

In compliance with Federal and State Equal Employment Opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, national origin, age, marital status or non-job related disability.

## WE PARTICIPATE IN THE E-VERIFY PROGRAM

### Driver's

#### Application for Employment

**WE DRUG TEST ALL APPLICANTS ONCE A CONDITIONAL OFFER OF EMPLOYMENT WITH THIS COMPANY HAS BEEN ACCEPTED. WE ALSO VERIFY YOUR PAST MEDICAL AND WORKERS' COMPENSATION CLAIMS HISTORY ONCE AN OFFER OF CONDITIONAL EMPLOYMENT HAS BEEN ACCEPTED.**

**(Answer all questions – please print in ink)**

Today's Date: \_\_\_\_\_

Position(s) for which you are applying: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security No \_\_\_\_\_  
Last First Middle

Drivers License No: \_\_\_\_\_

Where have you lived the last three (3) years?

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

How long have you been here? \_\_\_\_\_

Telephone \_\_\_\_\_

Previous Address: \_\_\_\_\_

Street City State Zip

How long did you live there? \_\_\_\_\_

Previous Address: \_\_\_\_\_

Street City State Zip

How long did you live there? \_\_\_\_\_

Previous Address: \_\_\_\_\_

Street City State Zip

How long did you live there? \_\_\_\_\_

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

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

Have you ever worked for us before? \_\_\_\_\_ Where? \_\_\_\_\_ When? \_\_\_\_\_

Reason you left our employment? \_\_\_\_\_

Are you employed now? \_\_\_\_\_ If not, how long has it been since your were employed? \_\_\_\_\_

How were you referred to us: \_\_\_\_\_

Is there any reason you might be unable to perform the functions of the job for which you have applied? If the answer is "YES", please explain: \_\_\_\_\_

### You're Work History

List former employers in reverse order starting with the most recent. Add another sheet if necessary.

All driver applicants to drive in interstate commerce must provide the following information on all employers during preceding three (3) year's List complete mailing address. Applicants to drive a commercial vehicle (vehicles having a GVWR of 26,001 lbs or more, vehicles designed to transport 15 or more passengers or any size vehicle used to transport hazardous materials in a quantity requiring placarding) in intrastate or interstate commerce shall also provide an additional 7 years of information on those employers for whom the applicant operated such vehicle. List former employers in reverse order starting with the most recent. Add another sheet if necessary.

<b>Employer</b>	<b>Date</b>
Name: _____	From: _____ To: _____
Address: _____	Position Held: _____
City: _____ State: _____ Zip: _____	Salary: _____
Contact Person: _____	Telephone Number: _____
Reason for Leaving: _____	_____
I was subject to DOT rules while employed here Yes No	
My safety sensitive role while here was subject to DOT Alcohol Testing Yes No	

  

<b>Employer</b>	<b>Date</b>
Name: _____	From: _____ To: _____
Address: _____	Position Held: _____
City: _____ State: _____ Zip: _____	Salary: _____
Contact Person: _____	Telephone Number: _____
Reason for Leaving: _____	_____
I was subject to DOT rules while employed here Yes No	
My safety sensitive role while here was subject to DOT Alcohol Testing Yes No	

  

<b>Employer</b>	<b>Date</b>
Name: _____	From: _____ To: _____
Address: _____	Position Held: _____
City: _____ State: _____ Zip: _____	Salary: _____
Contact Person: _____	Telephone Number: _____
Reason for Leaving: _____	_____
I was subject to DOT rules while employed here Yes No	
My safety sensitive role while here was subject to DOT Alcohol Testing Yes No	

  

<b>Employer</b>	<b>Date</b>
Name: _____	From: _____ To: _____
Address: _____	Position Held: _____
City: _____ State: _____ Zip: _____	Salary: _____
Contact Person: _____	Telephone Number: _____
Reason for Leaving: _____	_____
I was subject to DOT rules while employed here Yes No	
My safety sensitive role while here was subject to DOT Alcohol Testing Yes No	

  

<b>Employer</b>	<b>Date</b>
Name: _____	From: _____ To: _____
Address: _____	Position Held: _____
City: _____ State: _____ Zip: _____	Salary: _____
Contact Person: _____	Telephone Number: _____
Reason for Leaving: _____	_____
I was subject to DOT rules while employed here Yes No	
My safety sensitive role while here was subject to DOT Alcohol Testing Yes No	

List all accidents you have been involved for the past 3 years. Attach an additional sheet if necessary.

