



# GRIFFIN MASONRY

## DRIVER'S APPLICATION FOR EMPLOYMENT

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.

Position applied for \_\_\_\_\_ Date of application \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

List your addresses of residency for the past 3 years.

Current Address \_\_\_\_\_  
Street City  
State Zip Code Phone \_\_\_\_\_ How Long? \_\_\_\_\_  
years / months

Previous Address \_\_\_\_\_  
Street City  
State Zip Code Phone \_\_\_\_\_ How Long? \_\_\_\_\_  
years / months

Street City  
State Zip Code Phone \_\_\_\_\_ How Long? \_\_\_\_\_  
years / months

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? \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

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

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

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? \_\_\_\_\_

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 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	DATE
Name	From                      To
Address	Position held
City                                      State                                      Zip Code	Rate of pay
Contact Person                                      Phone #	Reason for leaving
Did you operate a vehicle requiring a CDL? <input type="checkbox"/> yes <input type="checkbox"/> no	

EMPLOYER	DATE
Name	From                      To
Address	Position held
City                                      State                                      Zip Code	Rate of pay
Contact Person                                      Phone #	Reason for leaving
Did you operate a vehicle requiring a CDL? <input type="checkbox"/> yes <input type="checkbox"/> no	

EMPLOYER	DATE
Name	From                      To
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EMPLOYER	DATE
Name	From                      To
Address	Position held
City                                      State                                      Zip Code	Rate of pay
Contact Person                                      Phone #	Reason for leaving
Did you operate a vehicle requiring a CDL? <input type="checkbox"/> yes <input type="checkbox"/> no	

**ACCIDENT RECORD** For past 3 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
Last _____	_____	_____	_____
Previous _____	_____	_____	_____
Previous _____	_____	_____	_____

**TRAFFIC CONVICTIONS** and forfeitures for the past 3 years (other than parking violations) If none, write **none**.

LOCATION	DATE	CHARGE	PENALTY

(Attach sheet if more space is needed)

**EXPERIENCE AND QUALIFICATIONS – DRIVER**

DRIVER LICENSES	STATE	LICENSE NUMBER	TYPE	EXPIRATION
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Have you even been denied a license, permit or privilege to operate a motor vehicle?  yes  no

Has any license, permit or privilege ever been suspended or revoked?  yes  no

If the answer to either of the above questions is yes, give details: \_\_\_\_\_  
 \_\_\_\_\_

**DRIVING EXPERIENCE** If none, write **none**

Class of Equipment	Type (Van, Tank, Flat, Etc)	Date From	Date To	Approx. No. of Miles (Total)
Straight Truck				
Tractor & Semi-trailer				
Tractor – two trailers				
Motorcoach – school bus				
Other				

List states operated in for 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? \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

List any 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) \_\_\_\_\_

\_\_\_\_\_

**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 Griffin Masonry, Inc.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**OFFICE USE ONLY**

Applicant hired             yes     no

If yes, date employment begins \_\_\_\_\_ Crew # \_\_\_\_\_

Hiring manager's signature \_\_\_\_\_ Date \_\_\_\_\_

**Submit completed application to Human Resources Department**