



## Application For Employment

**Have all driver-applicants complete this form BEFORE driving a commercial motor vehicle.**

In compliance with Federal and State equal opportunity employment laws, qualified applicants are considered for positions without regard to race, religion, color, gender, national origin, age, marital status, military or veteran status or disability.

In compliance with the VT pay equity law, applicants are not to share salary history on this application.

Attach additional sheets (sign and date sheets) if more room is required for details. **PLEASE PRINT YOUR ANSWERS**

**We use USCIS E-Verify to determine eligibility to work in the US.**

**Applicant:** By signing here I acknowledge written receipt of my rights as defined in **Part 391.23(i)-(j) of the Federal Motor Carrier Safety Regulations.**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

**Motor Carrier:** Newport Sand & Gravel Co., Inc./Carroll Concrete Co. PO  
**Address:** Box 1000, Newport, NH 03773-1000

**Applications will be considered active for 90 days after receipt. *INCOMPLETE APPLICATIONS MAY NOT BE CONSIDERED***

**To be completed by Applicant:**

Applicant's Name:		Date of Application:	
Social Security#:	Date of Birth:		
Current Address:			
City, State, Zip code			
Telephone #	( ) -		
Length of time at address:			

**Previous address for last three years (most recent first)**

Street	City	State/Zip code	How Long?	Additional Information Attached <input type="checkbox"/>

**List all CDL licenses and/or permits for the last three years.**

State	Number	Expiration Date	Additional Information Attached <input type="checkbox"/>

**List the nature and extent of your experience operating different types of motor vehicles (e.g. Buses, trucks and trailers).**

Type	Experience in Years or Miles Driven	Additional Information Attached <input type="checkbox"/>

**List all motor vehicle accidents in which you were involved during the last three years**

Date	City/State	Nature of Accident	Fatalities	Injuries

☐ Check here to certify that you had no accidents in the last three years.

**List all violations (other than parking) for which you were convicted or forfeited bond/collateral during the last three years.**

Date	City/State	Charge	Penalty

☐ Check here to certify that no violations occurred in the last three years.

Please detail the facts and circumstances of any denial, revocation, or suspension of any license, permit, or privilege to operate a motor vehicle:

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☐ Check here to certify that no such denial occurred.

## Employment History

Please complete all information regarding prior employers during the last **10 years** (per Federal Motor Carrier regulations). Please start with your most recent prior employer. Information **MUST** be complete (to include address and phone number).

Employer Name:	Employed From: / To: /
Address:	Position:
Contact: Phone:	Reason for Leaving:
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your position "safety-sensitive" requiring Part 40 drug and alcohol testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer Name:	Employed From: / To: /
Address:	Position:
Contact: Phone:	Reason for Leaving:
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your position "safety-sensitive" requiring Part 40 drug and alcohol testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer Name:	Employed From: / To: /
Address:	Position:
Contact: Phone:	Reason for Leaving:
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your position "safety-sensitive" requiring Part 40 drug and alcohol testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer Name:	Employed From: / To: /
Address:	Position:
Contact: Phone:	Reason for Leaving:
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your position "safety-sensitive" requiring Part 40 drug and alcohol testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer Name:	Employed From: / To: /
Address:	Position:
Contact: Phone:	Reason for Leaving:
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your position "safety-sensitive" requiring Part 40 drug and alcohol testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer Name:	Employed From: / To: /
Address:	Position:
Contact: Phone:	Reason for Leaving:
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your position "safety-sensitive" requiring Part 40 drug and alcohol testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer Name:	Employed From: / To: /
Address:	Position:
Contact: Phone:	Reason for Leaving:
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your position "safety-sensitive" requiring Part 40 drug and alcohol testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## Additional Information

1. Have you ever been involuntarily terminated or asked to resign from employment?      Yes      No
2. If you answered Yes to question 1, give the name of the employer, dates of employment, position held and reason for termination/resignation:  
\_\_\_\_\_  
\_\_\_\_\_
3. Have you ever been counseled, disciplined, terminated or asked to resign as a result of a reported workplace harassment, fighting/assault, violation of safety rules or other inappropriate behavior?      Yes      No
4. If you answered Yes to question 3, give the name of the employer, date and description of the incident:  
\_\_\_\_\_  
\_\_\_\_\_
5. Our work requires our drivers to deliver to public places where young children may be or to jobs that require a criminal background check to obtain work clearance. Is there any reason why you would not be allowed to service our customers under these conditions?      Yes      No      If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_
6. During the past 3 years, have you:  
    Had an alcohol test result of 0.04 alcohol concentration or greater?      Yes      No  
    Had a verified positive controlled substance test result?      Yes      No  
    Refused to take an alcohol or drug test?      Yes      No
7. Types of vehicles you have had experience driving: (circle all that apply)  
    Straight Truck      Tractor Trailer      Powder Tanker      Mixer  
    Boom Truck      Flatbed      Van      Dump Truck

