

PRINT NAME: _____

TODAY'S DATE: _____

DOT DRIVER EMPLOYMENT APPLICATION

**To be considered for employment opportunities,
your application must be completed in its entirety.**

Qualified applicants will be considered active for 3-months from date of application



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All qualified applicants are considered regardless of race, color, sex, age, national origin, religion, disability or any other protected status in accordance with state, federal and local law.

EQUAL OPPORTUNITY EMPLOYER

QUALIFICATIONS AND JOB DESCRIPTION

- Must possess a minimum of a Class B CDL (with Airbrake Endorsement) for Ready-Mix Drivers
- Must possess a minimum of a Class A CDL for Bulk Drivers
- Driven Commercial Vehicle – Minimum of 1 years for Ready-Mix Driver
- No more than 3 moving violations within 2 years
- Good Employment Record
- Must lift 50 – 100 lbs.
- Able to climb ladders
- Be available to work 6-days per week, up to 10 – 12 hours per day
- Preferred CDL Classification “**Non-Excepted Interstate**”

Eligible candidates will be required to successfully pass a drug and alcohol screening, physical, and background check.

This application must be and will be considered completed in its entirety. Resumes are not accepted in lieu of an application.

By signing below, I have understood the qualifications as listed above.

Signature

Date

I, _____ present myself as a qualified Department of Transportation Commercial Vehicle Driver. I understand that under D.O.T. guidelines, I must be drug and alcohol free. I have been informed that VCNA is a drug and alcohol-free company.

Signature

Date

BACKGROUND INFORMATION

Name _____
Last First Middle

Date of Birth ____/____/____ Last **4 digits** of Social Security No. _____
(Required by DOT)

List your addresses of residency for the past 3 years.

Current Address _____
Street City
State Zip Code Phone _____ How Long? _____
(include area code)

Previous Addresses
Street City State Zip Code How Long? _____
Street City State Zip Code How Long? _____
Street City State Zip Code How Long? _____

Are you legally eligible for employment in the United States? Yes No
[Documentation verifying eligibility will be required within three days of hire.]

Have you ever been convicted of a felony? Yes No if so, when? _____

This application qualifies for an exemption from the requirements of the Illinois Job Opportunities for Qualified Applicants Act under Section 15(b)(1) of the Act.

If yes, given the nature of the offense, date of conviction, penalty imposed for the offense and date of release from prison, if applicable. (You are not obligated to disclose sealed or expunged records of conviction or arrest.) A conviction record will not necessarily be a bar to employment and will be considered only as it relates to the job.

EMPLOYMENT DESIRED

Position/Location _____ Available start date _____

Wage rate desired _____

Are you employed now? _____ If so, may we inquire of your present employer? _____

Have you ever applied to this Company or any VCNA affiliated Company before? _____

Where? _____ When? _____

Have you ever worked for this Company or any VCNA affiliated Company before? _____

Where? _____ When? _____

REFERRED BY _____

EDUCATION

	Name and Location of School	No. of Years Attended	Did you graduate?	Subjects Studied
High School				
College				
Trade, Business, Driving or Correspondence School				

DRIVER EXPERIENCE AND QUALIFICATIONS

DRIVER LICENSES

State	License No.	Class	Expiration Date

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
- B. Has your license, permit or privilege ever been suspended, revoked or canceled? Yes No
- C. Have you ever been convicted of driving under the influence of alcohol or drugs or any related offense? Yes No
- D. Have you ever had any non-DUI traffic convictions in the past 3 years? Yes No
- E. Have you ever been involved on any Motor Vehicle accidents in the past 3 years? Yes No

If the answer to either A, B or C is YES, please set forth in detail the acts, circumstances, and dates of such denial, revocation, suspension or conviction: _____

DRIVING EXPERIENCE (IF NONE, WRITE NONE)

Class of Equipment	Type of Equipment (Front/Rear Load, Make, Model, etc.)	Dates From - To	Approx. No. of Total Years or Miles Driven
Ready-Mix Truck		—	
Bulk Cement, other Dry Bulk or other tank truck		—	
Tractor and Semi-Trailer		—	
Dump Truck		—	
Straight Truck		—	
Construction and/or off-road vehicle		—	
Other		—	

******* Fuller Manual Transmission Commercial Vehicle Experience Yes No**

List states operated in for last five years _____

State any courses, training or other experience that will help you as a driver [example - Hazmat training]:

MOTOR VEHICLE ACCIDENT RECORD FOR PAST 3 YEARS OR MORE. (IF NONE, WRITE NONE)

Dates	Nature of Accident (Head-on, Rear-end, upset, etc.)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

(Attach sheet if more space is needed)

TRAFFIC CONVICTIONS AND/OR BOND FORFEITURES DURING THE PAST 3 YEARS (Other than parking violations). (IF NONE, WRITE NONE)

Location	Date	Charge	Penalty

(Attach sheet if more space is needed)

