

# DRIVER'S APPLICATION FOR EMPLOYMENT

EAGLE REDI-MIX CONCRETE, LLC | 2761 E. SKELLY DRIVE SUITE #300  
 PHONE: 918-355-5700 | FAX: 918-355-5707



An Equal Opportunity Employer

COMPLETE IN FULL OR IT WILL NOT BE CONSIDERED.

APPLICANT INFORMATION					
FIRST NAME		MIDDLE NAME		LAST NAME	
PHONE		EMAIL			
DATE OF BIRTH		SOCIAL SECURITY #			
DATE OF APPLICATION		POSITION APPLIED FOR		DATE AVAILABLE FOR WORK	

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

PREVIOUS THREE YEARS RESIDENCY					
<i>Attach additional sheet if more space is needed</i>					
	STREET	CITY	STATE	ZIP CODE	# OF YEARS AT ADDRESS
CURRENT					
MAILING					
PREVIOUS					
PREVIOUS					
PREVIOUS					

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 #	TYPE/CLASS	ENDORSEMENTS	EXPIRATION DATE
PREVIOUSLY HELD LICENSES				

DRIVING EXPERIENCE				
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE FROM	DATE TO	APPROX # OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR & 2 TRAILERS				
TRACTOR & TANKER				
OTHER				

**ACCIDENT RECORD FOR THE PAST 3 YEARS**

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

DATES (List most recent first)	NATURE OF ACCIDENT (Head-on, rear-end, upset, etc.)	# FATALITIES	# INJURIES	CHEMICAL SPILLS (Y/N)

**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*

DATE CONVICTED (Month/Year)	VIOLATION	STATE OF VIOLATION	PENALTY (Forfeited bond, collateral and/or points)

Have you ever been denied a license, permit, or privilege to operate a motor vehicle?  YES  NO

If yes, explain:

Has any license, permit, or privilege ever been suspended or revoked?  YES  NO

If yes, explain:

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

*The applicant is required by Sec. 40.25(j) to respond to the following questions:*

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, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?  YES  NO

If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?  YES  NO

**ADDITIONAL INFORMATION**

Have you worked for this company before?  YES  NO Reason for leaving: \_\_\_\_\_

Are you now employed?  YES  NO If not, how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_

Are you registered on the Federal Motor Carrier Safety Administration (FMCSA) Drug & Alcohol Clearinghouse?  YES  NO

Have you ever been convicted of a felony?  YES  NO

*(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.)*

**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). You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.

<b>CURRENT (MOST RECENT) EMPLOYER</b>					
NAME				PHONE	
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?				<input type="checkbox"/> YES	<input type="checkbox"/> 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?				<input type="checkbox"/> YES	<input type="checkbox"/> NO

<b>SECOND (MOST RECENT) EMPLOYER</b>					
NAME				PHONE	
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?				<input type="checkbox"/> YES	<input type="checkbox"/> 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?				<input type="checkbox"/> YES	<input type="checkbox"/> NO

<b>THIRD (MOST RECENT) EMPLOYER</b>					
NAME				PHONE	
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?				<input type="checkbox"/> YES	<input type="checkbox"/> 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?				<input type="checkbox"/> YES	<input type="checkbox"/> NO

EDUCATION						
SCHOOL	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETE	GRADUATE		DETAILS
				Y	N	
High School				<input type="checkbox"/>	<input type="checkbox"/>	
College				<input type="checkbox"/>	<input type="checkbox"/>	
Other				<input type="checkbox"/>	<input type="checkbox"/>	

ENTRY LEVEL DRIVER TRAINING CERTIFICATION			
SCHOOL NAME	LOCATION	START DATE	DATE COMPLETED

OTHER QUALIFICATIONS
Please list any other qualifications that you have and which you believe should be considered.

**TO BE READ AND SIGNED BY APPLICANT**

I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. 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 also understand that I am required to abide by all rules and regulations of the Company.

I understand that the information I provide regarding my current and/or prior 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. I understand that I have the right to:

- Review information provided by current/prior 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.

**Additionally, as required by FMCSA 382.301, I agree to the urine sample collection and controlled substance testing.**

I understand a positive test for controlled substances based on the urinalysis test will medically disqualify me from the operation of a commercial motor vehicle for this company.

