

ER Lewis Construction Co., Inc.

PO Box 565
Greenville, NC 27858
252-321-1101

DRIVER APPLICATION FOR EMPLOYMENT

Please Print All Information. Read This Before Completing Application

This Company is an equal opportunity employer. All statements made by applicants for employment on this application form will be carefully checked for accuracy. We offer employment opportunities to all persons without regard to race, color, religion, age, sex, national origin, or handicap/disability. The use of this form does not mean that there are positions open and does not obligate this Company in any way. Answer all questions.

PERSONAL INFORMATION

Name _____ Social Security # _____
Last First Middle

Phone Number (____) _____

Date of Birth ____/____/____

List your addresses of residency for the past 3 years.

Current Address _____
Street City

State Zip Code Phone How Long _____
yr./mo.

Previous
Addresses

Street City State & Zip Code How Long _____
yr./mo.

Street City State & Zip Code How Long _____
yr./mo.

Street City State & Zip Code How Long _____
yr./mo.

EMPLOYMENT DESIRED

Position _____ Date you can start _____ Salary Desired _____

Are you employed now? _____ If so, may we inquire of your present employer? YES NO

Have you ever applied for a job at this company? YES NO If yes, when? _____

Have you worked here before? YES NO If yes, when? _____

Referred by: _____

Do you have transportation available to and from work? YES NO

Do you have a legal right to work in the United States? YES NO

EMPLOYMENT HISTORY

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained. Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary). Continue to employment questions on next page.

EMPLOYMENT HISTORY CONTINUED

1. Present (or most recent) Employer: _____

(Address) (City) (State) (Zip)
Immediate Supervisor: _____ Phone # _____
Job Title or Position: _____
Employment Dates: From _____ To _____ Salary: _____
Job Duties: _____
Reason for Leaving: _____

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? YES NO
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? YES NO

2. Previous Employer: _____

(Address) (City) (State) (Zip)
Immediate Supervisor: _____ Phone # _____
Job Title or Position: _____
Employment Dates: From _____ To _____ Salary: _____
Job Duties: _____
Reason for Leaving: _____

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? YES NO
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? YES NO

3. Previous Employer: _____

(Address) (City) (State) (Zip)
Immediate Supervisor: _____ Phone # _____
Job Title or Position: _____
Employment Dates: From _____ To _____ Salary: _____
Job Duties: _____
Reason for Leaving: _____

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? YES NO
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? YES NO

4. Previous Employer: _____

(Address) (City) (State) (Zip)
Immediate Supervisor: _____ Phone # _____
Job Title or Position: _____
Employment Dates: From _____ To _____ Salary: _____
Job Duties: _____
Reason for Leaving: _____

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? YES NO
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? YES NO

LICENSE INFORMATION

No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years; attach additional sheets if needed.

| STATE | LICENSE NO. | CLASS | ENDORSEMENT(S) | 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 _____

Do you have a valid Medical Exam Certificate for the license you possess. YES NO Expiration Date: _____

DRIVING EXPERIENCE

| CLASS OF EQUIPMENT | CIRCLE TYPE OF EQUIPMENT | From (M/Y) | To (M/Y) | Approx. # of Miles |
|--|------------------------------|------------|----------|--------------------|
| STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO | VAN, TANK, FLAT, DUMP, REFER | | | |
| TRACTOR AND SEMI TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO | VAN, TANK, FLAT, DUMP, REFER | | | |
| TRACTOR TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO | VAN, TANK, FLAT, DUMP, REFER | | | |
| TRACTOR THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO | VAN, TANK, FLAT, DUMP, REFER | | | |
| MOTORCOACH-SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO >8 PERSONS | - | | | |
| MOTORCOACH-SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO >15 PERSONS | - | | | |
| OTHER _____ | | | | |

ACCIDENT RECORD FOR THE PAST 3 YEARS

Attach additional sheet if more space is needed. Check this box if none

| DATE | NATURE OF ACCIDENT (Head-on, rear-end, etc.) | # FATALITIES | # INJURIES | CHEMICAL SPILLS |
|------|--|--------------|------------|-----------------|
| | | | | |
| | | | | |

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (Other than parking violations)

Attach additional sheet if more space is needed. Check this box if none

| VIOLATION | DATE | STATE | PENALTY |
|-----------|------|-------|---------|
| | | | |
| | | | |
| | | | |
| | | | |

Have you been convicted of a felony in the last 7 years? YES NO

If yes, please explain:

EDUCATION

| <u>School</u> | <u>Name & Location</u> | <u>Course of Study</u> | <u>Years Attended</u> | <u>Degree</u> |
|-----------------|----------------------------|------------------------|-----------------------|--|
| High School/GED | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| College | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | | | Degree _____ |
| Postgraduate | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | | | Degree _____ |

OTHER EXPERIENCE OR JOB-RELATED SKILLS

1. _____
2. _____
3. _____
4. _____

Tell us why you believe you can be an asset to our Company:

REFERENCES

Give the names of people not related to you, whom you have known at least one year.

| | <u>Name</u> | <u>Occupation</u> | <u>Phone Number</u> | <u>Years Acquainted</u> |
|----|-------------|-------------------|---------------------|-------------------------|
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ |

TO BE READ AND SIGNED BY APPLICANT

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 as required by 49 CFR 391.23 (d) and (e). I understand that I have a 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 and I cannot agree on The accuracy of the information

I understand that any offer of employment with ER Lewis Construction Co, Inc. is contingent upon the satisfactory results of a Background Check and successful completion of a DOT pre-employment drug screen to be conducted at my expense and at a location to be designated by ER Lewis Construction Co, Inc.

I certify that all the information submitted on this application is true and complete and completed by me. I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time. In consideration with employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand that, if hired, my employment will be at will and agree that the terms and conditions of employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative other than its president, and then only when in writing and signed by the president, has an authority to enter into any agreement for employment for a specific period of time, or to make any agreement contrary to the foregoing.

Application Date: _____ Signature: _____