

Snedegar Construction, Inc.  
6935 S Old SR 37  
Bloomington, IN 47403  
PH: (812) 824-6889  
FAX: (812) 824-4801

## Packet for Application of Employment

1. Please fill out the attached application
2. Please sign the Request for Information from Previous Employer
3. **IF HIRED**, we need a current copy of your CDL License and Physical Form

### TO BE READ AND SIGNED BY APPLICANT

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 also understand that I have the right to:

- \* Review information provided by previous employers;
- \* Have errors in the information corrected by previous employers and for those previous employers to resend the corrected information to the prospective employers; and
- \* 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.

---

Applicant Signature

---

Date

*In compliance with Federal and State equal opportunity laws, qualified applicants are considered for all positions without regard to race, religion, sex, national origin, age, marital status, or non-job related disability.*

**SNEDEGAR CONSTRUCTION, INC.**

**APPLICATION FOR EMPLOYMENT**

Name: \_\_\_\_\_  
(Last) (First) (Middle)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Are you legally eligible for employment in the US? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you able to perform the essential functions of the position? \_\_\_\_\_ Yes \_\_\_\_\_ No

**PREVIOUS ADDRESSES FOR THE PAST THREE (3) YEARS**

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**EDUCATION**

|                  | Name and Location | Course of Study | No. of Years | Did you graduate |
|------------------|-------------------|-----------------|--------------|------------------|
| High School:     |                   |                 |              |                  |
| College:         |                   |                 |              |                  |
| Other (Specify): |                   |                 |              |                  |

## WORK EXPERIENCE

*In accordance with 391.21 & .23 of the Federal Motor Carrier Safety Regulations (FMCSR) an applicant must list all previous work experience for the three (3) years prior to the date of application shown on page one, as well as all commercial driving experience for seven (7) years prior to those three years for a total of 10 years. **Please list starting with most recent employer. Use additional sheet if needed.***

Current or Last Employer Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Job Description: \_\_\_\_\_

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? Yes \_\_\_\_\_ No \_\_\_\_\_

Was this job subject to FMCSA Regulations? Yes \_\_\_\_\_ No \_\_\_\_\_

---

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Job Description: \_\_\_\_\_

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? Yes \_\_\_\_\_ No \_\_\_\_\_

Was this job subject to FMCSA Regulations? Yes \_\_\_\_\_ No \_\_\_\_\_

---

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Job Description: \_\_\_\_\_

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? Yes \_\_\_\_\_ No \_\_\_\_\_

Was this job subject to FMCSA Regulations? Yes \_\_\_\_\_ No \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Job Description: \_\_\_\_\_

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? Yes \_\_\_\_\_ No \_\_\_\_\_

Was this job subject to FMCSA Regulations? Yes \_\_\_\_\_ No \_\_\_\_\_

---

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Job Description: \_\_\_\_\_

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? Yes \_\_\_\_\_ No \_\_\_\_\_

Was this job subject to FMCSA Regulations? Yes \_\_\_\_\_ No \_\_\_\_\_

---

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Job Description: \_\_\_\_\_

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? Yes \_\_\_\_\_ No \_\_\_\_\_

Was this job subject to FMCSA Regulations? Yes \_\_\_\_\_ No \_\_\_\_\_

**COMMERCIAL DRIVER'S LICENSE INFORMATION**

License #: \_\_\_\_\_ Type: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Endorsements (check all that apply): \_\_\_\_\_ Double/Triple Trailers \_\_\_\_\_ Tank Vehicles  
\_\_\_\_\_ Passenger Vehicles \_\_\_\_\_ Hazardous Materials

Do you have full knowledge of the Federal Motor Carrier Safety Regulations?      \_\_\_ Yes    \_\_\_ No

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

Have you ever been convicted of a DUI, DWI, or OUI?      \_\_\_ Yes    \_\_\_ No

Have you ever been convicted of a felony?      \_\_\_ Yes    \_\_\_ No

If the answers to any question(s) above are "yes", please explain: \_\_\_\_\_

**Accident Record for the past three (3) years: (attach sheet if more space is needed):**

| Date  | Description | Location of Accident | # of Injuries | # of Fatalities | HazMat Spill? |
|-------|-------------|----------------------|---------------|-----------------|---------------|
| _____ | _____       | _____                | _____         | _____           | _____         |
| _____ | _____       | _____                | _____         | _____           | _____         |
| _____ | _____       | _____                | _____         | _____           | _____         |

**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 last three (3) years):**

| State | License # | Type  | Endorsements | Expiration Date |
|-------|-----------|-------|--------------|-----------------|
| _____ | _____     | _____ | _____        | _____           |
| _____ | _____     | _____ | _____        | _____           |
| _____ | _____     | _____ | _____        | _____           |