The Medical Review Officer will maintain the results of the Urinalysis Test. Negative and positive results will be reported to the company. My written authorization is required for the Urinalysis Test results to be given to other parties.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.

Applicant Signature		Date	
Applicant Name (printed)			

**FCRA NOTICE – BACKGROUND INVESTIGATION**

In connection with your employment application with Eagle Redi-Mix Concrete, LLC (the “Company”), this notice is intended to inform you that a consumer report will be obtained on you from a consumer reporting agency for employment purposes. These purposes may include for hiring, retention, promotion or reassignment. The report may contain information about you relating to your criminal information or history, driving and/or motor vehicle records, verification of your education or employment history, social media or other background checks.

**STATE LAW NOTICES AND DISCLOSURES – BACKGROUND INVESTIGATION**

**MASSACHUSETTS, MINNESOTA and OKLAHOMA:** If you are a resident of Massachusetts, Minnesota or Oklahoma, or applying for employment in one of these states, please check the box if you would like to receive a copy of your consumer report, free of charge, if one is obtained by the Company.

Check box to receive report

**AUTHORIZATION FOR BACKGROUND INVESTIGATION**

By signing below you hereby authorize the obtaining of consumer reports by the Company at any time after receipt of this authorization and throughout the course of your employment.

You understand that the scope your authorization is not limited to the present and, if you are hired, will continue throughout the course of your employment and allow the Company to conduct future screenings for retention, promotion or reassignment, as permitted by law and unless revoked by you in writing.

I hereby authorize the obtaining of consumer reports by the Company at any time after receipt of this authorization. To this end, I authorize any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Shield Screening and/or the Company.

Signature:	Print Name (including middle name):
Date:	Social Security Number:
Driver’s License # and State of Issuance:	Date of Birth:
Email Address:	Current Address:



**Release of Information Form – 49 CFR Part 40 Drug and Alcohol Testing**

**Section I.** To be completed by the new employer, signed by the employee and transmitted to the previous employer:

● **Employee Printed or Typed Name:** \_\_\_\_\_

● **Employee SS or ID Number:** \_\_\_\_\_

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in Section 1-B, to the employer listed in Section 1-A. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in Section II-A by my previous employer, is limited to the following DOT-Regulated testing items:

1. Alcohol test with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

● **Employee Signature:** \_\_\_\_\_ ● **Date:** \_\_\_\_\_

**I-A.**

New Employer Name: \_\_\_\_\_

As Requested By: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**I-B.**

Previous Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_



Application Authorization to Release Safety Performance History (Per 49 CFR Parts 40.25 and 391.23)

Name of Applicant: \_\_\_\_\_ SSN/ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Applicant Name: I, \_\_\_\_\_, do hereby authorize you to release the following information to Shield Screening, for the purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations.

Check this box if you have performed DOT Functions in the past 3 years.

Check this box if you have tested positive, or refused a test, on any DOT pre-employment drug or alcohol test administered by an employer who did not hire you during the past two years.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by Previous Employer**

Previous Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

City, State Zip: \_\_\_\_\_ Job title of the above name person: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

In accordance with Section 391.23, we are obligated to request the information below from all previous employers of the applicant the employed him/her to operate a commercial motor vehicle within the 3 years preceding the date above. Please complete the information below and return to us within 30 days, as required by Section 391.23(g). Please phone/fax/mail the following information to:

Shield Screening  
6810 E. 121<sup>st</sup> St  
Bixby, OK  
Ph: 800-260-3738 F: 800-737-5184

**Safety Performance History: To be completed by Previous Employer**

Did he/she driver a commercial motor vehicle for you? YES\_\_ NO\_\_

If yes, what type? \_\_Straight Truck \_\_Tractor-Semi Trailer \_\_Doubles/Triples \_\_Cargo Tank \_\_Bus

\_\_Other(specify) \_\_\_\_\_ Reason for leaving your company: \_\_Discharged \_\_Resignation \_\_Lay Off

\_\_Military Duty

Check here if NO safety performance History to report, sign below and return.