Date of Accident	Nature of Accident	Injuries
Most Recent Accident		
Next		
Next		
Next		

**Driving Experience**

Have you ever been denied a license to operate a motor vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Have you ever had a driver's license suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have the following experience?

Class of Equipment	Type of Equipment	From	To
Track Hoes			
Bulldozer			
Front-end Loader			
Other			

List states you have worked in over the last five(5) years:

\_\_\_\_\_

Do you hold any safe driving awards? From whom?

\_\_\_\_\_

Do you have any special course or training to help you with this company?

\_\_\_\_\_

List any special technical skills you may possess?

\_\_\_\_\_

Show any other experience that may help in your work for our company.

\_\_\_\_\_

**Education**

Circle the Highest Grade Completed: 1 2 3 4 5 6 7 8 High School: 9 10 11 12 College: 1 2 3 4

Last School Attended: \_\_\_\_\_  
 School Name City State

**Drivers License Information**

State: \_\_\_\_\_ License Number: \_\_\_\_\_ Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**To be read and signed by the 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 inquiries of my personal, employment, financial, or medical history and other related matters as may be necessary in arriving at an employment decision. Inquiries regarding my medical history will be made only if and after a conditional offer of employment has been extended.

I hereby release former employers, schools, health care providers, and other persons from all liability in responding to inquiries 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 during any interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

\_\_\_\_\_ Date \_\_\_\_\_ Applicant's Signature

---

**Process Record**

This section to be completed by responsible officer or company representative.

	Superior	Good	Fair	Below Average	Poor	Written Record File
Application						
Interview						
Past Employment						
Written Exam						
Road Test						
Convictions						

Signature of Interviewer: \_\_\_\_\_ Date: \_\_\_\_\_

---

**Termination of Employment**

Date of Termination: \_\_\_\_\_ Department Released From: \_\_\_\_\_

Dismissed: \_\_\_\_\_ Voluntarily Quit: \_\_\_\_\_ Refused Drug Test: \_\_\_\_\_ Other: \_\_\_\_\_

Termination Report Placed in Personnel File? \_\_\_\_\_

Is the employee covered by the Company's Health plan? Yes \_\_\_ No \_\_\_

Does the employee participate in the Company's 401K plan? Yes \_\_\_ No \_\_\_

Does the employee need to return company property? Yes \_\_\_ No \_\_\_

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Immediate Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

This Application and Record should be placed in the employee's personnel file.

## EQUAL EMPLOYMENT OPPORTUNITY STATEMENT

Good Hope Contracting & Blount Springs Materials are dedicated to the principles of Equal Employment Opportunity. We demonstrate our continuing commitment by submitting periodic reports regarding applicants for employment. We ask your cooperation in completing the following information to ensure accuracy in our reporting. However, you are not required to complete this form to be considered for employment nor will your voluntary response affect your opportunity for consideration in any way. Information you provide on this form will be used for statistical purposes only and will be kept in strict confidence and separate from your employee application. Thank you for your assistance.

Position Applied For: \_\_\_\_\_

Name: \_\_\_\_\_  
Female

Male

(Please Print)

**Please check one item.**

- American Indian or Alaskan Native (not Hispanic or Latino)—A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Native Hawaiian or other Pacific Islander (not Hispanic or Latino)—A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (not Hispanic or Latino)—A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- Black or African American (not Hispanic or Latino)—A person having origins in any of the black racial groups of Africa.
- Hispanic or Latino—A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (not Hispanic or Latino)—A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- Two or more races (not Hispanic or Latino)—All persons who identify with more than one of the above five races.

Note: Access to all information contained on this form is restricted to members of the Human Resources Department and government officials investigating compliance with federal and state employment laws, except as listed above.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Good Hope Contracting Co., Inc.**  
**Driver Safety Performance History**  
**Applicant Rights**

The Federal Motor Carrier Safety Administration promulgated rules to change the driver background check verifications required in 49 CFR Part 391 effective October 30, 2004. Under the new requirements, **Good Hope Contracting Co., Inc.** is required to contact your previous employers for three (3) years previous to the date of your application for employment to verify certain specific safety information and records.

