

Employee # : _____



KANSAS * MISSOURI * OKLAHOMA * TEXAS * ARKANSAS * TENNESSEE
NEBRASKA * SOUTH DAKOTA * ALABAMA * MISSISSIPPI * FLORIDA * COLORADO

EMPLOYMENT VERIFICATION FORM

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE #1: (_____) _____ MOBILE? ACCEPT TEXTS?

PHONE #2: (_____) _____ MOBILE? ACCEPT TEXTS?

EMAIL: _____

SSN#: _____ - _____ - _____ DATE OF BIRTH: ____/____/____

EXACT NAME ON SS CARD: _____

DL#: _____ DL CLASS: _____ STATE: _____

POSITION APPLIED FOR: _____

DATE OF HIRE: ____/____/____ BRANCH: _____

BRANCH MANAGER SIGNATURE: _____

*****DO NOT FILL OUT BELOW: FOR OFFICE USE ONLY*****

NAME: _____

SSN#: _____ - _____ - _____ DATE OF BIRTH: ____/____/____

DL#: _____ CDL: _____ STATE: _____

DRIVER LICENSE EXPIRATION: _____

MEDICAL CARD EXPIRATION: _____

Application for Employment



PLEASE PRINT

Position (s) Applied For: _____ Date of Application: _____

Referral Source: ☐ Advertisement ☐ Employee ☐ Relative ☐ Government Employment Agency
☐ Walk – in ☐ Private Employment Agency ☐ Other: _____

Name of Source (If Applicable): _____

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, protected disability, or any other protected group status.

Name: _____
Last First Middle

Current Address: _____
Street City State Zip Code

Please list all addresses for the last three (3) years.

Previous Address: _____
Street City State Zip Code

Previous Address: _____
Street City State Zip Code

Telephone Number (____) ____-____ If necessary, best time to call you at home is: _____

May we contact you at work? ☐ Yes ☐ No

If yes, number and best time to call (____) ____-____ : ____

Do you have a legal right to be employed in the United States? (proof required)

Are you over the age of 18?

Have you filed an application here before? If yes, give dates: _____

Have you ever been employed here before? If yes, give dates: _____

Are you currently employed? If not, when was your last day employed: _____

When will you be available to start? _____

Rate of pay expected? \$ _____

Type of employment desired? ☐ Full Time ☐ Part Time ☐ Temporary ☐ Seasonal

Are you on lay-off and subject to recall? If yes, anticipated call back date ? _____

Will you relocate if job requires it? Will you travel if job requires it? ☐ ☐

Are you able to meet the attendance requirement of the position?

Will you work overtime if required?

A criminal record does not constitute an automatic rejection to employment but will be considered on a case-by-case basis factoring in the job applied for, severity and gravity of the offense and the time that has passed since the offense and / or completion of any sentence.

Have you been convicted of any felonies?

Are you a current registered sex offender?

If yes, what are your current restrictions? _____

Optional Information

Driver's License Number: _____ State: _____

Employment History

Start with the ***last or current position***, including military experience, and work back. (Attach a separate sheet of paper if necessary)

Current Employer: _____ Supervisor's Full Name: _____

Full Address: _____ Zip: _____ Phone: (____) _____ - _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reason for leaving: _____

Were you subject to the FMCSRs while employed? ☐ YES ☐ NO

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 ☐ NO

1st Previous Employer: _____ Supervisor's Full Name: _____

Full Address: _____ Zip: _____ Phone: (____) _____ - _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reason for leaving: _____

Were you subject to the FMCSRs while employed? ☐ YES ☐ NO

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 ☐ NO

2nd Previous Employer: _____ Supervisor's Full Name: _____

Full Address: _____ Zip: _____ Phone: (____) _____ - _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reason for leaving: _____

Were you subject to the FMCSRs while employed? ☐ YES ☐ NO

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 ☐ NO

Comments (including explanation of any gaps in employment):

Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work with our company.

