

Date _____



1471 SW 12th Ave Goldsby, OK 73093 Phone: 405-288-2412

Position(s) Applied For: _____ Phone Number: _____
 Name: _____ Social Security No. _____
 Last First Middle

List your addresses of residency for the past 3 years

Current Address:	Street	City	State	Zip Code	How Long?
Previous Address:	Street	City	State	Zip Code	How Long?
	Street	City	State	Zip Code	How Long?
	Street	City	State	Zip Code	How Long?

Do you have the legal right to work in the United States? _____
 Date of Birth ____/____/____ Can you provide proof of Age _____
 Have you worked for this company before? _____ Dates: From _____ To: _____
 Reason Leaving? _____
 Are you now employed? _____ If not, how long since leaving last employment? _____
 Who referred you? _____ Rate of pay expected _____
 Have you ever been bonded? _____ Name of bonding company: _____
 Have you ever been convicted of a Felony? If yes, please explain _____

 Is there any reason you might be unable to perform the functions of the job for which you have applied? _____
 If yes, please explain: _____

Employment History
 Please list all past Employers

EMPLOYER	DATE			
	FROM MO.	YR.	TO MO.	YR.
NAME	POSITION HELD			
ADDRESS	SALARY/WAGE			
CITY STATE ZIP	REASON FOR LEAVING			
CONTACT PERSON PHONE NUMBER	WERE YOU SUBJECT TO THE FMCSRS+ WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENTIVE FUNCTION IN ANY DOT-RELUGATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				
*DID YOU DRIVE A COMMERCIAL MOTOR VEHICLE? YES <input type="checkbox"/> NO <input type="checkbox"/>				

EMPLOYER	DATE			
	FROM MO.	YR.	TO MO.	YR.
NAME	POSITION HELD			
ADDRESS	SALARY/WAGE			
CITY STATE ZIP	REASON FOR LEAVING			
CONTACT PERSON PHONE NUMBER	WERE YOU SUBJECT TO THE FMCSRS+ WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENTIVE FUNCTION IN ANY DOT-RELUGATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				
*DID YOU DRIVE A COMMERCIAL MOTOR VEHICLE? YES <input type="checkbox"/> NO <input type="checkbox"/>				

EMPLOYMENT HISTORY (continued)

EMPLOYER		DATE	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRS+ WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENTIVE FUNCTION IN ANY DOT-RELUGATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			
*DID YOU DRIVE A COMMERCIAL MOTOR VEHICLE? YES <input type="checkbox"/> NO <input type="checkbox"/>			

EMPLOYER		DATE	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRS+ WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
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*DID YOU DRIVE A COMMERCIAL MOTOR VEHICLE? YES <input type="checkbox"/> NO <input type="checkbox"/>			

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CITY	STATE ZIP	SALARY/WAGE	
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WAS YOUR JOB DESIGNATED AS A SAFETY-SENTIVE FUNCTION IN ANY DOT-RELUGATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			
*DID YOU DRIVE A COMMERCIAL MOTOR VEHICLE? YES <input type="checkbox"/> NO <input type="checkbox"/>			

*Includes vehicles having a GVWR of 26,001lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

+The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver). OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding

VEHICLE ACCIDENT RECORD
FOR THE PART 3 YEARS OR MORE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

TRAFFIC CONVICTIONS

LOCATION	DATE	CHARGE	PENALTY

EXPERIENCE AND QUALIFICATIONS – DRIVERS

DRIVERS LICENSES OR PERMITS HELD IN THE PAST 3 YEARS	STATE	LICENSE NO.	CLASS	ENDORSEMENT	EXPIRATION DATE

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		APPROX. NUMBERS OF MILES (TOTAL)
		From (M/Y)	To (M/Y)	
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN , TANK, FLAT, DUMP, REFER)			
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN , TANK, FLAT, DUMP, REFER)			
TRACTOR –TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN , TANK, FLAT, DUMP, REFER)			
TRACTOR- THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN , TANK, FLAT, DUMP, REFER)			
MOTORCOACH –SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO MORE THAN 8 PASSANGERS	-			
MOTORCOACH –SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO MORE THAN 15 PASSANGERS	-			
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? _____

EXPERIENCE AND QUALIFICATIONS – OTHER

Show any trucking, transportation or other experience that may help in your work for this company.

List courses and training other than shown elsewhere in this application.

List special equipment or technical materials you can work with (other than those already shown).

