



APPLICATION FOR DRIVER'S EMPLOYMENT

Table Rock Asphalt Construction Company, Inc. and/or Southwest Materials, Inc.
PO Box 1165, Branson, MO 65615
310 North Commercial Street, Branson, MO 65616

**NOTICE: TRAC REQUIRES A DRUG SCREEN BEFORE EMPLOYMENT
MUST TURN IN A CURRENT COPY OF MVR WITH APPLICATION**

NAME: _____ TELEPHONE NUMBER _____
(First) (Middle) (Last)

MAILING ADDRESS: _____ HOW LONG? _____
(Street) (City) (State & Zip Code)

ADDRESS FOR THE PAST THREE YEARS: _____ HOW LONG? _____
(Street) (City) (State & Zip Code)

_____ HOW LONG? _____
(Street) (City) (State & Zip Code)
(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS - DRIVER

DRIVER LICENSE:

STATE	LICENSE NUMBER	CLASS & ENDORSEMENTS	EXPIRATION DATE

DRIVING EXPERIENCE:

CLASS OF EQUIPMENT		DATES TO FROM		APPROX. NO. OF MILES (TOTAL)
MIXER TRUCK				
DUMP TRUCK				
TRACTOR AND SEMI- TRAILER				
OTHER				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

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)

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

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, PLEASE EXPLAIN: _____

WHAT POSITION ARE YOU INTERESTED IN? _____

EMPLOYMENT RECORD (Attach Sheet If More Space is Needed)

Note: DOT Requires That Employment for at Least 3 Years and/or Commercial Driving Experience for the Past 10 Years Be Shown

LAST EMPLOYER: _____

ADDRESS: _____ PHONE NUMBER _____

POSITION HELD: _____ FROM _____ TO _____ SALARY _____

REASON FOR LEAVING: _____

SECOND LAST EMPLOYER: _____

ADDRESS: _____ PHONE NUMBER _____

POSITION HELD: _____ FROM _____ TO _____ SALARY _____

REASON FOR LEAVING: _____

THIRD LAST EMPLOYER: _____

ADDRESS: _____ PHONE NUMBER _____

POSITION HELD: _____ FROM _____ TO _____ SALARY _____

REASON FOR LEAVING: _____

FOURTH LAST EMPLOYER: _____

ADDRESS: _____ PHONE NUMBER _____

POSITION HELD: _____ FROM _____ TO _____ SALARY _____

REASON FOR LEAVING: _____

HIGHEST SCHOOL GRADE COMPLETED: _____ YEAR: _____ WHERE: _____

ARE YOU RELATED OR ACQUAINTED WITH ANY PRESENT EMPLOYEE? Yes _____ No _____

IF SO, WHO? _____

HAVE YOU EVER HAD A BACK INJURY? Yes _____ No _____ HERNIA? Yes _____ No _____

HAVE YOU EVER DRAWN COMPENSATION FOR JOB INJURIES? Yes _____ No _____

IF YES, LIST DATE AND TYPE OF INJURY AND LENGTH OF DISABILITY: _____

DO YOU HAVE ANY MEDICAL CONDITION THAT WILL PREVENT YOU FROM PERFORMING THE WORK THAT YOU ARE APPLYING FOR? Yes _____ No _____ IF YES, PLEASE EXPLAIN: _____

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.

Date

Applicant's Signature

SAFETY PERFORMANCE HISTORY REQUEST FROM PAST EMPLOYERS

Company _____ Attn: _____

Phone Number _____ Fax Number _____

I hereby authorize release of all employment records, criminal records, all DOT regulated drug and alcohol history and accidents. This release is in accordance with DOT regulation 49 CFR part 40 section 40.25 (alcohol test result of .04 or higher, verified positive drug tests, refusal to be tested, other violations of DOT agency drug and alcohol testing regs, and when applicable documentation of the employees successful completion of DOT return to duty requirements. And information from other previous employers or other applicable DOT agency regulations. (391.23(a)(2)&(c).

Date _____ SS# _____ Signature _____

Dates stated _____ to _____ Corrections _____

Attendance _____ Type of work performed _____

Type of Vehicle Driven _____ Hauling _____

Number of accidents in which applicant was at fault? _____

To your knowledge, was this applicant's license ever suspended while under your Employment?