**Accidents:**

Date:                      Location:                      # of Injuries:                      HAZMAT:

1.

2.

3.

**Any other remarks:**

\_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_



**Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:**

**II-A.** In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing-

1. Did the employee have alcohol tests with a result of 0.04 higher? **YES\_\_NO\_\_**
2. Did the employee have verified positive drug tests? **YES\_\_NO\_\_**
3. Did the employee refuse to be tested? **YES\_\_NO\_\_**
4. Did the employee have other violations of DOT Agency drug and alcohol testing regulations? **YES\_\_NO\_\_**
5. Did a previous employer report a drug and alcohol rule violation to you? **YES\_\_NO\_\_**
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? **YES\_\_NO\_\_**

**II-B.**

Name of person providing information in Section II-A: \_\_\_\_\_

Title: \_\_\_\_\_

Phone#: \_\_\_\_\_

Date: \_\_\_\_\_



**REQUEST FOR CLAIMS FILE INFORMATION**

Please complete this form and return it to the following address, together with all appropriate documents and a pre-addressed stamped envelope. This request will NOT be processed if the self-addressed stamped envelope is not provided. Applicable search fees (\$1 per search conducted) and copy charges apply.

**WORKERS' COMPENSATION COMMISSION**  
Attention: Records Department  
1915 N. Stiles Avenue  
Oklahoma City, OK 73105

Please indicate  the TYPE of search you are requesting (please type or print):

<input type="checkbox"/> <b>By Name</b>
First Name
Last Name

<input checked="" type="checkbox"/> <b>By Name and the LAST 5 DIGITS of the Social Security Number</b> (Authorization from the holder of the Social Security Number is required.)	
First Name	Last Name
I authorize the use of my Name and the LAST 5 DIGITS of my Social Security Number to search for workers' compensation information as evidenced by my signature below:	
Signature of SSN Holder:	
Date	Social Security #: LAST 5 DIGITS ONLY XXX-X

I declare under **PENALTY OF PERJURY** that the information sought hereby is not for a purpose in violation of any state or federal law. I understand that I am required by law to disclose the person for whom this search request is being made, if different from myself.

REQUESTING PARTY: this search is being made on behalf of the following:

Name: Eagle Redi-Mix Concrete, LLC Email: kmichael@shieldscreening.com  
Address : 601 S BOULDER AVE, 15TH FL City/State/Zip Code: TULSA, OK 74119

Please indicate your information below (the preparer of this form):

Preparer's Signature <i>Karrie Michael</i>		Preparer's Printed Name: KARRIE MICHAEL		
Telephone # 800-260-3738	Address: 601 S BOULDER AVE, 15TH FL	City: TULSA	State: OK	Zip Code: 74119

**EXEMPTIONS**

(Complete this section only if the requester meets one of the following exemptions.)

The requesting party is exempt from the search fee of One Dollar (\$1.00) per search request because:

- 1. The requester is a public officer or a public employee in the performance of his or her duties on behalf of a governmental entity.
- 2. The requester is an insurer, self-insured employer, third-party claims administrator, or a legal representative thereof, and the request is necessary to process or defend a workers' compensation claim.
- 3. The requesting party is the worker or the worker's representative.
- 4. The disclosure is made for educational or research purposes and in such a manner that the disclosed information cannot be used to identify any worker who is the subject of a claim.
- 5. The requester is a health care or rehabilitation provider or the provider's legal representative, and the requested information is necessary to process payment of health care or rehabilitative services rendered.
- 6. The requester is an employer or personnel service company, and the worker executes a written authorization permitting the search and designating the employer or personnel service company as the worker's representative for that purpose. (If checking this option, next section should be completed.)

(Complete this section only if claiming exemption #6 in the previous section)  
**Designation of Employer or Personnel Service Company as Representative for  
Employee for Purposes of Search**

I, \_\_\_\_\_ (name of employee),  
hereby designate KARRIE MICHAEL / SHIELD SCREENING, INC. (name of employer or personnel service company), as my representative solely for the purpose of conducting a lawful search of the state workers' compensation system records for prior workers' compensation claims filed in my name, and hereby authorize said employer or personnel service company to conduct a search of such records.  
Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Employee