CFR 40.25(i), the prospective employer must ask the following questions:

1) Have you ever 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, safety sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check One: Yes _____ No _____

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

Check One: 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(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

Date

Applicants Signature

CONSUMER AUTHORIZATION & RELEASE –CUMMINS CONSTRUCTION

In connection with **CUMMINS CONSTRUCTION** considering me for employment, continued employment, promotion or reassignment, I authorize **CUMMINS CONSTRUCTION** and/or its agent, SelectForce, Inc. to obtain a consumer report which may include information on my character, general reputation, personal characteristics, and mode of living from public record sources or through personal interviews with previous employers or associates. Public record check may include but not limited to a criminal or felony background check and sex offender's registry check. Additionally, regarding access to workers' compensation court records, **I hereby authorize my employer permission to index, by social security number in compliance with 74 O.S., Section 3113 and Workers' Compensation Court Rule 31.** Workers' Compensation information will only be requested in compliance with the ADA.

I authorize, without reservation, any person or entity contacted by **CUMMINS CONSTRUCTION**, or its agent, SelectForce, Inc. to furnish the above-stated information and I release any such person or entity from any and all liability for furnishing such information. I further release **CUMMINS CONSTRUCTION**, its affiliated companies, their officers, employees and agents, and specifically, SelectForce, Inc., their affiliated companies, their officers, employees and agents from any liability and responsibility arising from the preparation of said report. I understand that false or misleading statements made on this authorization, or made during the employment process, will disqualify me from consideration for employment or result in my immediate discharge if employed.

I understand that I have a right to a copy of the report, affirmed by checking one of the boxes below:

I want a copy of the Report generated on me sent to my current address.

I do not want a copy of the Report generated on me sent to me.

By my execution hereof I acknowledge I have been provided with a Consumer Disclosure advising me that a report will be requested and used for the purpose of evaluating me for employment, continued employment, promotion or reassignment as an employee. Pursuant to the Federal Fair Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of consumers' rights will be provided to me.

PLEASE PRINT

First Name		Middle Name		Last Name	
(Include Maiden or other last names)					
DATE OF BIRTH*	SS#	DL#	STATE		

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ How Long? _____

PREVIOUS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ How Long? _____

SIGNATURE: _____ **DATE:** _____

*"Date of Birth" (DOB) will be used solely for the purpose of identification in doing background checks and will not be considered in the "employment" process.