

Lipham Asphalt & Paving Co., LLC  
P.O. Box 518 · Aspermont, TX · 79502  
Phone: (940) 989-2183 · Fax: (940) 989-2185

## Driver Application for Employment

Lipham Asphalt & Paving Co., LLC is committed to the principle of equal opportunity in employment. We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

**GENERAL INFORMATION**

Date \_\_\_\_\_

Position(s) Applied For \_\_\_\_\_

Employment Desired       Full-Time       Part-Time       Seasonal

Referral Source     Newspaper                       Friend                       Walk-In  
 Employment Agency       Relative                       Other

Name \_\_\_\_\_

Last                                      First                                      Middle

Address \_\_\_\_\_

Number                                      Street                                      City                                      State      Zip

Telephone Number (      ) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_

Have you ever filed an application with us before?     Yes                       No  
If Yes, give date \_\_\_\_\_

Have you ever been employed with us before?     Yes                       No  
If Yes, give date \_\_\_\_\_

If Yes, give reason for leaving \_\_\_\_\_

Are you a United States citizen?                       Yes                       No  
If No, do you have a valid work permit?               Yes                       No

Are you on a lay-off and subject to recall?               Yes                       No

Have you been convicted of a felony within the last 7 years?  
 Yes                       No

If Yes, please explain \_\_\_\_\_

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Company Name	Telephone
Address	Duration of Employment
Name of Supervisor	Hourly Rate
Start Job Title/Description of Work Performed	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	
Company Name	Telephone
Address	Duration of Employment
Name of Supervisor	Hourly Rate
Start Job Title/Description of Work Performed	Reason for Leaving
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**DRIVER STATEMENT OF ON-DUTY HOURS**

Motor carriers when using a driver for the first time shall obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for such carrier. Rule 395.8(j)(2) Federal Motor Carrier Safety Regulations. NOTE: Hours for any compensated work during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form

Driver Name \_\_\_\_\_

Driver's license number \_\_\_\_\_ State of issue \_\_\_\_\_ Expiration date \_\_\_\_\_

Class \_\_\_\_\_ Endorsement(s) \_\_\_\_\_ Restriction (s) \_\_\_\_\_

Day	Date	Hours	
1			
2			
3			
4			
5			
6			Total Hour s
7			

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work at:

\_\_\_\_\_ Time \_\_\_\_\_ Date

**DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK**

When employed by a motor carrier, a driver must report to the carrier all on-duty time including time working for other employers. The definition of on-duty time found in Section 395.2 paragraphs (8) and (9) of the Federal Motor Carrier Safety Regulations includes time performing any other work in the capacity of, or in the employ or service of, a common, contract or private motor carrier, also performing any compensated work for any nonmotor carrier entity.

Are you currently working for another employer?  Yes  No

At this time do you intend to work for another employer while still employed by this company?  Yes  No

I hereby certify that the information given above is true and I understand that once I become employed with this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.

\_\_\_\_\_ Driver's Signature \_\_\_\_\_ Date

\_\_\_\_\_ Company Representative \_\_\_\_\_ Date

<b>ACCIDENT RECORD</b>				
Date	Nature of Accident	Fatalities	Injuries	Hazardous Material

**TRAFFIC CONVICTIONS AND FORFEITURES**

Location	Date	Charge	Penalty

Have you ever been denied a license, permit or privilege to operate a motor vehicle?

Yes       No

Has any license, permit or privilege ever been suspended or revoked?

Yes       No

Give details if Yes for both answers: \_\_\_\_\_

**DRIVING EXPERIENCE**

Class of Equipment	Type of Equipment	Dates (From:To)	Approx. No. of Miles
Straight Truck	Van, Tank, Flat, Dump, Refer		
Tractor and Semi-Trailer	Van, Tank, Flat, Dump, Refer		
Tractor-Two Trailers	Van, Tank, Flat, Dump, Refer		
Tractor-Three Trailers	Van, Tank, Flat, Dump, Refer		
Motorcoach-School Bus (>8 passengers)			
Motorcoach-School Bus (>15 passengers)			

List states operated in for the last 5 years: \_\_\_\_\_

Special courses or training: \_\_\_\_\_

Safe driving awards: \_\_\_\_\_

List special equipment or technical materials you can work with: \_\_\_\_\_

## CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transport hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transport hazardous materials tht require placarding.

Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. They are as follows:

1. **POSSES ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.
2. **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391315(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the next business day of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (If the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.

The following license is the only one I posses:

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

**DRIVER CERTIFICATION:** I certify that I have read and understood the above requirements.

Driver's Name: \_\_\_\_\_

Driver's Signature: \_\_\_\_\_ Date \_\_\_\_\_

**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. (Generally, inquiries regarding medical history will be made only if and after a conditional 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, also, that I am required to abide by all rules and regulations of the Company.

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:

1. Review information provided by previous employers
2. Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer
3. 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.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT**

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment puposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Signature \_\_\_\_\_

Date \_\_\_\_\_