**Driving Experience:**

| Equipment Class    | Type of Equipment | Dates From | To    | Approx. Miles Driven |
|--------------------|-------------------|------------|-------|----------------------|
| Straight Truck:    | _____             | _____      | _____ | _____                |
| Tractor & Trailer: | _____             | _____      | _____ | _____                |
| Other:             | _____             | _____      | _____ | _____                |

**EXPERIENCE AND QUALIFICATIONS**

List any trucking, transportation, or heavy equipment experience that may help in you work for this Company:

---

---

---

List any special equipment or technical materials you can work with (other than those already listed):

---

---

---

**Have you ever been a driver for this company before?**    \_\_\_ Yes    \_\_\_ No

**REFERENCES**

List three (3) persons for references (other than family members):

| Name  | Address | Phone | Years Known |
|-------|---------|-------|-------------|
| _____ | _____   | _____ | _____       |
| _____ | _____   | _____ | _____       |
| _____ | _____   | _____ | _____       |

**In case of emergency, contact:**

| Name | Phone | Address | Relationship |
|------|-------|---------|--------------|
|------|-------|---------|--------------|

***MUST BE READ AND SIGNED BY THE APPLICANT***

I authorize the carrier to make such inquiries and investigations of my personal, employment, driving, 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, healthcare 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 agree to abide by the rules and regulations of the carrier as well as the Federal Motor Carrier Safety Regulations. I also agree and understand that if I am selected to drive for the carrier that I will be on a probationary period during which time I may be discharged without recourse.

This certifies that this application was completed by me, and that all of the information within is true and complete to the best of my knowledge.

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

\_\_\_\_\_  
Date

## REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

From: Snedegar Construction, Inc.

To: \_\_\_\_\_ Date: \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

\_\_\_\_\_ has made application to this company for a position as \_\_\_\_\_ and states that he/she was employed by you as \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_. Please reply to the inquiry below respecting this applicant. Your reply will be held in strict confidence and will in no way involve you in any responsibility. For your convenience in replying by return mail, we have enclosed a stamped self-addressed envelope.

Very truly yours,  
Safety Department

1. Is the employment record with your company correct as stated above? \_\_\_\_\_
2. What kind(s) of work did the applicant do? \_\_\_\_\_
3. Did the applicant drive motor vehicles for you?      Passenger car \_\_\_\_\_      Straight Truck \_\_\_\_\_  
Tractor-Semitrailer \_\_\_\_\_      Bus \_\_\_\_\_      Other (*specify*) \_\_\_\_\_
4. Was the applicant a safe and efficient driver? \_\_\_\_\_
5. Give the dates of vehicle accidents in which he/she was involved: \_\_\_\_\_
6. Reason for leaving your employ:      Discharged \_\_\_\_\_      Laid Off \_\_\_\_\_      Resigned \_\_\_\_\_  
*Remarks:* \_\_\_\_\_
7. Was the applicant's general conduct satisfactory? \_\_\_\_\_
8. Is the applicant competent for the position sought? \_\_\_\_\_
9. Did the applicant drink any alcoholic beverages while on duty? \_\_\_\_\_

|                         | Excellent | Good | Fair | Poor | Very Poor |
|-------------------------|-----------|------|------|------|-----------|
| Quality of Work         |           |      |      |      |           |
| Cooperation with Others |           |      |      |      |           |
| Safety Habits           |           |      |      |      |           |
| Personal habits         |           |      |      |      |           |
| Driving Skill           |           |      |      |      |           |
| Attitude                |           |      |      |      |           |

Remarks: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Name of Company: \_\_\_\_\_

(Detach here for your records)

**Name of Former Employee:** \_\_\_\_\_ **Date:** \_\_\_\_\_

You are hereby authorized to give **Snedegar Construction, Inc.** all information regarding my services, character, and conduct while in your employ, and you are released from any and all liability which may result from furnishing such information to the above named company.

# DRUG & ALCOHOL BACKGROUND CHECK FORM

## Section I

To be completed by the new employer, signed by the employee, and transmitted to the previous employer.

Employee Printed or Typed Name: \_\_\_\_\_

Employee SS or ID Number: \_\_\_\_\_

I hereby authorized release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in *Section I-B*, to the employer listed in *Section I-A*. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25 and 391.23. I understand that information to be released in *Section II-A* by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### I-A

New Employer Name: Snedegar Construction, Inc.

