



EMPLOYMENT APPLICATION

We consider applicants for all positions without regard to race, color, religion, sex, ethnicity, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status. We are an equal opportunity employer.

(PLEASE PRINT)

Position Applied For	Date of Application	
How did you learn about us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk in
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number	Social Security Number		

Are you available to work: Full Time Part Time

Have you ever filled out 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 _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

On what date would you be available for work? _____

Do you have a valid Drivers License? Yes No
DL # _____ DL State _____

Do you have a CDL? Yes No

Are you physically or otherwise unable to perform the duties of this position? Yes No

Are you prevented from lawfully becoming employed in this country because of a Visa or Immigration Status? Yes No
Proof of citizenship or immigration status will be required for employment.

Have you ever had any job-related training in the United States military? Yes No
If Yes, please explain _____

Have you been convicted of a felony? Yes No
Conviction will not necessarily disqualify an applicant from employment.
If Yes, please explain _____

SKILLS Please detail type of equipment you can operate competently.

EQUIPMENT (Example: Operate Excavator)	MODEL (Example: PC1250)	YEARS OF EXPERIENCE (Example: 3 Years)

EDUCATIONAL BACKGROUND

NAME AND LOCATION	YEARS COMPLETED	DID YOU GRADUATE?	COURSE OF STUDY
HIGH SCHOOL			
COLLEGE			
OTHER			

REQUIREMENTS OF NEW HIRES

As part of our employment procedures it is necessary for all new employees to;

- a) Complete our pre-employment health questionnaire.
- b) Read and sign our Pre-employment and random alcohol and illegal substance testing form.
- c) Undertake a pre-employment drug and alcohol screen at a designated time and place.

Do you have any objection to any of these requirements? YES / NO

REFERENCES

Give name, address and telephone number of three references who are not related to you and are not previous employers.
1.
2.
3.

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information. I give the employer permission to conduct a background and/or credit check as it pertains to the position for which I am applying for.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. I understand that if I resign within 30 days of hire, I am responsible for reimbursing the company the cost of the pre-employment drug test. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant _____ Date _____

DRIVER HISTORY

Driver Licenses

State	License No.	Type	Expiration Date

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Approx. No. of Miles (Total)
		From	To	
Straight Truck				
Tractor & Semi-Trailer				
Tractor – Two Trailers				
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

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

C. Have you failed a drug or alcohol test in the last 3 years? YES NO

IF THE ANSWER TO IS YES TO ANY OF THE ABOVE, ATTACH A STATEMENT GIVING DETAILS

EMPLOYMENT RECORD

NOTE: DOT REQUIRES THAT EMPLOYMENT FOR AT LEAST 3 YEARS AND/OR COMMERCIAL DRIVING EXPERIENCE FOR THE PAST 10 YEARS BE SHOWN

PREVIOUS EMPLOYER	PREVIOUS EMPLOYER	PREVIOUS EMPLOYER
NAME	NAME	NAME
ADDRESS	ADDRESS	ADDRESS
POSITION HELD	POSITION HELD	POSITION HELD
DATES OF EMPLOYMENT	DATES OF EMPLOYMENT	DATES OF EMPLOYMENT
SALARY	SALARY	SALARY
REASON FOR LEAVING	REASON FOR LEAVING	REASON FOR LEAVING

Employment History

Employer		Dates Employed From To		Work Performed
Address				
Telephone Number				
Job Title	Supervisor	Hourly Wage Starting Final		
Reason for Leaving				

Employer		Dates Employed From To		Work Performed
Address				
Telephone Number				
Job Title	Supervisor	Hourly Wage Starting Final		
Reason for Leaving				

Employer		Dates Employed From To		Work Performed
Address				
Telephone Number				
Job Title	Supervisor	Hourly Wage Starting Final		
Reason for Leaving				

Employer		Dates Employed From To		Work Performed
Address				
Telephone Number				
Job Title	Supervisor	Hourly Wage Starting Final		
Reason for Leaving				

APPLICATION FOR MOTOR VEHICLE REPORT

Date of this application: _____

Name as it appears

On Driver's License: _____

Date of birth as it appears on Driver's License: _____

Social Security #: _____ Driver's License #: _____

Driver's License State: _____ Expiration Date: _____

APPLICANT STATEMENT

This is to certify that information on my driving record may be released to Alexander Contracting Co., Inc.

Signature of Applicant

Date

SELF-IDENTIFICATION FORM

Fill out completely. Type or print clearly in ink.

