

**CDL DRIVER
APPLICATION FOR EMPLOYMENT
CLELAND SITE PREP, INC.**

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

Date of application:

Position(s) Applied for:

Name:

Social Security Number:

Last First Middle

Home Phone Number:

Cell Phone Number:

List your addresses of residency for the past 3 years.

Current Address:

Street City State Zip How Long? years/months

Previous Address:

Street City State Zip How Long? years/months

Previous Address:

Street City State Zip How Long? years/months

Email Address:

How Did You Hear About Us:

Do you have the legal right to work in the United States?

Date of Birth (Required for Commercial Drivers):

Can you provide proof of age?

Have you ever worked for this company before?

Date From: / /
Date To: / /

Rate of Pay

Position

Reason for leaving?

Are you now employed?

If not, how long since leaving last employment?

Who referred you?

Rate of pay excepted:

**Have you ever been bonded?
(Answer only if a job requirement)**

Name of bonding company:

Do you have a Tanker/Hazmat Endorsement?

Have you ever been convicted of a felony?

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment-all circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)?

If yes, explain if you wish.

EMPLOYMENT RECORD: Please list in order beginning with your present or most recent employer. Please provide all information requested. List your employment for at least the last 7 years. Please account for all gaps between employment greater than one (1) month.

Employer:		Telephone#
Address:		
Dates of Employment:	to	Contact:
Position Held:		Pay Rate:
Duties:		
Reason for Leaving:		

Employer:		Telephone#
Address:		
Dates of Employment:	to	Contact:
Position Held:		Pay Rate:
Duties:		
Reason for Leaving:		

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Address:		
Dates of Employment:	to	Contact:
Position Held:		Pay Rate:
Duties:		
Reason for Leaving:		

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

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

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

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)

EXPERIENCE AND QUALIFICATIONS - DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	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 - IF NONE, WRITE NONE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE FROM	DATE TO	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR-TWO TRAILERS				
MOTORCOACH-SCHOOL BUS				
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 YOU 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)

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 are true and complete to the best of my knowledge. I authorize you to make such investigations and inquires of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (General inquires regarding medical history will be made only if and after a condition offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquires 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 understand that I am required to abide by all rules and regulations of the Company.

Date

Signature

Cleland Site Prep Inc.
FMCSA Clearinghouse Authorization Form

I authorize Cleland Site Prep Inc. to administer the required pre-employment and annual FMCSA Drug and Alcohol Clearinghouse background check.

Printed Employee Name

Employee Signature

Human Resources Department

Date

INQUIRY TO PAST EMPLOYERS

FROM - Prospective Employer

Company Cleland Site Prep Inc
 Individual _____
 Street 426 Red Oaks Ln
 City Ridgeland State SC Zip 29936

TO - Previous Employer

Company _____
 Name _____
 Street _____
 City _____ State _____ Zip _____

Personnel Manager:

The person named below has applied to this company for employment. Your firm is listed by the applicant as a past employer. Kindly reply to this inquiry respecting this applicant. As you will note from the waiver stated below, the applicant has waived any claim of liability against your company (and its agents) for information submitted in response to this inquiry.

For your convenience in replying by return mail, we have enclosed a stamped, self-addressed envelope.

Very Truly Yours,

Name of applicant: _____
 Social Security No. _____
 Job applied for: _____

1. This applicant lists dates of employment with your firm from: _____ to: _____ Is this correct? Yes ; No ; If no, please explain: _____
2. What kind(s) of work did he/she do? Driver (type of vehicle _____); Dock ; Office ; Shop ; Other (Specify) _____
3. If employed as a driver, please indicate type of equipment driven. Tractor trailer ; Straight truck ; Twin - Trailers ; Bus ; Other (Specify) _____
4. Number of recordable accidents _____; number of accidents in which applicant was ticketed _____; number of accidents in which the applicant was at fault _____ (please explain) _____; Date of each accident _____
5. To your knowledge, was this person's chauffeur/operator's license suspended while in your employ? _____ If so, please explain: _____
6. (Respond only if checked) [] Was this person bonded while with your company? _____. If so, were there any circumstances that were reported to the bonding company? _____
**Prospective employer - check this question only if bonding is required for this position*
7. Is there anything in the applicant's history that could suggest he or she may not be trusted to handle company funds? _____
8. Did the applicant pose either repeated and or severe disciplinary problems? Yes ; No . If so, please explain _____
9. Why did this employee leave your company? Resigned ; Discharged ; Laid off .
10. Would you re-employ this person? Yes ; No Please explain _____
11. Remarks: _____

By: _____ Date _____
 (Signature of person supplying information)

(Detach here for your files)

WAIVER

 (Former Employer)

 (Date)

I hereby authorize you to release all information concerning my employment including oral assessments of my job performance, ability, and fitness, to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release you from any and all liability of any type as a result of providing the above mentioned information to the above mentioned person.

X

 (Applicant's signature)

 (Witness's signature)

PLEASE FILL OUT THE GREYED AREAS ONLY

Release of Information Form – 49 CFR Part 40 Drug and Alcohol Testing

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

Employee Name: _____ SS/ID Number: _____

I hereby authorize release of information from my DOT-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.

Employee Signature **Date**

I-A:

New Employer Name: CLELAND SITE PREP INC

Designated Employer Representative: _____

Address: PO BOX 3822 BLUFFTON, SC 29910

Phone #: 843-987-0500 Fax #: 843-987-0600

I-B:

Previous Employer Name: _____

Designated Employer Representative: _____

Address: _____

Phone #: _____ Fax #: _____

Section II: To be completed by the previous employer and transmitted to the new employer.