Education Background (if job related)

A. List last three (3) schools attended, starting with last one. **B.** List Number of years completed. **C.** Indicate degree or diploma earned, if any. **D.** Grade Point Average or Class Rank. **E.** Major and minor field of study (if applicable).

A. Schools	B. Year(s) Completed	C. Degree / Diploma Earned	D. Grade Point Average	E. Major / Minor

List any foreign language (s) you know and check the boxes that describe your skill level.

Language	Speak Some	Speak Fluently	Read	Write

References

List name and telephone number of three (3) business/work references who are not related to you and are not previous supervisors. If not applicable, list three (3) school or personal references who are not related to you.

Name	Telephone	Years Known

List professional, trade business, or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability, or other protected status.)

Organization	Offices Held

List special accomplishments, publications, awards. (Exclude information which would reveal sex, race, religion, national origin, age, color, disability, or other protected status.) : _____

List any additional information you would like us to consider. _____

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or their agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

I do not have an agreement with another employer that prohibits me from working for SPEC.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentations or omissions of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

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.

Signature of Applicant: _____

Date: _____

Fill out below **ONLY** if you are applying for a DOT position.

Name: _____
Last First Middle

Date of Birth: _____ Social Security Number: _____

ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE (ATTACHE SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE **NONE**.

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE **NONE**.

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS – DRIVER

List all driver licenses or permits held in the past 3 years:

DRIVER LICENSES	STATE	LICENSE NUMBER	TYPE	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 _____

Applicants to drive a commercial vehicle 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 if necessary.)

Previous Employer: _____ Supervisor's Full Name: _____

Full Address: _____ Zip: _____ Phone: (____) _____ - _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reason for leaving: _____

Were you subject to the FMCSRs while employed? ☐ YES ☐ NO

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 ☐ NO

Previous Employer: _____ Supervisor's Full Name: _____

Full Address: _____ Zip: _____ Phone: (____) _____ - _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reason for leaving: _____

Were you subject to the FMCSRs while employed? ☐ YES ☐ NO

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 ☐ NO

DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES		APROXIMATE NO. OF MILES (TOTAL)
		FROM (M/Y)	TO (M/Y)	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR – TWO TRAILERS				
TRACTOR – THREE TRAILERS				
MOTORCOACH – SCHOOL BUS	--			
Other:				

LIST STATES OPERATED IN FOR LAST FIVE YEARS: _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS – OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY _____

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE ON THIS APPLICATION _____

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN) _____

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. 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 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 SPEC Building Materials Corp.

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.

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.

Signature: _____ Date: _____



MEL STEVENSON & ASSOCIATES, INC.

CERTIFICATE OF RECEIPT FOR EMPLOYEE EDUCATIONAL MATERIALS

I hereby certify that my employer has given me educational materials that explain the Drug and Alcohol Testing Program requirements.

This program has been developed and implemented in compliance with the Federal Motor Carrier Safety Regulations (CFR 49 Part 382) and with the Federal Standards for Workplace Testing (CFR 49 Part 40).

I further certify that I have received information explaining my Employer's policies and procedures with respect to these testing requirements.

I understand that I am required by my Employer to submit to drug and/or alcohol testing, and that my Employer's program shall be maintained in substantial accordance with these regulations.

Applicant's/Employee's Name (Please Print): _____

Applicant's/Employee's Signature: _____

Applicant's/Employee's Social Security Number: _____

Today's Date: _____

Location of Employment: _____



MEL STEVENSON & ASSOCIATES, INC.

DRUG AND ALCOHOL TESTING NOTIFICATION AND CONSENT

Before collection of a urine or breath sample from an employee/applicant, this form must be completed and on file.

I understand that, as required by federal regulation and/or my employer's policy, all employees hired and/or upon transfer into a DOT-mandated job position must submit to controlled substance testing involving the collection of a urine sample which will be tested for the following controlled substances: marijuana, cocaine, opiates, amphetamines, and phencyclidine (PCP). The federal regulations and/or my employer's policy also require that additional urine samples for controlled substance testing and breath samples for alcohol concentration testing may be requested throughout my employment and is a condition of my continued employment.