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8

High School: 1 2 3 4

College: 1 2 3 4

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

TO BE READ AND SIGNED BY APPLICANT

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

Signature: _____ Date: _____



Consumer Disclosure of Use of Consumer Reports for Employment Purposes

B&H Construction LLC may obtain a consumer report(s) on any consumer who has applied for, or accepted employment with the company. A consumer report may include any information by a consumer reporting agency about a consumer's credit worthiness and standing, credit capacity, character, general reputation, personal characteristics, as well as names and dates of previous employers, reasons for termination of employment, work experience, criminal records, and public information concerning driving records including information from the consumer reporting agency concerning previous driving record requests made by other from such state agencies which maintain such records. The company may use information contained in the consumer report in making decisions related to employment with the company. This may include, but is not limited to, hiring, promotion, retention, and termination, and the issuance of company credit cards.

Prior to procuring a consumer report for employment, B&H Construction LLC will obtain the consumer's written authorization. Before taking adverse action based in whole or in part on the report, the consumer will be provided with a copy of the report(s) and a description in writing of the rights of the consumer under the Fair Credit Reporting Act.

Information from the consumer report(s) will not be used in violation of any applicable federal or state equal employment opportunity law or regulation.

AUTHORIZATION

I authorize B&H Construction LLC to obtain a consumer report(s) on myself through the consumer reporting agency of its choice. If employed, I further authorize B&H Construction LLC to check my consumer report(s) as needed on a continuing basis as it relates to my employment.

I agree that such information which a consumer reporting agency has or obtains, and my employment history with B&H Construction LLC if I am hired, will be supplied by the consumer reporting agency to other companies which subscribe to that consumer reporting agencies services.

I understand that if an adverse employment decision is made due totally or partially to the information on the consumer report(s), B&H Construction LLC will give me a copy of the consumer report(s), a summary of my rights under the Fair Credit Reporting Act, and the source of the consumer report so that I may contact them.

Signature

Date

Print Name

Social Security Number

Address, City, State, Zip

Date of Birth

If you would like a copy of your consumer report(s) regardless of the employment decision, please check here: ____



SAFETY PERFORMANCE HISTORY RECORD REQUEST

Section 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I (Print Name) _____ Social Security Number _____ - _____ - _____

Hereby Authorize:

Previous Employer: _____ E-Mail _____

Street: _____ Telephone _____

City, State, Zip: _____ Fax No. _____

To release and forward the information requested by section 3 of this document any Alcohol and Controlled Substances Testing records within the previous 3 years from _____

Date of Employment Application

To Prospective Employer: B&H Construction LLC

Attention: Noemi Angeles Phone: 405-288-2412

Street: 301 James Dean Dr.

City, State, Zip: Goldsby, Oklahoma 73093

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

Prospective employer's confidential Fax number: 405-288-6794

Prospective employer's confidential E-Mail Address: mimi@bhboring.com

Applicant's Signature _____

Date _____

Section 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

Drug and Alcohol History

If driver was **not** subject to Department of Transportation testing requirement while employed by this employer, please check here fill in the dates of employment _____ to _____, complete bottom of section 3, sign, and return. Driver was subject to Department of Transportation testing requirements from (M/Y) _____ to (M/Y) _____

- 1. Has this person had an alcohol test with a result of 0.02 or higher alcohol concentration? YES NO
- 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? YES NO
- 3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substances test? YES NO
- 4. Has this person committed other violations of Subpart B of Part 382, or Part 40? YES NO
- 5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form. YES NO
- 6. For driver who successfully completed a SAP's rehabilitation referral and remained in your employ did this driver subsequently have an alcohol test result of 0.02 or greater, a verified positive drug test, or refuse to be tested. YES NO

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

Company: _____

Street: _____ Telephone _____

City, State, Zip: _____

Section 2 Completed by (Signature): _____ Date: _____

SAFETY PERFORMANCE HISTORY RECORD REQUEST

Page 2

Section 3: TO BE COMPLETED BY PREVIOUS EMPLOYER

The applicant named above was employed by us: Yes No

Employed as _____ From (M/Y) _____ To (M/Y) _____

1. Did he/she drive a motor vehicle for you? YES NO If Yes what type? Straight Truck Tractor-Semitrailer Bus
 Cargo Tank Double/Triples Other _____

2. Reason for leaving your company: Discharged Resignation Lay Off Military Duty

If there is no safety performance history to report, check here, Sign below and return.

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

DATE	LOCATION	NUMBER OF FATALITIES	NUMBER OF INJURIES	HAZARDOUS MATERIAL SPILL

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

Any other remarks: _____

This form was (Check One) Faxed to Previous employer. Mailed. E-Mailed Other _____
 By: _____ Date: _____

Section 4: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Complete below when information is obtained.

Information received from: _____ Recorded By: _____

Method: Fax Mail Email Other: _____ Date: _____