

CDA PAVING AND CONCRETE SPECIALTIES

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COMMERCIAL DRIVER APPLICATION

WE ARE AN EQUAL OPPORTUNITY EMPLOYER DRUG-FREE WORKPLACE

APPLICANT INFORMATION

Desired Position (check one or both)		<input type="checkbox"/> Concrete Mixer Driver	<input type="checkbox"/> Dump truck Driver	Desired Salary	
Last Name	First Name	M.I.	Date		
Street Address			Apartment/Unit #		
City	State		ZIP		
Phone	Emergency Phone				
E-mail Address					
Date Available	Available for full-time work?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Driver's License #:	Class (A or B)	State	Expiration		
Physical Exam Expiration Date	How did you hear about the position?				
Previous Three Years Addresses:					
				From	To
				From	To
				From	To
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Reason for leaving					
Have you ever been convicted of a crime?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		

EDUCATION

High School	Address				
Did you graduate high school?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
College	Address				
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other	Address				
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

PREVIOUS EMPLOYMENT – Give a COMPLETE RECORD of all employment for the past three years, including any unemployment or self-employment periods, and all commercial driving experience for the past ten years. Attach sheet if more space is needed.

Company					Supervisor			Title			
Address							Phone				
Email							Fax				
Position Held					Starting Salary	\$		Ending Salary	\$		
Responsibilities											
From			To			Reason for Leaving:					
Were you subject to the FMCSRs while working here?					YES	<input type="checkbox"/>	NO	<input type="checkbox"/>			
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"/>
May we contact your previous supervisor for a reference?					YES	<input type="checkbox"/>	NO	<input type="checkbox"/>			
Company					Supervisor			Title			
Address							Phone				
Email							Fax				
Position Held					Starting Salary	\$		Ending Salary	\$		
Responsibilities											
From			To			Reason for Leaving					
Were you subject to the FMCSRs while working here?					YES	<input type="checkbox"/>	NO	<input type="checkbox"/>			
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"/>
May we contact your previous supervisor for a reference?					YES	<input type="checkbox"/>	NO	<input type="checkbox"/>			
Company					Supervisor			Title			
Address							Phone				
Email							Fax				
Position Held					Starting Salary	\$		Ending Salary	\$		
Responsibilities											
From			To			Reason for Leaving					
Were you subject to the FMCSRs while working here?					YES	<input type="checkbox"/>	NO	<input type="checkbox"/>			
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"/>
May we contact your previous supervisor for a reference?					YES	<input type="checkbox"/>	NO	<input type="checkbox"/>			
Company					Supervisor			Title			
Address							Phone				
Email							Fax				
Position Held					Starting Salary	\$		Ending Salary	\$		
Responsibilities											

From		To		Reason for Leaving	
Were you subject to the FMCSRs while working here?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
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"/>
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>

DRIVING EXPERIENCE

Class of Equipment	From	To	Approximate number of miles
Straight Truck			
Tractor & Semi-Trailer			
Tractor & two trailers			
Tractor & triple trailers			
Other:			

List states operated in, for the last five (5) years:

List special courses/training completed (PTD/DDC, HAZMAT, ETC):

List any Safe Driving Awards you hold and from whom:

Accident Record for past three (3) years. Attach sheet if more space is needed.

Date of Accident	Nature of Accidents (Head on, rear end, etc.)	Location of Accident	# of Fatalities	# of People Injured

Traffic Convictions and Forfeitures for the last three (3) years (other than parking violations):

Date	Location	Charge	Penalty

Driver's License (list each driver's license held in the past three (3) years:

State	License	Type	Endorsements	Expiration Date

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

Is there any reason you might be unable to perform the functions of the job for which you have applied? (as described in the job description)? YES NO

If the answers to any questions listed above are "YES", give details:

REFERENCES - PLEASE LIST THREE PROFESSIONAL REFERENCES, WHO HAVE KNOWLEDGE OF YOUR SAFETY HABITS.

Full Name		Relationship		Phone	
Company		Email		Fax	
Address					
Full Name		Relationship		Phone	
Company		Email		Fax	
Address					
Full Name		Relationship		Phone	
Company		Email		Fax	
Address					

SKILLS/QUALIFICATIONS/LICENSE CERTIFICATIONS/OTHER

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THIS IS A DRUG-FREE WORKPLACE

Do you agree to take a pre-employment drug test?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
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If no, explain:

MILITARY SERVICE

Branch		From		To	
Rank at Discharge		Type of Discharge			

If other than honorable, explain:

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to obtain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and person named herein from all liability for any damages on account of his furnishing such information.

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

I authorize Coeur d'Alene Paving/CDA Redi Mix to confirm any of the information included in this application.

Signature		Date	
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Please submit a copy of your driving record with your completed application.