WORK EXPERIENCE

Please list all employment for the last **TEN** years. If necessary, provide an additional sheet. *Begin with the most recent.*

1. Employer Name _____ From _____ to _____
 Address _____ Telephone _____
 City /State /Zip _____
 Type of Business _____ Your Position _____
 Immediate Supervisor _____ Supervisor Position _____
 Person we may contact to verify employment _____

Work performed [Include whether you operated a commercial motor vehicle and the type of vehicle(s) operated]

Current/Last Salary _____

Reason for Leaving _____

2. Employer Name _____ From _____ to _____
Address _____ Telephone _____
City /State /Zip _____
Type of Business _____ Your Position _____
Immediate Supervisor _____ Supervisor Position _____
Person we may contact to verify employment _____

Work performed [Include whether you operated a commercial motor vehicle and the type of vehicle(s) operated]

_____ Current/Last Salary _____

Reason for Leaving _____

3. Employer Name _____ From _____ to _____
Address _____ Telephone _____
City /State /Zip _____
Type of Business _____ Your Position _____
Immediate Supervisor _____ Supervisor Position _____
Person we may contact to verify employment _____

Work performed [Include whether you operated a commercial motor vehicle and the type of vehicle(s) operated]

_____ Current/Last Salary _____

Reason for Leaving _____

4. Employer Name _____ From _____ to _____
Address _____ Telephone _____
City /State /Zip _____
Type of Business _____ Your Position _____
Immediate Supervisor _____ Supervisor Position _____
Person we may contact to verify employment _____

Work performed [Include whether you operated a commercial motor vehicle and the type of vehicle(s) operated]

_____ Current/Last Salary _____

Reason for Leaving _____

5. Employer Name _____ From _____ to _____
Address _____ Telephone _____
City /State /Zip _____
Type of Business _____ Your Position _____
Immediate Supervisor _____ Supervisor Position _____
Person we may contact to verify employment _____

Work performed [Include whether you operated a commercial motor vehicle and the type of vehicle(s) operated]

_____ Current/Last Salary _____

Reason for Leaving _____

6. Employer Name _____ From _____ to _____
Address _____ Telephone _____
City /State /Zip _____
Type of Business _____ Your Position _____
Immediate Supervisor _____ Supervisor Position _____
Person we may contact to verify employment _____

Work performed [Include whether you operated a commercial motor vehicle and the type of vehicle(s) operated]

_____ Current/Last Salary _____

Reason for Leaving _____

7. Employer Name _____ From _____ to _____
Address _____ Telephone _____
City /State /Zip _____
Type of Business _____ Your Position _____
Immediate Supervisor _____ Supervisor Position _____
Person we may contract to verify employment _____

Work performed [Include whether you operated a commercial motor vehicle and the type of vehicle(s) operated]

_____ Current/Last Salary _____

Reason for Leaving _____

(Attach sheet if more space is needed)

CONSUMER DISCLOSURE AND AUTHORIZATION FORM

Disclosure Regarding Background Investigation

VCNA (the "Company") may request, for lawful employment purposes, background information about you from a consumer reporting agency in connection with your employment or application for employment (including independent contractor assignments, as applicable). This background information may be obtained in the form of consumer reports and/or investigative consumer reports (commonly known as "background reports"). These background reports may be obtained at any time after receipt of your authorization and, if you are hired or engaged by the Company, throughout your employment or your contract period.

HireRight, Inc., or another consumer reporting agency, will prepare or assemble the background reports for the Company. HireRight, Inc. is located and can be contacted by mail at 5151 California, Irvine, CA 92617, and HireRight can be contacted by phone at (800) 400-2761. Information about HireRight's privacy practices is available at www.hireright.com/Privacy-Policy.aspx.

The background report may contain information concerning 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; address history; credit reports and history; criminal records and history; public court records; driving records; accident history; worker's compensation claims; bankruptcy filings; educational history verifications (e.g., dates of attendance, degrees obtained); employment history verifications (e.g., dates of employment, salary information, reasons for termination, etc.); personal and professional references checks; professional licensing and certification checks; drug/alcohol testing results, and drug/alcohol history in violation of law and/or company policy; and other information bearing on your character, general reputation, personal characteristics, mode of living and credit standing.

This information may be obtained from private and public record sources, including, as appropriate: government agencies and courthouses; educational institutions; former employers; personal interviews with sources such as neighbors, friends and associates; and other information sources. If the Company should obtain information bearing on your credit worthiness, credit standing or credit capacity for reasons other than as required by law, then the Company will use such credit information to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being evaluated.

You may request more information about the nature and scope of any investigative consumer reports by contacting the Company. 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, Massachusetts, New York or Washington State applicant, employee or contractor, please also note:

CALIFORNIA: Pursuant to section 1786.22 of the California Civil Code, you may view the file maintained on you by HireRight 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 HireRight's offices in person, during normal business hours and on reasonable notice, or by certified mail. You may also receive a summary of the file by telephone, upon submitting proper identification and written request. HireRight has trained personnel available to explain your file to you, including any coded information, and will provide a written explanation of any coded information contained in your file. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification. "Proper identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. If you cannot identify yourself with such information, HireRight may require additional information concerning your employment and personal or family history to verify your identity.