I understand if I test positive for controlled substances and/or alcohol, that I am not medically-qualified to operate a commercial motor vehicle or to perform other safety-sensitive functions. I also understand I will be given a reasonable opportunity to confer with my employer's medical review officer before any positive drug test result is reported to my employer. A refusal to submit to testing or any other violation of my employer's Drug and Alcohol Testing policy shall be considered as a refusal to comply with company policy and may result in my immediate termination with my Employer.

The results of any and all drug and/or breath alcohol tests will be maintained by *MIDWEST COLLECTION SPECIALISTS, INC.* and who, acting as an agent of my employer, shall be allowed by this consent to report such testing results directly to my employer. I understand that testing results will not be released to any additional parties without my written authorization to release such results, except as provided under federal, state, or local law.

I hereby agree to submit to any and all urine drug tests and/or breath alcohol concentration tests as required by my employer's policy and as requested by my employer.

Applicant's/Employee's name (print)

Applicant's/Employee's signature

Date



FORMER EMPLOYER VERIFICATION

Please complete and fax to:

Contact Person: Chris Jenkins

Phone Number: (913) 384 – 0804

Fax Number: (913) 722 – 0312

Attention: _____

Phone Number: _____

Fax Number: _____

1st Attempt: _____

2nd Attempt: _____

3rd Attempt: _____

SECTION 1: PREVIOUS EMPLOYEE INFORMATION AND RELEASE

The undersigned has applied for a driving position with SPEC Building Materials Corp. I hereby authorize you to release the below requested information to SPEC Building Materials for the purpose of investigation and qualifying me to drive a commercial motor vehicle, including pre-employment drug test results. You are now required by the U.S. DOT and Federal Motor Carrier Safety Regulations 49 CFR parts 40, 382 & 391 to furnish this information. You are hereby released from any and all liability that may result from furnishing such information. Your quick response will be greatly appreciated.

Name: _____ Social Security Number: _____

Signature: _____ Date: _____

NOTE TO APPLICANT: DO NOT WRITE BELOW THIS LINE.

SECTION 2: PREVIOUS EMPLOYEE WORK HISTORY

Dates of Employment From: ____ / ____ to ____ / ____ Job Duties: _____

Did employee drive a motor vehicle.....Yes:____ No:____

Types of Equipment Operated: Tractor/Trailer:____ Straight Truck:____ Other:_____

Please list any special equipment operated: _____

SECTION 3: SAFETY PERFORMANCE HISTORY PER 49 C.F.R. 391.23(2)

Was this employee a safe and efficient driver? Yes:____ No:____

Was this employee involved in any accidents in the last three years? Yes:____ No:____

If yes, were any accidents preventable? Yes:____ No:____

If yes, please provide details, including dates: _____

Reason for leaving: Discharged:____ Resigned:____ Laid Off:____

Eligible for Rehire? Yes: ____ No: ____ Upon Review: _____

SECTION 4: PREVIOUS DRUG AND ALCOHOL RESULTS PER 49 C.F.R. 40.25

Was this applicant in a DOT controlled substance testing program with your company?Yes:____ No:____

1. Did the employee have alcohol test with a result of 0.04 or higher?Yes:____ No:____

2. Did the employee have verified positive drug test? 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 any previous employers report any drug or alcohol rule violations to you? Yes:____ No:____

Name of person completing form: _____ Title: _____

Phone #: _____ Date: _____



MEL STEVENSON & ASSOCIATES, INC.

DISCLOSURE OF PAST PRE – EMPLOYMENT TESTING RESULTS

CDL HOLDERS ONLY

Employer to read to job applicant:

As the Employer, we are required to ask you whether you have tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past three years.

Positive pre-employment drug or alcohol tests?

Refusals to test?

Note to Employer: If either of the above questions are answered “Yes”, you must not use the applicant to perform safety-sensitive functions until and unless the applicant supplies adequate documentation providing successful completion of the return-to-duty process.

Employer representative: _____ Date: _____

Applicant's name (print): _____

Applicant's signature: _____