____ Yes ____ No If Yes, please explain _____

To the extent, he/she may have handled company funds, did he/she maintain accountability for such funds? ____ Yes ____ No

Did the applicant pose either repeated and/or severe disciplinary problems? ____ Yes ____ No

Why did this applicant leave your company? ____ Resigned ____ Discharged ____ Laid off

Would you re-employ this applicant? ____ Yes ____ No If no, please explain _____

In the past 3 years did a DOT alcohol test confirm a concentration of 0.04 or greater? ____ N/A ____ Yes ____ No

In the past 3 years did a DOT controlled Substance test result in a confirmed "Positive" result? ____ N/A ____ Yes ____ No

In the past 3 years did this person test positive, or refuse (includes verified adulterated or substituted specimen to be tested for drug or alcohol as required by the DOT regulations? ____ N/A ____ Yes ____ No

Any knowledge of this individual violating other DOT drug/alcohol regulation in the past 3 years? ____ N/A ____ Yes ____ No

Any knowledge of use and/or possession or drugs and other substances (392.4) ____ N/A ____ Yes ____ No

If the answer is YES to any of the above questions, please provide the following information

Date of positive test or refusal _____ (b) Was driver referred to a SAP? ____ Yes ____ NO

Did this person return to duty with your organization following evaluation by a Substance Abuse Professional? ____ Yes ____ NO

Was follow-up testing required? ____ Yes ____ NO How many were required? _____

Was follow-up testing performed? ____ Yes ____ NO How many were completed? _____

If any of the above questions were answered with a YES, please identify the Substance Abuse Professional the driver went to for evaluation.

Name of Substance Abuse Professional _____

Address _____ Phone _____

391.12(a)(3) After completing return to duty process did the driver?

a. Test at .04 or higher for alcohol ____ Yes ____ No b. Refuse to be tested? ____ Yes ____ No

c. Receive a verified positive controlled substances result? ____ Yes ____ No

Information Provided by _____ Date _____

Name

Title

Prospective employer TABLE ROCK ASPHALT/SOUTHWEST MATERIALS PO BOX 1165, BRANSON, MO 65615

Phone number 417-334-2144 Fax Number 417-334-2157 email: payroll@tablerockasphalt.com

**Background Check Release Form for
Table Rock Asphalt Construction Co., Inc./Southwest Materials, Inc.**

I _____ release Table Rock Asphalt Construction Co., Inc. (TRAC Materials, Inc.), or Southwest Materials, Inc. Paragon Investigations LLC and Employee Screening Services to conduct a comprehensive employee background check. I release them to make any inquiries with my current and previous employers or others, who may have knowledge of me, or with consumer credit, investigative, or other private or governmental agencies. I understand and am aware that I must provide my date of birth to help verify and complete the employee background check and that my date of birth and age will not effect the hiring process or decision. I authorize any such person or agency (i.e. Paragon Investigations LLC and Employee Screening Services) to give you any information concerning my personal record, including but not limited to an assessment of my job performance, verification of my social security number, verification of residence, verify employment history, verify education and references, driving record, civil records, criminal records, sex offenders list, credit history and or any other information they may have personal or otherwise. I or anyone related or associated to me release and indemnify Table Rock Asphalt Construction Co., Inc. (TRAC Materials, Inc.) or Southwest Materials, Inc. and all parties that they may use (i.e. Paragon Investigations LLC and Employee Screening Services) in obtaining this information from any and all liability, claims or damages that may directly or indirectly result at anytime from furnishing this information. I also am aware that this release form is and will be valid in its original form, faxed copy or email and scanned copy.

This form must be filled out in its entirety and as legible as possible for the background check to be ordered

Social Security Number: _____

Driver License Number: _____ State of Issuance: _____

Date of Birth: _____ State: _____

(Ms. Mrs. Mr. Miss.) Full Name: _____ (Include Jr., Sr.)

Maiden Name or Alias: _____

Current Address: _____

Previous Address: _____

Do you have a criminal history yes or no? _____

If yes please explain: _____

License, Certification, or Registration Information: _____

May we contact your employer and references: _____

Locations of Residency the past five years. Most recent first.

State: _____ County: _____

State: _____ County: _____

State: _____ County: _____

State: _____ County: _____

After reading this above statement I _____ certify that I have read, fully understand, and accept all terms of this agreement and that any untruthfulness or omissions may be grounds for termination or grounds to not extend an offer of employment and that the information set out by me in this application is true and correct.

Signature of applicant: _____ Date: _____

Requested by: _____ Date: _____

Is this position for: (Circle one) Employment or Volunteer

This Organization Participates in E-Verify



This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this employer is required to give you written instructions and an opportunity to contact DHS and/or the SSA before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants and may not limit or influence the choice of documents you present for use on the Form I-9.

To determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo matching tool to match the photograph appearing on some permanent resident cards, employment authorization cards, and U.S. passports with the official U.S. government photograph. E-Verify also checks data from driver's licenses and identification cards issued by some states.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the employment eligibility verification process based upon your national origin or citizenship status, please call the Office of Special Counsel at 800-255-7688, 800-237-2515 (TDD) or at www.justice.gov/crt/osc.

E-Verify Works for Everyone

For more information on E-Verify, please contact DHS:

888-897-7781

www.dhs.gov/E-Verify

NOTICE:

Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.



E-VERIFY IS A SERVICE OF DHS AND SSA

The E-Verify logo and mark are registered trademarks of Department of Homeland Security. Commercial sale of this poster is strictly prohibited.