How were you referred to us? (circle) Newspaper      Web Search      Employee      Other (please define your answer)

\_\_\_\_\_

Position Applied For: \_\_\_\_\_

Carroll Plant Location preferred: \_\_\_\_\_

Date available to begin working: \_\_\_\_\_

Overtime availability? Yes      No      Weekend availability?      Yes      No

**Rate of Pay Expected? \$ \_\_\_\_\_/hour**

Any relatives or friends currently employed by Carroll Concrete? Yes      No      Name(s) \_\_\_\_\_

\_\_\_\_\_

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Newport Sand & Gravel Co, Inc./Carroll Concrete (the Company). The Company is an equal opportunity employer. Employment with this Company is AT WILL, so both the Company and each employee remain free to end the work relationship at any time, for any reason, with or without cause, and without any prior counseling or other disciplinary action.

I give Newport Sand & Gravel Co., Inc./Carroll Concrete Co., as well as parties representing the Company, permission to verify the authenticity of all information I have provided on this form. I further agree to **release from liability** both the Company, parties representing the Company, and those whom they contact to verify the information. **By signing this document I agree to abide by the guidelines of the paragraphs above AND agree that all attachments (including resumes) made to this document are true to the best of my knowledge and are subject to the same verification process and liability release.**

**I certify that this application was completed by me, and that all the information is true and complete to the best of my knowledge.**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## ***Drivers Rights Information***



Your rights under the  
Federal Motor Carrier Safety Administration  
Regulations 49 CFR Section 391.23

### **WHAT INFORMATION EMPLOYERS WILL REVIEW**

Carroll Concrete Is providing you with this Information to help you better understand your rights during the hiring process.

Employers who are regulated by the Federal Motor Carrier Administration (FMCSA) are required to Investigate, at a minimum, the Information defined in this booklet for each driver they hire.

Employers, by regulation, must obtain specific Information about a driver from all previous employers who employed the driver within the previous three years.

Employers will use the Information they receive for hiring decisions only and only those Involved in the hiring process will have access to the Information. Employers are required to keep Information that they receive on file and will do so in a confidential manner, so that a driver's personal Information Is not accessible to unauthorized Individuals.

When you apply for a driving job with a FMCSA regulated employer, the prospective employer (meaning the employer who Is considering hiring you) will provide you with Information explaining your rights during the hiring process. The employer will then request that you sign a written authorization so that the employer can perform the required Investigations Into your background. The employer will contact your previous employers to verify that you were employed by those employers as well as to verify the basic employment Information you provided on your application. The employer will also request Safety Performance History Information about you.

### **SAFETY PERFORMANCE HISTORY INVESTIGATION**

A **SAFETY PERFORMANCE HISTORY INVESTIGATION** INCLUDES A CHECK OF YOUR ACCIDENT RECORDS AND DRUG AND ALCOHOL TESTING RECORDS FOR THE PREVIOUS THREE YEARS FROM ALL FMCSA REGULATED EMPLOYERS WHO YOU WORKED FOR.

If you did not have an accident or any drug or alcohol related conduct to report during the previous three years, your previous employer will verify this. In the event that you were not subject to the drug and alcohol testing regulations during your previous employment, this will be verified as well.

## ACCIDENT RECORDS

An accident is defined by the Federal Motor Carrier Safety Regulations as:

*“An occurrence involving a commercial motor vehicle operating on a highway in interstate or intrastate commerce which results in a:*

1. *Fatality*
2. *Bodily Injury to a person who, as a result of the injury, immediately receives medical treatment away from the scene of the accident or*
3. *One or more motor vehicles incurring disabling damage as a result of the accident, requiring the motor vehicle (s) to be transported away from the scene by a tow truck or other motor vehicle. “*

If you were involved in an accident during the previous three years the prospective employer will request, receive and review the following information from the employer who employed you at the time of the accident:

1. Accident records that include the following data for each
  - A. Date of the accident
  - B. City or town, or most near, where the accident occurred and the state where the accident occurred.
  - C. Driver's name.
  - D. Number of injuries.
  - E. Number of fatalities.
  - F. Whether the hazardous materials that you were transporting were released as a result of the accident if applicable.
2. Accident information the previous employer may wish to provide that is retained pursuant to regulations of 49 CFR part 390.15 (b) (2) or pursuant to the employer's internal policies for retaining more detailed minor accident information. Such information may include copies of accident reports required by State or other governmental entities or insurers.

