

Driver Employment Requirements



Gibco Construction Company
241 Industrial Way SW
Cleveland, TN 37311

(An Equal Opportunity Employer)

Revised August 12, 2013

1. Valid Class A or B Commercial Driver License

(Send a readable copy with completed application)

2. Current Medical Certificate

(Send a readable copy with completed application)

3. Current Motor Vehicle Record (MVR)

(Send a readable copy with completed application)

4. Minimum of 1 year of DUMP TRUCK experience

(Please provide valid phone numbers for previous employers)

5. Pre-Employment Drug Screen

(Upon selection for hire, a company representative will instruct you where to go for DOT drug screen)

6. Full Disclosure of any Pre-Existing Medical Conditions

*****ALL these requirements must be met before an individual will be considered for employment as a driver by Gibco Construction, LLC.**

For Company Use Only

Applicant Name:

Hired:

Rejected:

Date Employed:

**Reason for
rejection:**

Classification:

**Signature
of Interviewer:**

GIBCO CONSTRUCTION COMPANY

Application for Employment

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, veteran status, non-job related disability, or any other protected group status.

Date _____

Last name _____ First name _____ Middle name _____

Street Address _____

City _____ State _____ ZIP _____

Home Phone _____ Cell Phone _____ Social Security # _____

Position applied for _____

How did you hear of this opening? _____

When can you start? _____ Desired Wage \$ _____

Are you willing to work swing shift? Yes No

Are you willing to work graveyard? Yes No

Are you willing to travel out of town? Yes No

Have you ever been convicted of a felony? (This will not necessarily affect your application.) Yes No

If yes, please describe conditions. _____

Education

	School Name and Location	Year	Major	Degree
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Other Training	_____	_____	_____	_____

In addition to your work history, are there other skills, qualifications, or experience that we should consider?

Employment History (Start with most recent employer and list all previous employers for a minimum of past 10 years)

Employer		Date	
Name		From	To
Address		Mo. Yr.	Mo. Yr.
Phone		Responsibilities	
Contact Person, Phone Number		Salary/Wage	
Were you subject to the FMCSRs while employed?	<input type="checkbox"/> yes <input type="checkbox"/> no	Reason for leaving	
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug and Alcohol Testing Requirements of 49 CFR Part 40? yes <input type="checkbox"/> no <input type="checkbox"/>			

Employer		Date	
Name		From	To
Address		Mo. Yr.	Mo. Yr.
Phone		Responsibilities	
Contact Person		Salary/Wage	
Were you subject to the FMCSRs while employed?	<input type="checkbox"/> yes <input type="checkbox"/> no	Reason for leaving	
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug and Alcohol Testing Requirements of 49 CFR Part 40? yes <input type="checkbox"/> no <input type="checkbox"/>			

Employer		Date	
Name		From	To
Address		Mo. Yr.	Mo. Yr.
Phone		Responsibilities	
Contact Person		Salary/Wage	
Were you subject to the FMCSRs while employed? <input type="checkbox"/> yes <input type="checkbox"/> no		Reason for leaving	
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug and Alcohol Testing Requirements of 49 CFR Part 40? <input type="checkbox"/> yes <input type="checkbox"/> no			

Employer		Date	
Name		From	To
Address		Mo. Yr.	Mo. Yr.
Phone		Responsibilities	
Contact Person		Salary/Wage	
Were you subject to the FMCSRs while employed? <input type="checkbox"/> yes <input type="checkbox"/> no		Reason for leaving	
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug and Alcohol Testing Requirements of 49 CFR Part 40? <input type="checkbox"/> yes <input type="checkbox"/> no			

Employer		Date	
Name		From	To
Address		Mo. Yr.	Mo. Yr.
Phone		Responsibilities	
Contact Person		Salary/Wage	
Were you subject to the FMCSRs while employed? <input type="checkbox"/> yes <input type="checkbox"/> no		Reason for leaving	
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug and Alcohol Testing Requirements of 49 CFR Part 40? <input type="checkbox"/> yes <input type="checkbox"/> no			

Employer		Date	
Name		From	To
Address		Mo. Yr.	Mo. Yr.
Phone		Responsibilities	
Contact Person		Salary/Wage	
Were you subject to the FMCSRs while employed? <input type="checkbox"/> yes <input type="checkbox"/> no		Reason for leaving	
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug and Alcohol Testing Requirements of 49 CFR Part 40? <input type="checkbox"/> yes <input type="checkbox"/> no			

TO BE READ AND SIGNED BY APPLICANT

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 the company.

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

Signature _____ Date _____

*****Please attach a readable copy of your valid Class A or B driver license, current MVR, and current Medical Certificate.**

Voluntary Self-Identification Form

To All Applicants

Providing this information is voluntary and providing or refusing to provide it will not subject you to any adverse treatment. The information you provide will only be used for equal employment/affirmative action recordkeeping and reporting required by law. The information you provide is also confidential.

Name _____

Position(s) applied for _____

How were you referred to us? _____

Please check one

- Female
- Male

Please check one. If you belong to more than one group, select the one most appropriate (see federal government definitions below):

- White (not Hispanic or Latino)
- Black or African American (not Hispanic or Latino)
- Hispanic or Latino
- Native Hawaiian or other Pacific Islander (not Hispanic or Latino)
- Asian (not Hispanic or Latino)
- American Indian or Alaska Native (not Hispanic or Latino)
- Two or more races (not Hispanic or Latino)

Signature _____ Date _____

Thank you for your cooperation.

Federal Government Definitions

White (not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

Native Hawaiian or other Pacific Islander (not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native (not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or more races (not Hispanic or Latino): All persons who identify with more than one of the above six races.