The information we will be requesting will include personal work history, accident involvement history, and the drug and alcohol testing history that they have on record. We will be reviewing information related to the time you were employed with each previous employer, and any information compiled by them as they performed Driver Safety Performance History checks as well.

As an applicant for a driving position, you have certain specific rights relating to the information that **Good Hope Contracting Co., Inc.** receives from your previous employer. These rights include:

1. The right to review the information provided to **Good Hope Contracting Co., Inc.** by your previous employers, whether you listed the employers specifically on your application for employment or not.
2. The right to have any errors in the information provided to **Good Hope Contracting Co., Inc.** corrected by a previous employer and to request that they submit corrected information.
3. The right to have a rebuttal statement attached to allege erroneous information in such instance that you are not in agreement with the information provided to **Good Hope Contracting Co., Inc.** by a previous employer.
4. The right to review the information within, which was provided to **Good Hope Contracting Co., Inc.**, within 30 days of employment (or within 30 days from the date that employment is denied based on information received). **Good Hope Contracting Co., Inc.** will provide such information to you upon receipt of your written request within five (5) business days.

I certify that I am a driver applicant and that I have read and received a copy, and understand my rights as prescribed by 40 CFR Part 391.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Good Hope Contracting Co., Inc.**  
**Driver Safety Performance History**  
**Applicant Rights**

The Federal Motor Carrier Safety Administration promulgated rules to change the driver background check verifications required in 49 CFR Part 391 effective October 30, 2004. Under the new requirements, **Good Hope Contracting Co., Inc.** is required to contact your previous employers for three (3) years previous to the date of your application for employment to verify certain specific safety information and records.

The information we will be requesting will include personal work history, accident involvement history, and the drug and alcohol testing history that they have on record. We will be reviewing information related to the time you were employed with each previous employer, and any information compiled by them as they performed Driver Safety Performance History checks as well.

As an applicant for a driving position, you have certain specific rights relating to the information that **Good Hope Contracting Co., Inc.** receives from your previous employer. These rights include:

2. The right to review the information provided to **Good Hope Contracting Co., Inc.** by your previous Employers, whether you listed the employers specifically on your application for employment or not.
5. The right to have any errors in the information provided to **Good Hope Contracting Co., Inc.** corrected by a previous employer and to request that they submit corrected information.
6. The right to have a rebuttal statement attached to allege erroneous information in such instance that you are not in agreement with the information provided to **Good Hope Contracting Co., Inc.** by a previous employer.
7. The right to review the information within, which was provided to **Good Hope Contracting Co., Inc.**, within 30 days of employment (or within 30 days from the date that employment is denied based on information received). **Good Hope Contracting Co., Inc.** will provide such information to you upon receipt of your written request within five (5) business days.

I certify that I am a driver applicant and that I have read and received a copy, and understand my rights as prescribed by 40 CFR Part 391.

Applicant's Copy

# FIRST Advantage

FAX ORDER FORM

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

Account #: **ss492-893**

Company: **Good Hope Contracting**

Requester: **Phillip Ray**

Telephone: **256-734-7735 ext. 107**

---

## DISCLOSURE & AUTHORIZATION FORM FOR CONSUMER REPORT

This serves to advise you that in consideration for employment (including contract for services) with Good Hope Contracting Company, Inc., a consumer report and/or investigative consumer report may be obtained on you. This process may include verification of education, employment history, a review of any local, county, state and federal government agency records, public court records, driving records (MVR), worker's employment, personal or professional references. References may include information pertaining to your general character and reputation, personal characteristics, mode of living and habits. A consumer report containing injury and illness records and medical information may be obtained after tentative offer of employment has been made. The source of the report will be First Advantage, 2180 W. SR 434, Suite 4150, Longwood, FL 32779. Toll-free number: 800-725.5051 ext: 112.

