



# Employment Application

950 Gaylord Drive  
 Fulton, MO 65251 Phone (573) 642-2241

Equal Opportunity Employer

Name: \_\_\_\_\_ SS# \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City, State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home phone: ( ) \_\_\_\_\_ Other phone: ( ) \_\_\_\_\_  
 Position applied for: \_\_\_\_\_ Full Time? \_\_\_\_\_ Part-time? \_\_\_\_\_ Temporary? \_\_\_\_\_  
 Rate of pay expected: \_\_\_\_\_  
 Are you 18 years or older?  yes  no Are you lawfully authorized to work in the U.S.  no  yes  
 Who referred you to MO-CON? \_\_\_\_\_  
 If applying for a Laborer, Operator, or Driver position you must be able to lift up to 50 lbs. on a regular basis, must be able to stoop, bend, and work in extreme temperatures. Can you perform these essential job duties with or without an accommodation?  
 no  yes

State	License No.	Class	Endorsements	Expiration Date

1. Have you ever been denied a license or privilege to operate a motor vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Has any license, permit or privilege ever been suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Have you ever been disqualified to drive a Commercial Motor Vehicle under the Federal Motor Carrier Safety Regulations? Yes \_\_\_\_\_ No \_\_\_\_\_

If your answer to 1, 2 or 3 above is yes, explain: \_\_\_\_\_

### Driving Experience

Class of Equipment	Type (dump, flat bed, etc.)	From/to dates	Approx. miles
Straight Truck			
Tractor Trailer			
Other			

### Safety Record: List all accidents for the past 5 years

Dates	Describe accident	Injuries or fatalities?

### Specialized Skills: (heavy equipment operator, mechanical maintenance, construction, forklift, etc.)

Dates	Type of Skill/Experience	Dates	Type of Skill/Experience

Education

Name of School	Location	Dates Attended	Degree

Employment Record (Show employment for past 10 years, if applicable. Attach additional sheet if necessary.)

Current Employer: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_  
 Full Address: \_\_\_\_\_ Zip \_\_\_\_\_  
 Position Held: \_\_\_\_\_ From (mo./yr.) \_\_\_\_\_ To (mo./yr.) \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_ Ending Wage \_\_\_\_\_  
 Who may we contact to verify your employment? \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_  
 Full Address: \_\_\_\_\_ Zip \_\_\_\_\_  
 Position Held: \_\_\_\_\_ From (mo./yr.) \_\_\_\_\_ To (mo./yr.) \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_ Ending Wage \_\_\_\_\_  
 Who may we contact to verify your employment? \_\_\_\_\_

Next Previous Employer: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_  
 Full Address: \_\_\_\_\_ Zip \_\_\_\_\_  
 Position Held: \_\_\_\_\_ From (mo./yr.) \_\_\_\_\_ To (mo./yr.) \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_ Ending Wage \_\_\_\_\_  
 Who may we contact to verify your employment? \_\_\_\_\_

References – List three professional references (do not list relatives)

Name	Street address	City / State	Phone Number

**APPLICANT – PLEASE READ AND SIGN:** “I certify that I have read and understood the employment application, and I am submitting this application for the sole purpose of seeking employment with Franklin County Concrete, LLC. It is agreed and understood that Franklin County Concrete LLC or its agents may investigate my background and employment history, whether same is of record or not. I understand that this information will be used for the purpose of determining my eligibility for employment with Franklin County Concrete, LLC. I authorize, without reservation, any party or agency contacted by Franklin County Concrete LLC to furnish requested information concerning my work history and character. I release all employers, USIS, and other persons named herein from all liability for damages due to furnishing such information. I certify that this application was completed by me and all answers I have given are truthful to the best of my knowledge. I understand that any misrepresentations or omissions may result in my rejection for consideration or dismissal. Copies of this document carry the same authority as the original document. I agree to furnish additional information and complete examinations, and drug and alcohol tests as may be required.”

APPLICANT’S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION:**

**Applicant Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Current Address (Street, City, State, Zip Code):** \_\_\_\_\_

\_\_\_\_\_

# 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 I-B*, to the employer listed in *Section I-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 tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusal to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a 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: \_\_\_\_\_

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

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

Designated Employer Representative: \_\_\_\_\_

### **I-B.**

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

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

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

Designated Employer Representative (if known): \_\_\_\_\_

## **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 or 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 ___ |

*Note: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g. SAP report(s), follow-up testing record).*

### **II-B.**

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

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

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