American Boring Inc
6895 Pickerington Rd
Carroll, OH 43112
614-834-7130

Employment Application

Date of Application: _____

APPLICATIONS WILL BE KEPT ON FILE FOR APPROXIMATELY 6 MONTHS

Applicant Information

Full Name: _____ Date of Birth: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Phone: _____ Email _____

Social Security No.: _____ Can you provide proof of age? Yes ☐ No ☐

Position Applied For: _____ Rate of pay expected: _____

Have you ever worked for this company? _____ When? _____

Reason for Leaving: _____

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Have you ever been convicted of a felony? YES ☐ NO ☐

If yes, explain: _____

Conviction of a crime is not an automatic bar to employment-all circumstances will be considered

Are you now employed? _____ If not, how long since leaving last employment? _____ Notice Required for Employer _____

Is there any reason you might be unable to perform the functions of the job which you have applied for? Yes ☐ No ☐

If yes, explain if you wish: _____

Employment History

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: $ _____ Ending Salary: $ _____

Responsibilities: _____

Dates of Employment: From: _____ To: _____

Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: $ _____ Ending Salary: $ _____

Responsibilities: _____

Dates of Employment: From: _____ To: _____

Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

EMPLOYMENT HISTORY (continued)

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:$ _____ Ending Salary:$ _____

Responsibilities: _____

Dates of Employment: From: _____ To: _____

Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Accident Record

FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

	Date	Nature of Accident	Fatalities	Injuries	Hazardous Material Spill
Last Accident					
Next Previous					
Next Previous					

Traffic Convictions

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

Location	Date	Charge	Penalty

Driver's License Information

LIST ALL DRIVER LICENSE OR PERMITS HELD IN THE PAST 3 YEARS

	State	License No.	Type	Expiration Date
DRIVER LICENSE				

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 _____

Driving Experience

Check YES or NO

CLASS OF EQUIPMENT		CIRCLE TYPE OF EQUIPMENT	DATES (MM/YR) From	DATES (MM/YR) To	Approx. # of Miles (total)
Straight Truck	☐ Yes ☐ No	(VAN, TANK, FLAT, DUMP, REFER)			
Tractor w/Semi-trailer	☐ Yes ☐ No	(VAN, TANK, FLAT, DUMP, REFER)			
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? _____

Other Experience and Qualifications

List all other qualifications, courses/training, and equipment experience that may help your work with this company:

References

*Please list three **professional** references.*

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Education

Circle Highest Grade Completed: **1 2 3 4 5 6 7 8 9 10 11 12** College: **1 2 3 4**

Last School Attended: (Name) _____ (City, State) _____

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.

Signature: _____ Date: _____

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DRIVER'S

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

SECTION 1 AUTHORIZATION

I, (Print Name) _____, hereby authorize:

(First, M.I., Last)

Previous Employer: _____ Email: _____

Street Address: _____ Phone: _____

City, State, Zip: _____ Fax: _____

to release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substance Testing records within the previous 3 years from _____

(Date of Employment Application)

to:

Prospective Employer: AMERICAN BORING INC Attn.: _____

Street Address: 6895 PICKERINGTON RD Phone: 614-834-7130

City, State, Zip: CARROLL, OH 43112

In compliance with 49 CFR §§40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

Prospective employer's confidential fax number: 614-834-7138

Prospective employer's confidential email: _____

_____ _____

Applicant's Signature Date

This information is being requested in compliance with 49 CFR §§ 40.25 and 391.23.

SECTION 2 ACCIDENT HISTORY

The applicant named above was employed by us. ☐ Yes ☐ No

Employed as _____ from (mm/yy) _____ to (mm/yy) _____.

Did he/she drive motor vehicle for you? ☐ Yes ☐ No If yes, what type? ☐ Straight Truck ☐ Tractor/Semitrailer

☐ Bus ☐ Cargo Tank ☐ Doubles/Triples ☐ Other (Specify) _____

ACCIDENTS: Complete the following for any accidents included on your accident registrar (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here ☐ if there is no accident register data for this driver.

	Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1.					
2.					
3.					

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____

Signature: _____

Title: _____ Date: _____

PREVIOUS EMPLOYER – COMPLETE SIDE 2, SECTION 3

SECTION 3 DRUG AND ALCOHOL HISTORY

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here ☐.

	YES	NO
1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?	☐	☐
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?	☐	☐
3. Has this person refused to submit to post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?	☐	☐
4. Has this person committed other violations of Subpart B or Part 382 or Part 40?	☐	☐
5. If this person has violated a DOT drug and alcohol regulation, did this person fail to undertake or or complete a program prescribed by a Substance Abuse Professional (SAP) in your employ If yes, please end documentation back with this form.	☐	☐
6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?	☐	☐

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on side 1.

Name: _____

Company: _____

Street: _____

City, State, Zip: _____ Phone: _____

Section 3 completed by (Signature) _____ Date: _____

SECTION 4 MODE OF COMMUNICATION

This form was sent to previous employer via (check one) ☐ Fax ☐ Mail ☐ Email ☐ Other _____

By _____ Date: _____

SECTION 5 RECEIPT INFORMATION

Complete the following when the requested information is obtained.

Information received from _____

Recorded by: _____ Method: ☐ Fax ☐ Mail ☐ Email ☐ Phone

Date: _____ ☐ Other _____

INSTRUCTIONS FOR COMPLETING THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

SIDE 1 SECTION 1: *Prospective Employee*

- Complete the information required in this section
- Sign and date
- Submit to the prospective employer

SIDE 1 SECTION 2: *Previous Employer*

- Complete the information required in this section
- Sign and date
- Turn form over to complete SIDE 2 SECTION 3

SIDE 2 SECTION 3: *Previous Employer*

- Complete the information required in this section
- Sign and date
- Return to prospective employer

SIDE 2 SECTION 4: *Prospective Employer*

- Verify that prospective employee has correctly completed SIDE 1 SECTION 1
- Complete the information required in this section
- Make a copy of this form and keep it on file
- Send to previous employer

SIDE 2 SECTION 5: *Prospective Employer*

- Record receipt of the information in SECTION 5
- Keep form on file for duration of the driver's employment and for three years thereafter