Please be advised you have the right to inspect the files that the consumer reporting agency may have on you during normal business hours and upon furnishing proper identification. You also have the right to make a request of First Advantage, upon proper identification and the payment of any authorized fees, for the information in its files on you at the time of your request.

**The nature and scope of this investigation consumer report will be Driving Report**, employment verification, and/or criminal background check. Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report and a summary of your rights under the Fair Credit Reporting Act, as well as additional information on your rights under the law.

By signing below, you hereby authorize without reservation any party or agency contacted to furnish the above mentioned information. You further authorize ongoing procurement of the above mentioned reports at any time during your employment (or contract). You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

You hereby authorized and request, without any reservation, any present or former employer, school, law enforcement or criminal agency, financial institution, division of motor vehicle, consumer reporting agencies, or other persons or agencies having knowledge about you to furnish First Advantage with any and all background information in their possession regarding you, in order that your employment qualifications may be evaluated.

If public record information about your character, general reputation, personal characteristics, and mode of living is obtained without using a consumer reporting agency, you will be supplied a copy of the public record information within seven days of our receipt of it unless you check this box where you hereby waive your right to obtain a copy of the consumer report.

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Maiden or other name used

\_\_\_\_\_  
Year last used

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

\_\_\_\_\_  
State

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed



# Good Hope Contracting Co., Inc.

## Driver Safety Performance History

**Note:** Drivers only complete lines marked with an (X)

In accordance with the requirements of the Federal Motor Carrier Safety Administration rules outlined in 49 CFR Part 391, 382 and 40 please provide the following information regarding my Safety Performance History.

Driver Name: **X** \_\_\_\_\_

Date of Employment: From \_\_\_\_\_ MO/YR To: \_\_\_\_\_ MO/YR

Did applicant drive a commercial vehicle while employed by you? Yes or No

Type of vehicle driven, circle one : Straight Truck/Tractor-Semi-Trailer/Other.

Type of trailer pulled: Vans/Reefer/Flatbed/Tanker/Not applicable, circle one.

Length of trailer pulled (if applicable) \_\_\_\_\_ (FT)

How many states did the applicant drive in? \_\_\_\_\_ (estimate)

Reason for leaving your employment, Circle one or more, as appropriate: Resignation Lay Off

Military Duty Voluntarily Quit Viloation of Company Policy Discharged

Reason for discharge: \_\_\_\_\_

Is applicant eligible for rehire, circle one? Yes No upon review

Please list all DOT Recordable Accidents (as defined in 49 CFR 390.15(b) in a vehicle over 10,001 lbs in which the applicant was involved for a period of three (3) years back:

Date	Location	Type of Accident	Injuries?	Fatalities?	Towed?
------	----------	------------------	-----------	-------------	--------

### Drug and Alcohol History for Prior Three (3) years.

Please provide any information for the applicant while in your employ or that you have obtained from previous employers under the requirments of 49 CFR Part 391.

1. Has applicant refused alcohol or drug testing required by DOT rules? Yes No
2. Has applicant tested positive, adulterated, or substituted a drug testing specimen while employed by your company?  
Yes No
3. Has applicant had an alcohol test result of .04 during your employ? Yes No
4. If yes to question #2 or #3 above, was the applicant referred for SAP evaluation? Yes No
5. Has applicant committed other violations of DOT drug or alcohol testing rules of which you are aware? Yes No

You are hereby authorized to provide all information regarding my services, safety performance, drug and alcohol testing history, character and conduct to the entity authorized. You are released from any liability arising from the release of this information under the requirements of the 49 CFR Part 391 that became effective 10/30/2004.

**X** \_\_\_\_\_ **X** \_\_\_\_\_ **X** \_\_\_\_\_  
Signature of Applicant Social Security Number Date

Previous Employer Safety Performance History provided by:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

I approve the above information in the following manner:

I sent the information within five (5) business days of receipt via Mail: \_\_\_\_\_

I provided a copy of this information to the driver applicant: \_\_\_\_\_

Who Picked UP the information personally at our office: \_\_\_\_\_

I FAXED the information within five (5) days of receipt: \_\_\_\_\_

Prospective Employer Notes: This information was received via: Phone Fax Mail Other

Comments: Phone 256-734-7735 Fax: 256-734-0552