



ELYRIA CONCRETE INC.

DRIVER APPLICATION

Applicant Name:		Social Security #	
Phone No.		Cell No.	
Current Address:		Date of Birth:	
City	ST	ZIP	

Residence Past 3 Years

Address:			
City	ST	ZIP	How Long?

Address:			
City	ST	ZIP	How Long?

Address:			
City	ST	ZIP	How Long?

Experience and Qualifications - Driver

MAKE A PHOTO COPY OF THE DRIVERS LICENSE AND MEDICAL CERTIFICATE				
Applicant list the states and license numbers of all licenses held for the past 3 years				
STATE	LICENSE	EXP. DATE	CLASS A, B	ENDORSEMENTS

DRIVING EXPERIENCE

Equipment Class	Type of Equipment Van, Flat, Tank, etc.	Dates		Approx # of Miles Total
		From	To	
Straight Truck				
Tractor Semi Trailer				
Tractor with Doubles				
Tractor with Triples				
Tractor with Tank				
Other				

Accidents/Crashes for the past 3 years or more

DATE	Nature of Accident (Backing, Head-on, Rollover, Turning)	Fatalities	Injuries

Moving Traffic Convictions and Forfeitures for the past 3 years

DATE	Offense	Location	Type of Motor Vehicle Operated

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 B. Has any license, permit or privilege ever been revoked? YES NO
 If you answered YES to either of these two questions, attach a statement giving details.

This company requires all Drivers who drive Commercial Motor Vehicles (CMV) which require a Commercial Drivers License (CDL), to be controlled substances tested with a negative result prior to driving.
 Do you consent to such Testing? YES NO

EMPLOYMENT RECORD

All for past 3 years and Commercial Driving Experience for the past 10 years

Last Employer: _____			
Position held: _____	CDL []	FROM _____	TO _____
Address: _____		City _____	State _____
Telephone # _____	Fax # _____		
Reason for leaving: _____			
Last Employer: _____			
Position held: _____	CDL []	FROM _____	TO _____
Address: _____		City _____	State _____
Telephone # _____	Fax # _____		
Reason for leaving: _____			
Last Employer: _____			
Position held: _____	CDL []	FROM _____	TO _____
Address: _____		City _____	State _____
Telephone # _____	Fax # _____		
Reason for leaving: _____			
Last Employer: _____			
Position held: _____	CDL []	FROM _____	TO _____
Address: _____		City _____	State _____
Telephone # _____	Fax # _____		
Reason for leaving: _____			

This certifies that this application was completed by me, and that all entries on it and information in it are true to the best of my knowledge.

 Applicant's Signature

 Date

EMERGENCY CONTACT #1

Name			
Address			
City	ST	ZIP	
Phone	Alternate		Relationship

EMERGENCY CONTACT #2

Name			
Address			
City	ST	ZIP	
Phone	Alternate		Relationship

REQUEST FOR CHECK OF DRIVING RECORD

**** Form must be completed in its entirety ****

REQUESTOR INFORMATION

Your Corporate Name: **Elyria Concrete, Inc.**

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 purposes. These reports are required by Sections 382.413, 391.25 of the Federal Motor Carrier Safety Regulations.

By my signature below, I agree that Motor Vehicle Reports may be obtained as a part of the evaluation of my job application/employment.

The reports may be procured by UIS Insurance & Investments. I agree that they may provide details of my driving record, and an assessment of my insurability under the Company's insurance coverages. By signing this disclosure, I hereby authorize to procure such reports from time to time, as it deems appropriate, to evaluate my insurability, or for other permissible purposes.

Driver's Full Name as Shown on Drivers License: _____

Date of Birth: _____

Driver's License No.: _____ State license was issued in: _____

YES NO Driver Verification of Insurance Coverage/Authorization to Verify Driving Record

- YES NO I give permission to obtain my Motor Vehicle Report as needed
- YES NO I am 25 years old or older

Driver Signature: _____

Printed Name: _____

Date: _____

The results of this MVR do not indicate the employability of the driver listed. A driver is declined because his/her driving history does not meet the underwriting guidelines set forth by the insurance company that provides your auto liability coverage. Employees that have been declined as a driver need to be placed in a position that does not require him/her to drive for your business.

Please email signed form to jlueders@uisprotect.com

