



**EMPLOYMENT HISTORY**

All applicants must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

In accordance with FMCSR\* section 383.35(c), **All driver applicants** must also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle. **Address, phone number or fax number MUST** be included. (NOTE: List employers in reverse order starting with the most recent. Use additional form entries on Page 8 if necessary.)

EMPLOYER			DATE	
NAME			FROM	TO
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-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> Yes <input type="checkbox"/> No				

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\*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.

**NOTE: Accident History, Traffic Convictions and Driving Experience Sections are for DRIVER APPLICANTS ONLY**

**ACCIDENT HISTORY** (FOR PAST 5 YEARS – USE ADDITIONAL FORM ENTRY ON PAGE 9 IF MORE SPACE NEEDED - IF NONE, WRITE NONE)

DATE	TYPE OF ACCIDENT (Head On, Rear End, etc.)	COMMERCIAL OR PERSONAL VEHICLE	FATALITIES YES OR NO	INJURIES YES OR NO	WERE YOU CITED?

**LIST ALL TRAFFIC CONVICTIONS, VIOLATIONS, FINES AND FORFEITURES** (FOR THE PAST THREE YEARS - USE ADDITIONAL FORM ENTRY ON PAGE 9 - IF NONE, WRITE NONE)

DATE	LOCATION	CHARGE OR VIOLATION	FINE OR FORFEITURE	POINTS CHARGED

Have you ever been denied a license, permit, or privilege to operate a motor vehicle?  YES  NO

IF YES, PLEASE EXPLAIN:

Have you ever had any license, permit, or privilege suspended or revoked?  YES  NO

IF YES, PLEASE EXPLAIN:

**DRIVING EXPERIENCE**

Describe:

CONCRETE PUMP TRUCK

LINE PUMP

LENGTH OF TIME: YEARS: \_\_\_\_\_ MONTHS: \_\_\_\_\_

BOOM PUMP

LENGTH OF TIME: YEARS: \_\_\_\_\_ MONTHS: \_\_\_\_\_  
SIZE OF BOOM: \_\_\_\_\_ METER: \_\_\_\_\_

STRAIGHT TRUCK

LENGTH OF TIME: YEARS \_\_\_\_\_ MONTHS: \_\_\_\_\_ MILES: \_\_\_\_\_

ROLL OFF

LENGTH OF TIME: YEARS \_\_\_\_\_ MONTHS: \_\_\_\_\_ MILES: \_\_\_\_\_

**REFERENCES** Give below the names of three individuals, not related to you, whom you have known at least one year

NAME	ADDRESS	HOW KNOWN	YEARS KNOWN

**FOR DRIVER APPLICANTS ONLY**

DRIVER'S LICENSE/CDL #	LICENSE CLASS	STATE OF ISSUE	EXPIRATION DATE
<p>I authorize MacLeod Construction, Inc. to obtain a copy of or information from my Motor Vehicle Driving Records as required by Section 391.23 of the FMCSR. I also authorize the company obtain information from my previous employers in accordance with Sections 391.23; 382. 405; 382.413; and 383.35 of the FMCSR. I authorize the agencies and companies contacted to provide all information concerning my driving record, services, character and conduct and release these agencies, companies, and agents from all Liability of any type because of providing these requests for information. I understand that if I am denied employment based upon the information received from checks of my driving record or from prior employers that the reported information will be provided to me in accordance with Section 615a of the Fair Credit Reporting Act.</p>			
<p>Printed Name of Applicant</p>		<p>Signature of Applicant</p>	<p>Date</p>

**FOR ALL APPLICANTS**

**NOTICE**

Every application we receive is reviewed and if you are selected for an interview you will be contacted directly. *We regret due to the volume of employment applications received, we are unable to respond to telephone inquiries concerning the status of individual applications.*

**AUTHORIZATION**

This submitted application is my authorization for MacLeod Construction, Inc. to contact any source it deems necessary to verify information contained in this application and to assess my suitability for employment, including prior employers, educational institutions, government records, references or other means. This signed statement shall also serve as my authorization for my prior employers, educational institutions, references and other entities and individuals to release information pertaining to my suitability for employment with MacLeod Construction, Inc.. including, but not limited to, information regarding prior job performance, work history, educational records, attributes, etc. By signing below, I hereby waive any claims I may otherwise have pertaining to the release or use of such information.

