



# TRANSPORTATION CO.

LICENSED HAULER OF SAND, GRAVEL, ASPHALT AND BULK CEMENT

900 S. BRADLEY • BOX 389 • MT. PLEASANT, MI 48804-0389

OFFICE: (989) 773-1376 • FAX: (989) 773-7640

### Applicant: Read and sign before submitting this application.

I understand that the information in this application will be used and that prior employers will be contacted for purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations.

I certify that I have read, and fully understand and accept the terms of the Notice to Applicant.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_  
Street City State Zip Code

In case of emergency notify: \_\_\_\_\_  
Name Address Phone

Have you worked for this Company or a Sister Company before? Yes No

If yes: \_\_\_\_\_  
Where From To Position

Reason for leaving \_\_\_\_\_

Names of relatives employed by the Company \_\_\_\_\_

Are you currently employed? Yes No If not, last date of employment \_\_\_\_\_

Who referred you? \_\_\_\_\_

Position Applying For: \_\_\_\_\_ Part Time Full Time

Rate of pay expected \_\_\_\_\_

### Education

Select the highest grade completed: \_\_\_\_\_ College: \_\_\_\_\_

### Physical History

Please describe any positions, jobs, or duties for which you should not be considered because of physical, medical, or mental disabilities:

## Employment Record

Note: The United States Department of Transportation requires that applicants for driving positions must advise prospective employers of positions held as a commercial driver during the past ten year period.

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

1) Current or last Employer \_\_\_\_\_ Supervisor's name \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary or Wage \_\_\_\_\_ per

Reason for leaving \_\_\_\_\_

2) Employer \_\_\_\_\_ Supervisor's name \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary or Wage \_\_\_\_\_ per

Reason for leaving \_\_\_\_\_

3) Employer \_\_\_\_\_ Supervisor's name \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary or Wage \_\_\_\_\_ per

Reason for leaving \_\_\_\_\_

4) Employer \_\_\_\_\_ Supervisor's name \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary or Wage \_\_\_\_\_ per

Reason for leaving \_\_\_\_\_

### References: (Do not include relatives or former employers.)

Name: \_\_\_\_\_ Business \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_ Years known \_\_\_\_\_

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Address \_\_\_\_\_ Phone Number \_\_\_\_\_ Years known \_\_\_\_\_

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Address \_\_\_\_\_ Phone Number \_\_\_\_\_ Years known \_\_\_\_\_

## Drivers Experience & Qualifications

Drivers License Number \_\_\_\_\_ State Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_

C.D.L. Type: (select one)                      Endorsements: (select or enter all that apply)

Have you ever been denied a driver's license, permit or the privilege to operate a motor vehicle?                      Yes                      No  
 - If yes please explain:  
 Has at any time your driver's license, permit or privilege ever been suspended or revoked?                      Yes                      No  
 - If yes please explain:  
 Have you ever been disqualified for the violations of the Federal Motor Carrier Safety Regulations?                      Yes                      No  
 - If yes please explain:  
 Have you ever tested positive for a DOT drug or alcohol test from a former employer?                      Yes                      No  
 - If yes please explain:

Indicate the equipment you can operate by writing the number of years experience for each type:

Equipment:	Years:	Equipment:	Years:
Tandem		V Bottom	
Tri-Axle		Live Bottom	
Quad-Axle		Loader	
Short Double		Other	
Long Double		Other	

List special courses or training that will help you as a driver \_\_\_\_\_

List any safe driving awards that you have received and explain who they are from. \_\_\_\_\_

### Accident Review for the past three years (Attach sheet if more space is needed)

Date: \_\_\_\_\_ Nature of accident: \_\_\_\_\_ Fatalities \_\_\_\_\_ Injuries: \_\_\_\_\_  
 (Head on, Upset, Etc.)

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 (Head on, Upset, Etc.)

Date: \_\_\_\_\_ Nature of accident: \_\_\_\_\_ Fatalities \_\_\_\_\_ Injuries: \_\_\_\_\_  
 (Head on, Upset, Etc.)

### Traffic Convictions and Forfeitures for the past three years

Location: \_\_\_\_\_ Date: \_\_\_\_\_ Charge: \_\_\_\_\_ Penalty: \_\_\_\_\_

Location: \_\_\_\_\_ Date: \_\_\_\_\_ Charge: \_\_\_\_\_ Penalty: \_\_\_\_\_

Location: \_\_\_\_\_ Date: \_\_\_\_\_ Charge: \_\_\_\_\_ Penalty: \_\_\_\_\_

## Maintenance Experience & Qualifications

List Courses and training in maintenance work \_\_\_\_\_

Do you have any welding experience?      Yes      No      If yes, how many years? \_\_\_\_\_

## Job Function

Indicate training and experience in the following:	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experience
Drive Line Components			Body Work		
Diesel Engine Tune up and Rebuild			Electrical Repair		
Gas Engine Tune-Up and Rebuild			Frame and Wheel Alignment		
Tire Service			Brakes		
Trailer Repair			Cooling System		
Air Conditioning			Inspections		
U@:K			General Car Repair		

## Shop Equipment

Indicate training and experience in the following:	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experience
Electrical Diagnostic Equipment			Tire Service Machine		
Sheet Metal Equipment			Wheel & Tire Balancing Machine		
Frame & Axle Straightening Equipment			Tire Recapping Mold		
Engine Rebuilding Equipment			Engine Dynamometer		
Diesel Injection Equipment			Chassis Dynamometer		
Electric Welder			Magnetic Crack Detector		
Oxyacetylene Welder			Engine Analyzer		
Paint Spray Gun			Noise Measuring Equipment		
Air Conditioning			Smoke Measuring Equipment		
			Inspections		
			General Car Repair		

## Voluntary Affirmative Action Data

**Please note: Completion of this form is voluntary.** We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

**To be completed by applicant on a voluntary basis, not for interviewing purposes.** In an effort to comply with requirements regarding government record keeping, reporting and other required applicant data surveys. Providing this information is **strictly voluntary**. Failure to provide this information will not exclude you from the applicant pool. Your cooperation is appreciated.

Please be advised that this survey is not part of your official application for employment. It will be kept confidential in accordance with applicable laws and regulations.

Applicant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Position Applied For: \_\_\_\_\_

Referral Source:

Governmental Employment

Private Employment Agency

Current Employee

Walk-in

School

Relative

Other \_\_\_\_\_

Advertisement - located in: \_\_\_\_\_

Person who referred you, if applicable: \_\_\_\_\_

Please select one of the following Equal Employment Opportunity Identification Groups:

Hispanic

Caucasian

American Indian / Alaskan Native

Asian / Pacific Islander

Black

Veteran: Yes No

Handicap: Yes No



Central  
CONCRETE

Fisher  
CONTRACTING CO.

Central  
ASPHALT

Fisher  
TRANSPORTATION INC.

Boyl  
AGGREGATE, INC.

Bucks Run  
Golf Club

Fisher  
SAND AND GRAVEL

MIDLAND  
ENGINE

**Applicant Uevgo gpv**

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements on this application shall be grounds for dismissal.

I authorize an investigation of all statements contained herein and the references listed to give to you and the references listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I read, fully understand and accept all terms of the foregoing Applicant Statement.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

I certify that I have read and fully understand and accept the terms of the foregoing Applicant Statement.

