



35 INDUSTRIAL ROAD
SAVANNAH, TN 38372

844-727-7867

WWW.SOUTHEASTERNCONCRETEPUMPING.COM

DRIVER/OPERATOR APPLICATION

Please return completed application to *angie@arrowheadcompanies.net*

***COMPLETE IN FULL OR APPLICATION WILL NOT BE CONSIDERED**

APPLICANT INFORMATION										
FIRST NAME:				MIDDLE NAME:				LAST NAME:		
PHONE:				EMAIL:						
DATE OF BIRTH:			SOCIAL SECURITY #		-		-	TODAY'S DATE:		
POSITION APPLIED FOR:							DATE AVAILABLE FOR WORK:			
DESIRED PAY:	\$	<input type="checkbox"/> HOURLY <input type="checkbox"/> SALARY		EMPLOYMENT DESIRED:	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> SEASONAL					
DO YOU HAVE LEGAL RIGHTS TO WORK IN THE UNITED STATES?				<input type="checkbox"/> YES <input type="checkbox"/> NO						
IF NO, ARE YOU ALLOWED TO WORK IN THE UNITED STATES?				<input type="checkbox"/> YES <input type="checkbox"/> NO						
HAVE YOU EVER WORKED FOR SOUTHEASTERN OR GANT CONCRETE PUMPING?				<input type="checkbox"/> YES <input type="checkbox"/> NO						
IF YES, PLEASE LIST THE DATES:		START DATE:					END DATE:			
HAVE YOU EVER BEEN CONVICTED OF A FELONY?				<input type="checkbox"/> YES <input type="checkbox"/> NO						
IF YES, EXPLAIN:										
CDL CLASS:	<input type="checkbox"/> CLASS A <input type="checkbox"/> CLASS B <input type="checkbox"/> CLASS C			ENDORSEMENTS:	<input type="checkbox"/> H <input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> X					

RESIDENCY INFORMATION					
ATTACH ADDITIONAL SHEET IF MORE SPACE IS NEEDED					
	STREET:	CITY:	STATE:	ZIP CODE:	# OF YEARS AT ADDRESS:
CURRENT:					
MAILING:					
PREVIOUS:					
PREVIOUS:					
PREVIOUS:					

EDUCATION						
SCHOOL	NAME	CITY & STATE	COURSE OF STUDY	YEARS COMPLETED	GRADUATE	
					YES	NO
HIGH SCHOOL					<input type="checkbox"/>	<input type="checkbox"/>
COLLEGE					<input type="checkbox"/>	<input type="checkbox"/>
OTHER					<input type="checkbox"/>	<input type="checkbox"/>

QUALIFICATIONS
PLEASE LIST ANY OTHER QUALIFICATIONS THAT YOU HAVE IN WHICH YOU BELIEVE SHOULD BE CONSIDERED

EMPLOYMENT HISTORY									
START WITH THE LAST OR CURRENT POSITION, INCLUDING ANY MILITARY EXPERIENCE, AND WORK BACKWARDS. YOU ARE REQUIRED TO LIST THE COMPLETE MAILING ADDRESS, INCLUDING STREET NUMBER, CITY, STATE, ZIP; AND COMPLETE ALL OTHER INFORMATION. (ATTACH SEPARATE SHEETS IF NECESSARY)									

CURRENT (MOST RECENT) EMPLOYER									
NAME OF COMPANY:					CONTACT NAME:				
ADDRESS:				CITY:		STATE:		ZIP:	
PHONE:		EMAIL:			POSITION HELD:				
START DATE:		END DATE:			REASON FOR LEAVING:				
STARTING PAY: \$		<input type="checkbox"/> HOURLY <input type="checkbox"/> SALARY			ENDING PAY: \$		<input type="checkbox"/> HOURLY <input type="checkbox"/> SALARY		
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				

CURRENT (MOST RECENT) EMPLOYER									
NAME OF COMPANY:					CONTACT NAME:				
ADDRESS:				CITY:		STATE:		ZIP:	
PHONE:		EMAIL:			POSITION HELD:				
START DATE:		END DATE:			REASON FOR LEAVING:				
STARTING PAY: \$		<input type="checkbox"/> HOURLY <input type="checkbox"/> SALARY			ENDING PAY: \$		<input type="checkbox"/> HOURLY <input type="checkbox"/> SALARY		
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				

CURRENT (MOST RECENT) EMPLOYER									
NAME OF COMPANY:					CONTACT NAME:				
ADDRESS:				CITY:		STATE:		ZIP:	
PHONE:		EMAIL:			POSITION HELD:				
START DATE:		END DATE:			REASON FOR LEAVING:				
STARTING PAY: \$		<input type="checkbox"/> HOURLY <input type="checkbox"/> SALARY			ENDING PAY: \$		<input type="checkbox"/> HOURLY <input type="checkbox"/> SALARY		
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				

*INCLUDES VEHICLES HAVING A GVWR OF 26,001LBS OR MORE, VEHICLES DESIGNED TO TRANSPORT (16) OR MORE PASSENGERS (INCLUDING THE DRIVER) OR ANY SIZE VEHICLE USED TO TRANSPORTS HAZARDOUS MATERIALS IN A QUANTITY REQUIRING PLACARDING.