If employed, any misstatement or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. I understand that if I am employed it will be on an "at will" basis, and that I may terminate my employment with or without cause at any time, and the company retains the same right. I understand that the acceptance of an application and/or the granting of the interview does not create any obligation on the part of the company to hire me, and that no promise of employment is binding upon the company unless confirmed in writing.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand 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.

*I understand that any offer of employment may be conditioned upon a medical/physical examination and/or skills evaluation to determine my ability to perform the duties of the position, as well as a verification of my Social Security number demonstrating my right to work in the United States. I understand I will be subject to random drug testing during my period of employment.*

I certify that this application is submitted for the sole purpose of obtaining employment with this company.

This application for employment shall be considered active for a period of 30 days.

**THIS CERTIFIES THAT I COMPLETED THIS APPLICATION AND THAT ALL ENTRIES AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE, AND THAT I UNDERSTAND AND ACKNOWLEDGE THE STATEMENTS ABOVE.**

<p>PRINTED NAME OF APPLICANT</p>	<p>SIGNATURE OF APPLICANT</p>	<p>DATE</p>
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This form must be attached to Employment Application

**APPLICANT MUST READ AND SIGN EACH SECTION**

**AT WILL EMPLOYMENT**

I acknowledge that if hired, I will be an at will employee. I will be subject to dismissal of discipline without notice or cause, at the discretion of the employer. I understand that no representative of the company, other than the president, has authority to change the terms of an at will employment and that any such change can occur only in a written employment contract.

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

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

.....

**DRUG TEST POLICY**

I understand that MacLeod Construction, Inc. (MacLeod) is a drug free company and if MacLeod chooses to hire me, I will be required to take a drug test. MacLeod will send me to the clinic to be drug screened. The cost of the drug screen test is my responsibility and if I am hired with MacLeod, I will be reimbursed after working for the company for two months. I know that if my drug screen test comes back positive, I will not be hired and will not be reimbursed for the cost of the drug test.

I understand that MacLeod Construction, Inc. randomly drug screens 30% of all employees every year and that I will be subject to random drug screening in the future if I am hired.

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

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

.....

**EQUAL EMPLOYMENT OPPORTUNITY STATEMENT**

MacLeod Construction, Inc. is committed to Equal Opportunities for all. Within EEO, the Company facilitates and supports a workplace environment which is free from unlawful discrimination and which enhances and celebrates the diversity of its workforce and programs.

## DISCLOSURE FORM TO OBTAIN CONSUMER REPORTS FOR EMPLOYMENT PURPOSES

*Please Read Carefully Before Signing the Authorization*

### DISCLOSURE

In considering you for employment and, if you are employed, in considering you for subsequent promotion, assignment, reassignment, retention, or discipline, MacLeod Construction Inc. (“the Company”) may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as IntelliCorp Records, Inc.

IntelliCorp Records, Inc. can be contacted by mail at 3000 Auburn Dr, Suite 410; Beachwood, OH 44122; or phone: 1-888-946-8355; or website: [www.intellicorp.net](http://www.intellicorp.net).

For explanation purposes:

- a “consumer report” is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records; and
- an “investigative consumer report” is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act (“FCRA”).

Under the FCRA, before the Company can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

## AUTHORIZATION

I have read and understand the foregoing Disclosure, and authorize MacLeod Construction Inc. to obtain and rely upon consumer reports or investigative consumer reports concerning me obtained from IntelliCorp Records, Inc.

By my signature below, I authorize the Company to obtain any such reports and to share the information received with any person involved in their decision about me.

I also consent to have any legally required notices sent electronically.

I do \_\_\_\_\_ do not \_\_\_\_\_ authorize you to contact, through IntelliCorp Records, Inc., *my current* employer for Employment and Reference Verifications. (*Checking "I do" will authorize inquiries to the Human Resources Department and to any listed supervisors.*)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Signature  
(*for searches conducted on minors under the age of 18*)

\_\_\_\_\_  
Date

**ADDITIONAL EMPLOYMENT HISTORY**

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**ADDITIONAL LIST ALL TRAFFIC CONVICTIONS, VIOLATIONS, FINES AND FORFEITURES**

DATE	LOCATION	CHARGE OR VIOLATION	FINE OR FORFEITURE	POINTS CHARGED