AZ AGGREGATE

TRANSPORT

Phoenix, AZ • Driver's 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.
*** COMPLIANCE WITH 49 CFR § 391.21 REQUIRED ***

APPLICANT INFORMATION

FIRST NAME	MIDDLE NAME	LAST NAME
DATE OF APPLICATION	SOCIAL SECURITY NUMBER	DATE OF BIRTH (REQUIRED FOR CMV DRIVERS)
PHONE NUMBER	EMAIL ADDRESS	

ADDRESS HISTORY (PAST 3 YEARS)

Current Address	STREET	CITY, STATE, ZIP	HOW LONG? (YEARS/MONTHS)
Previous Address 1	STREET	CITY, STATE, ZIP	HOW LONG?
Previous Address 2	STREET	CITY, STATE, ZIP	HOW LONG?

LICENSE INFORMATION

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one commercial motor vehicle driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

State	License Number	Class / Endorsements	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, attach statement giving details.

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, Dump, etc.)	Dates (From - To)	Approx. Total Miles
Straight Truck			
Tractor & Semi-Trailer			
Tractor - Two Trailers			
Other (e.g. Heavy Haul)			

ACCIDENT RECORD (PAST 3 YEARS)

If none, write "NONE".

Dates (Last 3 years)	Nature of Accident (Head-on, Rear-end, Overturn, etc.)	Fatalities	Injuries	Hazardous Material Spill
Last Accident:				☐ Yes ☐ No
Next Previous:				☐ Yes ☐ No
Next Previous:				☐ Yes ☐ No

TRAFFIC CONVICTIONS & FORFEITURES (PAST 3 YEARS)

Other than parking violations. If none, write "NONE".

Location (City, State)	Date	Charge	Penalty

EMPLOYMENT HISTORY (PAST 10 YEARS)

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

CURRENT / LAST EMPLOYER NAME		DATES OF EMPLOYMENT From: To:
ADDRESS (STREET, CITY, STATE, ZIP)		POSITION HELD
CONTACT PERSON	PHONE NUMBER	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 NAME		DATES OF EMPLOYMENT From: To:
ADDRESS (STREET, CITY, STATE, ZIP)		POSITION HELD
CONTACT PERSON	PHONE NUMBER	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

* Attach additional sheets if necessary to cover full 10-year period.

APPLICANT CERTIFICATION & SIGNATURE

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).

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.

Applicant Signature Date