Last Name	First	Middle
U.S. Social Security Number	Birth Date	

Federal government regulations require Alexander Contracting Co., Inc., to maintain records of job applicants by gender, race, and veteran status. Please assist us by providing the requested information. Providing this information is strictly voluntary on your part, and is not required to complete your Application for Employment.

Gender:

- Female
- Male

Race:

- African-American/Black (not of Hispanic origin)
- Asian or Pacific Islander (includes Indian subcontinent)
- American Indian or Alaskan Native
- Hispanic/Latino (Spanish culture or origin, regardless of race)
- White (not of Hispanic origin)
- Race not included above
Please specify _____

Veteran Status:

- Special Disabled Veteran
- Vietnam Era Veteran
- Other Protected Veteran

Thank you for your assistance.



Alexander Contracting Co., Inc.
Driver Performance History
 PO BOX 1388, Fortson, GA 31808

Driver Name:		SSN:	
COMPANY NAME:			
ATTENTION:		FAX:	
Return To:	Alexander Contracting HR Dept		
Fax:	706-689-7113	Phone:	706-687-5526

***** Please complete all information *****

The individual listed above has applied for a driving position with Alexander Contracting

***Required - Position: _____

***Employment Dates: From: _____ To: _____

***Reason for Discharge: _____

***** Check all that apply. *****

Type:	<input checked="" type="checkbox"/>	Equipment:	<input checked="" type="checkbox"/>	Trailer:	<input checked="" type="checkbox"/>	Reason for Separation:	<input checked="" type="checkbox"/>	Eligible for Rehire:	<input checked="" type="checkbox"/>
OTR		Tractor Trailer		40 ft		Quit Without Notice		Yes	
Regional		Flatbed		42 ft		Quit With Notice		No	
Local		Double/Triples		45ft		Discharged		Upon Review	
		Tanker		48ft		Lack of Work			
		Straight Truck		53ft		Current - None			
		Other		Other		Problems with Attitude:		Problems with Attendance:	
*If Other, please describe:						Yes		Yes	
						No		No	

*****If no accidents please circle **NO ACCIDENTS*******

***** Accident Detail and Totals *****

Date	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	No. of Injuries	No. of Fatalities	City	ST	Damage Amt.	Description	<input checked="" type="checkbox"/>
Month/Year	Prev	Non Prev	Hazmat Release							DOT Rept
Total Count	#	#	#	#	#	*Hazmat Release "OTHER THAN FUEL"		**If accident count > 5 please attach additional sheet with all required accident details.		

*****Please make a Yes or a No selection for EACH question.**

Has the driver ever refused a required drug or alcohol test?	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>
Has the driver ever tested positive on a required controlled-substance test?	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>
Has the driver ever tested at or above 0.02 on any required alcohol test?	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>
Has the driver ever violated any other provisions of the DOT drug and alcohol testing regulations?	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>
Have you received information from any previous employer that this individual violated DOT drug and alcohol regulations?	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>
Comments:				
Prepared By:			Date:	
Company:			Position:	

CONFIDENTIAL

Last Update 12/26/2004



EV



00000647211

BACKGROUND CHECK RELEASE FORM

Alexander Contracting Co., Inc.
3008 Smith Road
Fortson, GA 31808

APPLICATION / EMPLOYEE INFORMATION

Full Name: _____

Current Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

SS#: _____ Date of Birth: ___ / ___ / ___ D.L.#: _____ State Issued: _____

Former Address: _____ City: _____ State: _____ Zip: _____

I hereby authorize Alexander Contracting Co., Inc, through their agent to request and receive any and all background information about or concerning me, including but limited to my Criminal History, Driving Record, Employment History, Military Background, Civil Listings, Educational Background, Professional License from any Individual, Corporation, Law Enforcement Agency, other entities including my Present and Past Employers, and if applicable to the position, a Credit History including a consumer report under the Fair Credit Reporting Act, 15 U.S.C. 1681.

I also understand that if the position applied for is driving under Federal Motor Carrier Safety Regulations part 391.23 is authorize the release all information regarding my services, character, conduct, accidents and safety performance. This also authorizes the release of all drug and alcohol testing and results while in other employ in accordance with Federal Motor Carrier Safety Regulations part 382.413. Former employers are released and held harmless of any liability from release of said information.

I further release and discharge Alexander Contracting Co., Inc. and their agent, and their Officers, Employees, Contract Personnel, or Associates, from any and all claims and liability arising out of any request for information or records pursuant to this authorization, procurement of an investigative consumer report and understand that it may contain information about my character, general reputation, personal characteristics, and mode of living, whichever is applicable.

I acknowledge that I have voluntarily provided the above information for employment purposes, and I have carefully read and understand this authorization.

Signed: _____

Date: _____