## DRUG AND ALCOHOL RECORDS

If you were subject to drug and alcohol testing regulations within the previous three years, prospective employers will request, receive and review the following information from your FMCSA regulated employers during that time.

1. Whether, within the previous three years, you violated the drug and alcohol prohibitions under 49 CFR Part 40 or 382.
2. Whether you failed to undertake or complete a rehabilitation program prescribed by a substance abuse professional (SAP) pursuant to 49 CFR part 40 or 382. If your previous employer does not know this information (e.g. you were terminated prior to completing the program), the prospective motor carrier must obtain, directly from you, documentation of your successful completion of the SAP's referral.
3. If you successfully completed a SAP's rehabilitation referral while employed; the prospective employer must request information from your previous employer on whether you had the following testing violations subsequent to completion of the SAP's rehabilitation referral.
  - A. An alcohol test with a result of 0.04 or higher alcohol concentration.
  - B. A verified positive drug test
  - C. A refusal to be tested (including either a verified adulterated or substituted drug test result).

## **YOUR RIGHTS TO REVIEW INFORMATION**

The regulations permit you to review the information provided by your previous FMCSA regulated employers. To do this you must submit a written request to the prospective employer who received your Safety Performance History information. You can make a request at any time, including when applying for employment, or as late as thirty (30) days after being hired or being notified of denial of employment

The prospective employer will provide this information to you within five (5) Business days of receiving your written request. If the prospective employer has not received the requested information yet from your previous employer (s), then the five-business day deadline will begin when the prospective employer receives your Safety Performance History information.

If you do not arrange to pick up or receive the requested information within thirty (3 ) days of the prospective employer making them available, the prospective motor carrier may consider you to have waived your request to review the information.

The prospective employer cannot change the information received. If you have an issue with any of the information sent to the prospective employer, you must address it with your previous employer who sent the information.

## **YOUR RIGHT TO REQUEST CORRECTIONS**

If you believe the information provided by a previous employer contains incorrect information, you can request that your previous employer make corrections to the information. To do this, you must send a written request for corrections to the previous employer who provided the information. Effective October 30, 2004, your previous employer will respond to your request by doing one of the following two things within 15 days.

1. Make the correction: If your previous employer agrees that the information they provided contains errors, they will correct the errors and forward the information to your prospective employer. If your previous employer corrects the information as you requested and forwards it to the prospective employer, the previous employer will also retain the corrected information as part of your Safety Performance History folder. Your previous employer will provide the corrected information to subsequent prospective employers when they request this information.

## **YOUR RIGHT TO REBUT INFORMATION**

You have the right to rebut, meaning outright contest, the information provided by a previous employer. If you wish to rebut information provided by a previous employer, you must send a written rebuttal to the previous employer with instructions to include the rebuttal with your Safety Performance History information. By doing this, you will have a record that you contest the information. Whenever your Safety Performance History

Information is requested, the previous employer will be required to include the rebuttal with the information.

Effective October 30, 2004, within five (5) business days of receiving your rebuttal, your previous employer must:

Forward a copy of your rebuttal to your prospective motor carrier employer.

Append the rebuttal to your Safety Performance History information, to be included as part of their response to any subsequent investigating prospective employers. The appended rebuttal will be retained for the duration of the three-year data retention requirement. You may submit a rebuttal initially without a request for corrections, or subsequent to a request for correction.

## **CONTACTING FMCSA**

You may report failures of previous employers to correct information or to include your rebuttal as part of the Safety Performance History information to the Federal Motor Safety Administration (FMCSA). The procedures for filing a complaint with FMCSA are specified in part 386.12 of the Federal Motor Carrier Safety Regulations. You may also access FMCSA's information line at 1-800-832-5660 for assistance.

Carroll Concrete  
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Newport, NH 03773

Phone | 603-863-1000 Fax |  
603-863-3660  
[www.CarrollConcrete.com](http://www.CarrollConcrete.com)