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 our 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.

MASSACHUSETTS: If we request an investigative consumer report, you have the right, upon written request, to a copy of the report.

NEW YORK: You have the right, upon written request, to be informed of whether or not an investigative consumer report was requested. If an investigative 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. Please click here for additional information about New York law, as applicable.

WASHINGTON STATE: If the Company requests an investigative consumer report, you have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigation requested by the Company. 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 OF BACKGROUND INVESTIGATION

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 preparation of background reports by a consumer reporting agency such as HireRight, Inc., and to the release of such background reports to the Company and its designated representatives and agents, for the purpose of assisting the Company in making a determination as to my eligibility for employment (including independent contractor assignments, as applicable), promotion, retention or for other lawful employment purposes. I understand that if the Company hires me or contracts for my services, my consent will apply, and the Company may obtain background reports, throughout my employment or contract period.

I understand that information contained in my employment or contractor application, or otherwise disclosed by me before or during my employment or contract assignment, if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of employment or contract for services.

I hereby authorize law enforcement agencies, learning institutions (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 also certify the information I provided on and in connection with this form is true, accurate and complete. I agree that this form in original, faxed, photocopied or electronic (including electronically signed) form; will be valid for any background 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: _____

Date of Birth (*required by DOT*): _____

Applicant Signature: _____ Date: _____



HireRight Customer:
Company Name: VCNA
Company Contact Name: Human Resources
Fax #: 716-473-5064

TRUCKING INDUSTRY:
DOT D/A Disclosure and Authorization
 Send to Fax# (800) 257-8069

PART I – DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION
FOR EMPLOYMENT PURPOSES – 49 CFR PART 391.23, DOT DRUG AND
ALCOHOL TESTING

In accordance with DOT Regulation 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to HireRight for the purpose of HireRight transmitting such records to the HireRight customer listed above. I understand that information/documents released pursuant to this Part I is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous **three (3) years**: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated and/ or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

If any company listed below furnishes HireRight with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to HireRight, if applicable: (i) dates of my negative drug and/or alcohol tests and/ or tests with results below 0.04 during the previous **three (3) years**; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous **three (3) years**.

List all DOT-regulated employers you have applied with and/ or worked for in a safety-sensitive function during the previous **three (3) years**. If necessary, attach additional pages, including the date, your name, social security number and signature.

Previous DOT-Regulated Employer	City	State	Phone Number
_____	_____	_____	(____) _____-_____
_____	_____	_____	(____) _____-_____
_____	_____	_____	(____) _____-_____
_____	_____	_____	(____) _____-_____

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part I disclosure and authorization for release as well as the attached FMCSA Notification of Driver Rights and any applicable state law notices; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and (vi) facsimile or photographic copies of this authorization are as valid as an original.

Print Applicant Name: _____ Social Security #: _____

Applicant Signature: _____ Date: _____

FMCSA Notification of Driver Rights

In compliance with 49 CFR Part 40 §391.23 you have certain rights regarding the safety performance history information that will be provided to prospective employers.

I) You have the right to review information provided by previous employers. II) You have the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to prospective employers. III)

You have the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information. (2) Drivers who have previous DOT regulated employment history in the preceding three years and wish to review previous employer-provided investigative information must submit a written request to prospective employers. This may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. Prospective employers must provide this information within five business days of receiving the written request. If prospective employers have not yet received the requested information from the previous employer, then the five day deadline will begin when the requested safety performance history information is received. If you have not arranged to pick up or receive the requested records within 30 days of prospective employers making them available, the prospective employers may consider you to have waived your request to review the record.

I understand in filling out this application that VCNA is in no way obligated to offer me employment. I certify that the facts set forth in my application for employment are true, I understand in filling out this application that VCNA is in no way obligated to offer me employment. I certify that the facts set forth in my application for employment are true, correct and complete. I agree that any misrepresentation or false statement of this application shall be considered grounds for rejecting this application, rescinding a tentative job offer or immediate discharge if discovered after hire. I authorize VCNA to investigate any of the information contained on this application, including the examination of past employment records, references and other facts stated on the application. I waive any rights which I may have to receive written notice from any former employer listed on this application regarding the release to VCNA of any information concerning any disciplinary action taken against me by said former employers. I understand that I will be required to successfully complete a post-offer medical examination as a condition of employment, including drug and alcohol testing, and I agree to take such examination.

I also recognize and accept the right of VCNA to unilaterally modify, amend, or eliminate any policies, handbooks, rules or procedures in its sole discretion at any time.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant Name (Print)

Applicant Signature

Date of Application