

Lipham Construction Co., Inc.
 400 N Broadway · P.O. Box J · Aspermont, TX · 79502
 Phone: (940) 989-3503 · Fax: (940) 989-2780

Driver Application for Employment

Lipham Construction Co., Inc. is committed to the principle of equal opportunity in employment. We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

GENERAL INFORMATION		Date _____	
Position(s) Applied For _____			
Employment Desired <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal			
Referral Source <input type="checkbox"/> Newspaper <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In			
<input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other			
Name _____			
Last		First	Middle
Address _____			
Number		Street	City State Zip
Telephone Number () _____		Social Security Number _____	
Date of Birth _____		Can you provide proof of age? _____	
Have you ever filed an application with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, give date _____			
Have you ever been employed with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, give date _____			
If Yes, give reason for leaving _____			
Are you a United States citizen?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If No, do you have a valid work permit?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you on a lay-off and subject to recall?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been convicted of a felony within the last 7 years?			
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please explain _____			

Are you a veteran of the United States military service? Yes No
If Yes, what branch? _____

If Yes, date entered _____ Date discharged _____

If Yes, please describe any special skills or training acquired while in the service: _____

EDUCATION

Circle highest grade completed:

Grade School: 1 2 3 4 5 6 7 8

High School: 1 2 3 4

College: 1 2 3 4

Last School Attended _____

Name

City, State

WORK EXPERIENCE

Please list your work experience beginning with your most recent job.

Company Name	Telephone
Address	Duration of Employment
Name of Supervisor	Hourly Rate
Start Job Title/Description of Work Performed	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

Company Name	Telephone
Address	Duration of Employment
Name of Supervisor	Hourly Rate
Start Job Title/Description of Work Performed	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

Company Name	Telephone
Address	Duration of Employment
Name of Supervisor	Hourly Rate
Start Job Title/Description of Work Performed	Reason for Leaving
Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Company Name	Telephone
Address	Duration of Employment
Name of Supervisor	Hourly Rate
Start Job Title/Description of Work Performed	Reason for Leaving
Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	

DRIVER STATEMENT OF ON-DUTY HOURS

Motor carriers when using a driver for the first time shall obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for such carrier. Rule 395.8(j)(2) Federal Motor Carrier Safety Regulations. NOTE: Hours for any compensated work during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form

Driver Name _____

Driver's license number _____ State of issue _____ Expiration date _____

Class _____ Endorsement(s) _____ Restriction (s) _____

Day	Date	Hours	
1			
2			
3			
4			
5			
6			Total Hours
7			

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work at:

_____ Time _____ Date _____

DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

When employed by a motor carrier, a driver must report to the carrier all on-duty time including time working for other employers. The definition of on-duty time found in Section 395.2 paragraphs (8) and (9) of the Federal Motor Carrier Safety Regulations includes time performing any other work in the capacity of, or in the employ or service of, a common, contract or private motor carrier, also performing any compensated work for any nonmotor carrier entity.

Are you currently working for another employer? Yes No

At this time do you intend to work for another employer while still employed by this company? Yes No

I hereby certify that the information given above is true and I understand that once I become employed with this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.

_____ Driver's Signature _____ Date _____

_____ Company Representative _____ Date _____

ACCIDENT RECORD

Date	Nature of Accident	Fatalities	Injuries	Hazardous Material

TRAFFIC CONVICTIONS AND FORFEITURES

Location	Date	Charge	Penalty

Have you ever been denied a license, permit or privilege to operate a motor vehicle?

Yes No

Has any license, permit or privilege ever been suspended or revoked?

Yes No

Give details if Yes for both answers: _____

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment	Dates (From:To)	Approx. No. of Miles
Straight Truck	Van, Tank, Flat, Dump, Refer		
Tractor and Semi-Trailer	Van, Tank, Flat, Dump, Refer		
Tractor-Two Trailers	Van, Tank, Flat, Dump, Refer		
Tractor-Three Trailers	Van, Tank, Flat, Dump, Refer		
Motorcoach-School Bus (>8 passengers)			
Motorcoach-School Bus (>15 passengers)			

List states operated in for the last 5 years: _____

Special courses or training: _____

Safe driving awards: _____

List special equipment or technical materials you can work with: _____

CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transport hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transport hazardous materials tht require placarding.

Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. They are as follows:

1. **POSSES ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.

2. **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391315(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the next business day of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (If the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.

The following license is the only one I posses:

Driver's License No. _____ State _____ Exp. Date _____

DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.

Driver's Name: _____

Driver's Signature: _____ Date _____

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 inquires 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:

1. Review information provided by previous employers
2. Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer
3. 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 _____

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment puposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Signature _____

Date _____

Applicant EEO Data Form

The information requested is being collected for the purpose of reporting to Federal and Equal Employment Opportunity Agencies and will not be considered as part of the application for employment. It will be separated from the application.

Position(s) Applied For _____

Referral Source Newspaper Friend Walk-In
 Employment Agency Relative Other

Name _____

Last

First

Middle

Address _____

Number

Street

City

State Zip

Telephone Number () _____

Date of Birth _____

Sex Male
 Female

Ethnic Origin White
 Black
 Hispanic
 Asian/Pac. Islander
 Am. Ind/Alaskan
 Other

Veteran Yes
 No

Spouse of Veteran Yes
 No

Former Texas Foster Youth 25 yrs
of age or younger Yes
 No