II-A:

In the two 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 ___

II-B:

Person providing information in Section II-A:

Name: _____ Title: _____

Phone #: _____ Date: _____

CLELAND SITE PREP INC
DISCLOSURE AND AUTHORIZATION

AUTHORIZATION TO OBTAIN INFORMATION

Under the Fair Credit Reporting Act ("FCRA"), 15 U.S.C. § 1681 et seq., the regulations applicable to the federal Department of Transportation's Federal Motor Carriers Safety Administration, including 49 CFR § 40.329, the Americans with Disabilities Act and all other applicable federal, state, and local laws, I hereby authorize and permit the above named company to obtain information about me, where permitted, which may pertain to my employment records, driving history records, driving performance and safety history, criminal history, credit history, civil records, workers' compensation (post-offer only), alcohol and drug testing, verification of my academic and/or professional credentials, and information and/or copies of documents from any military service records.

I understand an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living that may be obtained by interviews with individuals who may have knowledge concerning any such items of information. I authorize information to be obtained from my former employers to satisfy driver qualification regulations.

DOT Drivers. I understand that Title 49 of the Federal Code of Regulations, § 391.23, requires that my prospective employer and/or its agent(s) may contact all former employers of a driver within the last three years under the regulation of the Department of Transportation. Information such as dates of employment, position, accident history, as well as information pertaining to my drug and alcohol testing history, may be requested from each employer in accordance with Section 391.23 and 49 CFR 40.25.

By signing below, I consent to and authorize the gathering of this information by my prospective employer or employer and those who my prospective employer or employer has engaged to request and obtain this information including former employers, and/or from or through a consumer reporting agency, such as iIX (Insurance Information Exchange), a Verisk Analytics Business.

I understand and acknowledge that the information provided in the consumer reports or investigative consumer reports may assist my employer or prospective employer to make a determination regarding my suitability as an employee.

I further understand that, under the FCRA, in the event of Adverse Action, I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I agree that a copy of this authorization has the same effect as an original. Where permitted, this authorization shall remain in effect over the course of my employment and reports may be ordered periodically during the course of my employment.

Applicant's / Employee's Full Name (Print clearly)

Applicant's/Employee's Signature

/ /
Date of Signature

Human Resources Dept

Date

DISCLOSURE REGARDING CONSUMER
AND/OR INVESTIGATIVE REPORT

***As the employer or user of consumer reports, it is your responsibility to ensure compliance with all of the relevant federal, state and local laws governing this area. We strongly recommend that prior to use, you consult with an attorney.*

Requesting Company Name: CLELAND SITE PREP, INC.

The "Requesting Company" may obtain information about you for employment purposes from a third party consumer reporting agency. A "consumer report" and/or an "investigative consumer report" may include information about your character, general reputation, personal characteristics, and mode of living. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Further, you understand that information may be requested from various Federal, State, County and other agencies that maintain records concerning your past activities relating to your driving, criminal, civil, education, credit, and other experiences. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying.

You have the right, upon written request made within a reasonable period of time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your employment and/or education history. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law, unless you otherwise revoke your consent by providing written notification to Company. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

The consumer and/or investigative consumer report(s) will be obtained from:
24/7 Background Check LLC, PO Box 741733, Dallas, Texas 75374, Tel: (877) 556-5135 or (214) 206-3565

California applicants or employees only: Please check the appropriate box below if you would like to receive a copy of your investigative consumer report or consumer credit report at no charge.
Minnesota and Oklahoma applicants or employees only: Please check the appropriate box below if you would like to receive a copy of your consumer report free of charge.
New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.
New York applicants or employees only: Upon request, you will be informed whether or not a consumer report was requested by Employer, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report.
Oregon applicants or employees only: Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that the Company has not maintained secured records is available to you upon request.
Washington State applicants or employees only: 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.

For California, Oklahoma or Minnesota employees and applicants: Please check the appropriate box to indicate if you would like to receive a copy of your consumer report free of charge.

- Yes
- NO

(Signature)

(Date)

CLELAND SITE PREP INC ACKNOWLEDGEMENT AND AUTHORIZATION FOR BACKGROUND CHECK

***As the employer or user of consumer reports, it is your responsibility to ensure compliance with all of the relevant federal, state and local laws governing this area. We strongly recommend that prior to use, you consult with an attorney.*

Print Name: _____

Other Known Names: _____

Social Security Number: _____ - _____ - _____

Date of Birth: ____/____/____

Drivers License Number: _____ Issued State: _____

Email Address: _____

Current Address: _____

City: _____ State: _____ ZIP: _____

I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Requesting Company, Cleland Site Prep Inc., at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, local, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **24/7 Background Check LLC, PO Box 741733, Dallas, Texas 75374**, another outside organization acting on behalf of the Requesting Company, and/or the Company itself.

I acknowledge receipt of the below documents and certify that I have read and understand both of those documents.
(Please initial below)

_____ **DISCLOSURE REGARDING CONSUMER AND/OR INVESTIGATIVE REPORT**
I have received the Disclosure Regarding Consumer and/or Investigative Report

_____ **A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT (FCRA)**
I have read and received the Summary of Your Rights, and if a California resident/applicant
A Summary of Your Rights under the Provisions of California Civil Code §1786.22.

I understand such notices, documents, and communications may be provided electronically and will meet the requirements set forth under Federal and/or State law, as permitted by law. I agree that a facsimile ("fax"), electronic or printout of this authorization may be accepted with the same authority as the original.

California applicants or employees only: By signing below, you also acknowledge receipt of A SUMMARY OF YOUR RIGHTS UNDER THE PROVISIONS OF CALIFORNIA CIVIL CODE §1786.22.

New York applicants or employees only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

I understand by signing my name below, I am authorizing the background check as described above:

(Signature)

(Date)

Human Resources Signature

Date