

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.

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: Ivy Nuernberger

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.*

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Consumer Help (FRCH) P O Box 1200 Minneapolis, MN 55480 Telephone: 888-851-1920 Website Address: www.federalreserveconsumerhelp.gov Email Address: ConsumerHelp@FederalReserve.gov
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-619-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2838 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051