



APPLICATION FOR DRIVER'S EMPLOYMENT

**Table Rock Asphalt Construction Company, Inc. and/or Southwest Materials, Inc.
PO Box 1165, Branson, MO 65615
310 North Commercial Street, Branson, MO 65616**

**NOTICE: TRAC REQUIRES A DRUG SCREEN BEFORE EMPLOYMENT
MUST TURN IN A CURRENT COPY OF MVR WITH APPLICATION**

NAME: _____ **TELEPHONE NUMBER** _____
(First) (Middle) (Last)

MAILING ADDRESS: _____ **HOW LONG?** _____
(Street) (City) (State & Zip Code)

ADDRESS FOR THE PAST THREE YEARS: _____ **HOW LONG?** _____
(Street) (City) (State & Zip Code)

_____ **HOW LONG?** _____
(Street) (City) (State & Zip Code)
(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS - DRIVER

DRIVER LICENSE:

STATE	LICENSE NUMBER	CLASS & ENDORSEMENTS	EXPIRATION DATE

DRIVING EXPERIENCE:

CLASS OF EQUIPMENT	DATES		APPROX. NO. OF MILES (TOTAL)
	TO	FROM	
MIXER TRUCK			
DUMP TRUCK			
TRACTOR AND SEMI-TRAILER			
OTHER			

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)

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, PLEASE EXPLAIN: _____

WHAT POSITION ARE YOU INTERESTED IN? _____

EMPLOYMENT RECORD (Attach Sheet If More Space is Needed)

Note: DOT Requires That Employment for at Least 3 Years and/or Commercial Driving Experience for the Past 10 Years Be Shown

LAST EMPLOYER: _____

ADDRESS: _____ PHONE NUMBER _____

POSITION HELD: _____ FROM _____ TO _____ SALARY _____

REASON FOR LEAVING: _____

SECOND LAST EMPLOYER: _____

ADDRESS: _____ PHONE NUMBER _____

POSITION HELD: _____ FROM _____ TO _____ SALARY _____

REASON FOR LEAVING: _____

THIRD LAST EMPLOYER: _____

ADDRESS: _____ PHONE NUMBER _____

POSITION HELD: _____ FROM _____ TO _____ SALARY _____

REASON FOR LEAVING: _____

FOURTH LAST EMPLOYER: _____

ADDRESS: _____ PHONE NUMBER _____

POSITION HELD: _____ FROM _____ TO _____ SALARY _____

REASON FOR LEAVING: _____

HIGHEST SCHOOL GRADE COMPLETED: _____ **YEAR:** _____ **WHERE:** _____

ARE YOU RELATED OR ACQUAINTED WITH ANY PRESENT EMPLOYEE? Yes ___ No ___

IF SO, WHO? _____

HAVE YOU EVER HAD A BACK INJURY? Yes ___ No ___ **HERNIA?** Yes ___ No ___

HAVE YOU EVER DRAWN COMPENSATION FOR JOB INJURIES? Yes ___ No ___

IF YES, LIST DATE AND TYPE OF INJURY AND LENGTH OF DISABILITY: _____

DO YOU HAVE ANY MEDICAL CONDITION THAT WILL PREVENT YOU FROM PERFORMING THE WORK THAT YOU ARE APPLYING FOR? Yes ___ No ___ **IF YES, PLEASE EXPLAIN:** _____

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.

Date

Applicant's Signature



Table Rock Asphalt Construction Company, Inc. and/or Southwest Materials, Inc.
 PO Box 1165, Branson, MO 65615
 310 North Commercial Street, Branson, MO 65616
 Phone: 417-334-2144
 Fax: 417-334-2157

**This Inquiry To Past Employers Is Required Under Section 391.23
 Of The Federal Motor Carrier Safety Regulations**

To: _____

Date: _____

From: _____

Name

Title

Name Of Applicant: _____

Social Security Number: _____

Job Applied For: _____

This applicant lists dates of employment with your firm from _____ to _____.

Is this correct? Yes No

What kind(s) of work did he/she do for your firm? _____.

If employed as a driver, what type of truck did he/she drive? _____.

Number of accidents in which applicant was at fault? _____.

To your knowledge, was this applicant's license ever suspended while under your Employment?

Yes No If Yes, please explain _____

To the extent, that he/she may have handled company funds, did he/she maintain accountability for such funds?

Yes No

Did the applicant pose either repeated and/or severe disciplinary problems?

Yes No

Why did this applicant leave your company?

Resigned Discharged Laid off

Would you re-employ this applicant? Yes No

By: _____

Date: _____

(Signature of person supplying information)

I hereby authorize this company to release all information concerning records of employment, including oral assessments of my job performance, ability, and fitness, to each and every company, (or their authorized agents), which may request such information in connection with my application for employment with said company for the purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. I hereby release this company from any and all liability of any type, as a result of providing the above-mentioned information to the above-mentioned person.

Applicant's Signature _____

Date _____



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**Request/Consent Form for Information from Previous Employers
 For Alcohol & Controlled Substance Testing Records
 This is Required By 382.405(f) and (h) Of The
 Federal Motor Carrier Safety Regulations**

Date: _____ Applicants Social Security Number: _____

 PRINT NAME

 SIGNATURE

I, the above mentioned signed, hereby authorize that _____,
 PREVIOUS EMPLOYER
 release and forward all information on my Alcohol and Controlled Substances testing and training records to
 Table Rock Asphalt Construction Company, Inc.

TO BE COMPLETED BY THE PREVIOUS EMPLOYER:

Has this person ever had an alcohol test with a Breath Alcohol Concentration of 0.04 or greater in the last two
 years? ____Yes ____No

Has this person ever tested positive for a controlled substance in the last two years? ____Yes ____No

Has this person ever refused a required test for drugs or alcohol in the last two years? ____Yes ____No

If you answered yes to any of the above 3 questions, please give the substance abuse Professionals name,
 address, and phone number for further reference:

Name: _____

Address: _____

Phone Number: _____

Please return this information to the above listed fax number.

Thank you!