Address: 6935 S Old State Road 37, Bloomington, IN 47403

Phone #: (812) 824-6889 Fax #: (812) 824-4801

Designated Employer Representative: Amber Howe

### I-B

Previous Employer Name: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Designated Employer Representative: \_\_\_\_\_

## Section II

To be completed by the previous employer and transmitted by mail or fax to the new employer:

### II-A

In the **three** years prior to the date of the employee's signature (in Section I), for DOT-regulated testing:

1. Did the employee have alcohol tests with a result of 0.04 or higher? YES \_\_\_ NO \_\_\_
2. Did the employee have verified positive drug tests? YES \_\_\_ NO \_\_\_
3. Did the employee refuse to be tested? YES \_\_\_ NO \_\_\_
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? YES \_\_\_ NO \_\_\_
5. Did a previous employer report a drug and alcohol rule violation to you? YES \_\_\_ NO \_\_\_
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? YES \_\_\_ NO \_\_\_ N/A \_\_\_

Note: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record, etc.).

### II-B

Name of person providing information in Section II-A: \_\_\_\_\_

Company: \_\_\_\_\_ Title: \_\_\_\_\_

Phone #: \_\_\_\_\_ Date: \_\_\_\_\_



**Snedegar Construction, Inc.**

**DISCLOSURE AND AUTHORIZATION FORM**

Snedegar Construction, Inc. (the "Company") may request background information about you from a consumer reporting agency in connection with your employment application and for employment purposes. This information may be obtained in the form of consumer reports and/or investigative consumer reports. These reports may be obtained at any time after receipt of your authorization and, if you are hired by the Company, throughout your employment.

Hire Right, Inc., or another consumer reporting agency, will obtain the reports for the Company. Hire Right, Inc. is located at 5151 California Avenue, Irvine, CA 92617, and can be contacted at 800-490-7983. The reports may contain information bearing on your character, general reputation, personal characteristics, mode of living, and credit standing. The types of information that may be obtained include, but are not limited to: social security number verifications; credit reports; criminal records check; public court records checks, driving records checks; educational records checks; employment verifications; personal and professional references checks; licensing and certification records checks; drug testing results; etc. The information contained in the reports will be obtained from private and public record sources, including, as appropriate, personal interviews with sources, such as neighbors, friends, and associates.

You may request more information about the nature and scope of any investigative consumer reports by contacting the Company at: Gary Snedegar, President, 6935 S. Old St. Rd 37, Bloomington, IN 47403, 812-824-6889. A summary of your rights under the Fair Credit Reporting Act is also being provided to you.

**ADDITIONAL STATE LAW NOTICES**

If you are a California, Maine, New York or Washington applicant, please also note:

**CALIFORNIA:** Under section 1786.22 of the California Civil Code, you may view the file maintained on you by Hire Right during normal business hours. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at Hire Right's offices in person, during normal business hours and on reasonable notice, or by mail. You may also receive a summary of the file by telephone, upon submitting proper identification. Hire Right has trained personnel available to explain your file to you, including any coded information. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification.

**NEW YORK:** You have the right, upon request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by contacting that agency.

**MAINE:** You have the right, upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from the Company, within five business days of receipt of your request, the name, address, and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any such reports.

**WASHINGTON STATE:** If we request an investigative consumer report, you have the right, upon written request made within a reasonable period of time after your receipt of disclosure, to receive from us a complete and accurate disclosure of the nature and scope of the investigation we requested. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

**AUTHORIZATION**

I have carefully read and understand this Disclosure and Authorization form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to the release of consumer reports and investigative consumer reports prepared by a consumer reporting agency, such as Hire Right, Inc., to the Company, and its designated representatives and agents. I understand that if the Company hires me, my consent will apply, and the Company may obtain reports, throughout my employment.

I also understand that information contained in my job application or otherwise disclosed by me before or during my employment, if any, may be used for the purpose of obtaining consumer reports and/or investigative consumer reports.

By my signature below, I authorize law enforcement agencies, learning institution (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state, and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency.

By my signature below, I certify the information I provided on this form is true and correct. I agree that this Disclosure and Authorization form in or electronic (including electronically signed) form; will be valid for any reports that may be requested by or on behalf of the Company.

**California, Minnesota, or Oklahoma applicants only:** You will be provided with a free copy of any consumer reports or investigative consumer reports obtained on you if you check the box below.

I wish to receive a free copy of the report.

Applicant Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Other name(s) used \_\_\_\_\_

Social Security No.\* \_\_\_\_\_ Date of Birth\* \_\_\_\_\_

Present Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Prior Addresses \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Driver's License # \_\_\_\_\_

Name on License (exact) \_\_\_\_\_

Phone # \_\_\_\_\_

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

*\* This information will be used only for background screening purposes and will not be taken into consideration in any employment decisions.*