

Application for Employment

Demolition Services, Inc.

18 Old Brickyard Road
Phenix City, AL 36869
(334) 297-2140

Please print your name:

I am applying for a position as a:

Non-CDL Driver CDL Driver Mechanic Demolition Worker Equipment Operator

If you are applying for a CDL (Commercial Driver's License) position, please answer the following questions:

How many years have you had your CDL? Enter your date of birth:

Enter your CDL license number, expiration date, and issuing state

Do you have roll-off truck experience? Yes No Do you have a clean MVR? Yes No

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 inquiries and releasing information connected with my application.

In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I also understand that I am required to abide by all rules and regulations of the company.

I understand that the information I provide regarding current and/or previous employers may be used, and those employers contacted, for the purpose of 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; to have errors in the information corrected by previous employers and for those previous employers to resend the corrected information to the prospective employer; and to have a rebuttal statement attached to allegedly erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

I acknowledge that I completed this application, and that all the information contained in it is true and complete to the best of my knowledge.

Signature: _____ Date: _____

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, marital status, veteran status, non-job related disability, or any other protected group status.

All applicants should complete this page.

Personal Information

Contact Information

Last Name _____ First Name _____ Middle Name _____
Social Security # _____ Email _____
Phone Number (Home) _____ Phone Number (Cell) _____

List your addresses of residency for the last three years

Current Address _____ City, State Zip _____

How long at this address? (years/months) _____

Previous Address _____ City, State Zip _____

How long at this address? (years/months) _____

Previous Address _____ City, State Zip _____

How long at this address? (years/months) _____

Emergency Contact Information

Name _____

Phone # _____ Relationship to Applicant _____

Other Information

Do you have the legal right to work in the United States? Yes No

Have you ever been convicted of a felony? (this will not automatically bar you from employment) Yes No

If yes, please explain:

Are you at least 18 years of age? Yes No

Are you a veteran of the US military? Yes No

If you answered yes, are you currently on active duty or part of the military reserve? Active Reserve N/A

All applicants should complete this page

Training and Other Experience

Have you worked for this company before? Yes No

When? From: _____ To: _____ Position Held: _____

Reason for leaving: _____

Is there any reason that you might be unable to perform the job for which you have applied? Yes No

If yes, please explain:

Education

What is your level of education?

Less than High School High School or GED Some College College Graduate

Last school attended _____ Date of last attendance _____

Experience: (Your employment history will be discussed in the next section)

Please list any experience that you feel might be helpful in your work for this company:

Please list any courses or training that you have had which might be helpful in your work for this company:

Please list any special equipment or technical materials that you can work with:

If there's any other information which you feel might be pertinent to our hiring decision, please record it here:

All applicants should complete this page

Employment History

Please record your current and former employers as follows: (see notes at bottom of this page)

Applicants to drive commercial motor vehicles (CDL drivers): Please provide your employment history for the last ten years; complete all information for each employer.

Applicants for non-CDL driver positions: Please provide the last three years of your employment history ; complete all sections for each employer.

Applicants for non-driver positions: Please provide the last three years of your employment history, and fill out the "All Applicants" section for each employer.

Please begin with the most recent employer, and list the remainder in reverse order (most recent to oldest); attach additional sheets if necessary.

All Applicants	Name of employer _____	Contact _____
	Address _____	Phone # _____
	City, State Zip _____	Can we contact this person? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Date of employment: From _____	To _____
	Position held _____	Salary/Wage _____
	Reason for leaving _____	
Drivers Only	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	

All Applicants	Name of employer _____	Contact _____
	Address _____	Phone # _____
	City, State Zip _____	Can we contact this person? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Date of employment: From _____	To _____
	Position held _____	Salary/Wage _____
	Reason for leaving _____	
Drivers Only	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	

Note: 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: has a GVWR of 10,001 pounds or more, is designed or used to transport 9 or more passengers, OR is of any size and is used to transport hazardous materials in a quantity requiring placarding.
 A commercial motor vehicle (as noted above) is any vehicle 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.

Only driver applicants should complete this page

Driving Experience and Safety Record

Accident record: Please list any accidents in which you have been involved during the last three years.

Date	Nature of Accident (Head-On, Rear-End, Upset, etc.)	Fatalities	Injuries	Hazardous Materials Spilled

Traffic convictions and Forfeitures: Please list any violations (other than parking tickets) during the last three years

Date	Location	Type	Penalty

List all driver's licenses or permits held in the last three years

State	License #	Type	Expiration Date

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

Has any license, permit, or privilege that you held ever been suspended or revoked? Yes No

If the answer to either of the preceding questions was yes, please explain.

Driving experience: Please indicate if you have had any experience driving the following types of equipment

Type	Circle Type of Equipment	Dates (from M/Y to M/Y)	Approximate # of Miles
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	(Van, Tank, Flat, Dump, Refer)		
Other _____			

List states operated in during the last five years: _____

List any special courses or training that might help you as a driver: _____

List any driver safety awards that you have received, and from whom they were received. _____