

Personnel Form

Department: REAMES CONCRETE COMPANY	Title: DOT (Driver) APPLICATION FOR EMPLOYMENT
Effective Date: 1/3/1997 REV (3) 4/1/2014	Approval: JEFF REAMES Page: 1 of 3

**DOT-Commercial Driver
APPLICATION FOR EMPLOYMENT
Reames Concrete Company
1208 Cypress St. Valdosta, Georgia 31601
Ph (229) 244-9286 Fax (229) 244-4179**

**In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.
(Answer all questions – please print)**

Date of Application: _____ PH # _____ - _____ - _____

Position Applied For: _____

Applicant's Name: _____
Last
First
Middle

S.S. #: _____

Current Address: _____
Street or PO Box

_____ How Long? _____
City
State
Zip Code

Previous Addresses _____ How Long? _____

(Past 3 Years) Street
City
State & Zip

_____ How Long? _____
Street
City
State & Zip

_____ How Long? _____
Street
City
State & Zip

Date of Birth: ____/____/____ Can you Provide Proof of Age? _____
(Required for DOT Commercial Drivers only)

Emergency Contact: Person name _____ Phone # _____

Have you worked for this company before? YES NO

If YES, Dates: From _____ To _____

Are you now employed? YES NO
If NO, how long since leaving last employment?

Were you referred to this company? YES NO

If YES, by whom? _____

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DRIVER EXPERIENCE AND QUALIFICATIONS

DRIVER LICENSE	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE		APPROX. NO. OF MILES DRIVEN FOR EACH TYPE VEHICLE
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR-TWO TRAILERS				
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 ABOVE IS YES, ATTACH STATEMENT GIVING DETAILS:

LIST STATES OPERATED IN FOR LAST FIVE YEARS: _____

LIST SPECIAL COURSES OR TRAINING YOU HAVE ATTENDED OR TAKEN THAT WILL HELP YOU AS A DRIVER: _____

LIST ANY SAFE DRIVING AWARDS THAT YOU HOLD AND FROM WHOM: _____

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED: _____

(NAME)

(CITY)

OTHER SCHOOLS, TRADE, VOCATIONAL, ETC. _____

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EMPLOYMENT HISTORY (Attach sheet if more space is needed)

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

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. Applicants to drive a commercial motor vehicle (**Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding**) 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.)

PRESENT (OR LAST) EMPLOYER: NAME _____
ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP:** _____
CONTACT PERSON: _____ **PHONE NUMBER:** _____
POSITION HELD: _____ **FROM:** _____ **TO:** _____ **SALARY/WAGE:** _____
REASON FOR LEAVING: _____

PREVIOUS EMPLOYER: NAME _____
ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP:** _____
CONTACT PERSON: _____ **PHONE NUMBER:** _____
POSITION HELD: _____ **FROM:** _____ **TO:** _____ **SALARY/WAGE:** _____
REASON FOR LEAVING: _____

PREVIOUS EMPLOYER: NAME _____
ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP:** _____
CONTACT PERSON: _____ **PHONE NUMBER:** _____
POSITION HELD: _____ **FROM:** _____ **TO:** _____ **SALARY/WAGE:** _____
REASON FOR LEAVING: _____

PREVIOUS EMPLOYER: NAME _____
ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP:** _____
CONTACT PERSON: _____ **PHONE NUMBER:** _____
POSITION HELD: _____ **FROM:** _____ **TO:** _____ **SALARY/WAGE:** _____
REASON FOR LEAVING: _____

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 Reames Concrete Company.

DATE **APPLICANT'S SIGNATURE**

NOTE: A motor carrier may require and applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations

Revision History

Date	Revision #	Revision Description
5/1/2003	1	Date Initiated with header and revision history
6/20/06	2	Changed approval name
4/1/14	3	Separated Application to Reames Concrete Company