



MEL STEVENSON & ASSOCIATES, INC.

# Application for Employment

PLEASE PRINT

Position (s) Applied For: \_\_\_\_\_ Date of Application: \_\_\_\_\_

**Referral Source:**  Advertisement  Employee  Relative  Government Employment Agency  
 Walk – in  Private Employment Agency  Other: \_\_\_\_\_  
Name of Source (If Applicable): \_\_\_\_\_

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, protected disability, or any other protected group status.

Name: \_\_\_\_\_  
Last First Middle

Current Address: \_\_\_\_\_  
Street City State Zip Code

Please list all addresses for the last three (3) years.

Previous Address: \_\_\_\_\_  
Street City State Zip Code

Previous Address: \_\_\_\_\_  
Street City State Zip Code

Telephone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ If necessary, best time to call you at home is: \_\_\_\_\_

May we contact you at work?  Yes  No

If yes, number and best time to call (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ : \_\_\_\_\_ A.M. / P.M.

Do you have a legal right to be employed in the United States?  Yes (proof required)  No

Are you over the age of 18?  Yes  No

Have you filed an application here before?  Yes  No If yes, give dates: \_\_\_\_\_

Have you ever been employed here before?  Yes  No If yes, give dates: \_\_\_\_\_

Are you currently employed?  Yes  No If not, when was your last day employed: \_\_\_\_\_

When will you be available to start? \_\_\_\_\_

Rate of pay expected? \$ \_\_\_\_\_

Type of employment desired?  Full Time  Part Time  Temporary  Seasonal

Are you on lay-off and subject to recall?  Yes  No If yes, anticipated call back date: \_\_\_\_\_

Will you relocate if job requires it?  Yes  No Will you travel if job requires it?  Yes  No

Are you able to meet the attendance requirement of the position?  Yes  No

Will you work overtime if required?  Yes  No

A criminal record does not constitute an automatic rejection to employment but will be considered on a case-by-case basis factoring in the job applied for, severity and gravity of the offense and the time that has passed since the offense and / or completion of any sentence.

Have you been convicted of any felonies?  Yes  No

Are you a current registered sex offender?  Yes  No

If yes, what are your current restrictions? \_\_\_\_\_

Optional Information

Driver's License Number: \_\_\_\_\_  
\_\_\_\_\_

State:

# Employment History

Start with the **last or current position**, including military experience, and work back. (Attach a separate sheet of paper if necessary)

Current Employer: \_\_\_\_\_ Supervisor's Full Name: \_\_\_\_\_

Full Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Were you subject to the FMCSRs while employed?  YES  NO

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the Drug and Alcohol Testing Requirements of 49 CFR Part 40?  YES  NO

1<sup>st</sup> Previous Employer: \_\_\_\_\_ Supervisor's Full Name: \_\_\_\_\_

Full Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Were you subject to the FMCSRs while employed?  YES  NO

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the Drug and Alcohol Testing Requirements of 49 CFR Part 40?  YES  NO

2<sup>nd</sup> Previous Employer: \_\_\_\_\_ Supervisor's Full Name: \_\_\_\_\_

Full Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Were you subject to the FMCSRs while employed?  YES  NO

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the Drug and Alcohol Testing Requirements of 49 CFR Part 40?  YES  NO

*Comments (including explanation of any gaps in employment):*

\_\_\_\_\_  
\_\_\_\_\_

## Skills and Qualifications

*Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work with our company.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Education Background (if job related)

**A.** List last three (3) schools attended, starting with last one. **B.** List Number of years completed. **C.** Indicate degree or diploma earned, if any. **D.** Grade Point Average or Class Rank. **E.** Major and minor field of study (if applicable).

A. Schools	B. Year(s) Completed	C. Degree / Diploma Earned	D. Grade Point Average	E. Major / Minor

List any foreign language (s) you know and check the boxes that describe your skill level.

Language	Speak Some	Speak Fluently	Read	Write

## References

List name and telephone number of three (3) business/work references who are not related to you and are not previous supervisors. If not applicable, list three (3) school or personal references who are not related to you.

Name	Telephone	Years Known

List professional, trade business, or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability, or other protected status.)

Organization	Offices Held

List special accomplishments, publications, awards. (Exclude information which would reveal sex, race, religion, national origin, age, color, disability, or other protected status.) : \_\_\_\_\_

List any additional information you would like us to consider. \_\_\_\_\_

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or their agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

I do not have an agreement with another employer that prohibits me from working for SPEC.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentations or omissions of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

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.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

*Fill out below **ONLY** if you are applying for a DOT position.*

Name: \_\_\_\_\_  
Last
First
Middle

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE (ATTACHE SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE.**

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

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

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

**EXPERIENCE AND QUALIFICATIONS – DRIVER**

List all driver licenses or permits held in the past 3 years:

DRIVER LICENSES	STATE	LICENSE NUMBER	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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Applicants to drive a commercial vehicle in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle. (NOTE: List employers in reverse order starting with the most recent. Add another sheet if necessary.)

Previous Employer: \_\_\_\_\_ Supervisor's Full Name: \_\_\_\_\_

Full Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Were you subject to the FMCSRs while employed?  YES  NO

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the Drug and Alcohol Testing Requirements of 49 CFR Part 40?  YES  NO

Previous Employer: \_\_\_\_\_ Supervisor's Full Name: \_\_\_\_\_

Full Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES		APPROXIMATE NO. 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	--			
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 ON THIS APPLICATION \_\_\_\_\_

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN) \_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In 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 SPEC Building Materials Corp.

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 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 re-send the corrected information to the prospective employer; 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.

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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_