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: (1) WEIGHS OR HAS A GVWR OF 10,001LBS OR MORE (2) IS DESIGNED OR USED TO TRANSPORT MORE THAN (8) PASSENGERS (INCLUDING THE DRIVER) OR (3) IS OF ANY SIZE AND IS USED TO TRANSPORT HAZARDOUS MATERIALS IN A QUANTITY REQUIRING PLACARDING

ACCIDENT RECORD								
FOR THE PAST (3) YEARS OR MORE. ATTACH SHEET IF MORE SPACE IS NEEDED. IF NONE, WRITE "NONE"								
ACCIDENT(s)	DATES	NATURE OF ACCIDENT(s) (HEAD-ON, REAR-END, UPSET, ETC.)	INJURIES		FATALITIES		HAZ. SPILLS	
			YES	NO	YES	NO	YES	NO
LAST ACCIDENT			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NEXT PREVIOUS			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NEXT PREVIOUS			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TRAFFIC CONVICTIONS			
LIST TRAFFIC CONVICTIONS AND/OR FORFEITURES WITHIN THE PAST (3) YEARS (OTHER THAN PARKING VIOLATIONS) IF NON, WRITE "NONE"			
LOCATION	DATE	CHARGE	PENALTY

EXPERIENCE & QUALIFICATIONS - DRIVER					
ATTACH SHEET IF MORE SPACE IS NEEDED					
DRIVER'S LICENSES OR PERMITS HELD WITHIN THE PAST (3) YEARS	STATE	LICENSE NO.	CLASS	ENDORSEMENT(s)	EXPIRATION DATE

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 THE ANSWER TO EITHER (A) or (B) IS YES, EXPLAIN:

DRIVING EXPERIENCE						
CHECK YES or NO						
EQUIPMENT CLASS		CHECK EQUIPMENT TYPE	DATES (MM/YY)		NO. OF MILES (APPROX.)	
			START	END		
STRAIGHT TRUCK	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> VAN <input type="checkbox"/> TANK <input type="checkbox"/> FLAT <input type="checkbox"/> DUMP <input type="checkbox"/> REFER				
TRACTOR - SEMI-TRAILER	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> VAN <input type="checkbox"/> TANK <input type="checkbox"/> FLAT <input type="checkbox"/> DUMP <input type="checkbox"/> REFER				
TRACTOR - (2) TRAILERS	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> VAN <input type="checkbox"/> TANK <input type="checkbox"/> FLAT <input type="checkbox"/> DUMP <input type="checkbox"/> REFER				
TRACTOR - (3) TRAILERS	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> VAN <input type="checkbox"/> TANK <input type="checkbox"/> FLAT <input type="checkbox"/> DUMP <input type="checkbox"/> REFER				
MOTORCOACH/SCHOOLBUS (8+ PASSENGERS)	<input type="checkbox"/> YES <input type="checkbox"/> NO					
MOTORCOACH/SCHOOLBUS (16+ PASSENGERS)	<input type="checkbox"/> YES <input type="checkbox"/> NO					
OTHER						

EXPERIENCE & QUALIFICATIONS - OTHER

LIST STATES OPERATED IN WITHIN THE PAST (5) YEARS:			

LIST SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER/OPERATOR:	

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM:	

LIST ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR SOUTHEASTERN CONCRETE PUMPING.	

LIST COURSES AND/OR TRAINING NOT LISTED ELSEWHERE IN THIS APPLICATION	

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY LISTED)	

TO BE READ AND SIGNED BY APPLICANT

I AUTHORIZE THE COMPANY TO CONDUCT INVESTIGATIONS, INCLUDING CONTACTING MY CURRENT AND PREVIOUS EMPLOYERS, INTO MY PERSONAL, EMPLOYMENT, FINANCIAL, AND MEDICAL HISTORY, AS WELL AS OTHER RELEVANT MATTERS NECESSARY FOR MAKING AN EMPLOYMENT DECISION AS REQUIRED BY 49 CFR 391.23 (D) & (E)

I HEREBY RELEASE EMPLOYERS, SCHOOLS, HEALTH CARE PROVIDERS, AND OTHER PERSONS FROM ALL LIABILITY IN RESPONDING TO INQUIRIES AND PROVIDING INFORMATION IN CONNECTION WITH MY APPLICATION.

IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION PROVIDED IN MY APPLICATION OR DURING INTERVIEWS MAY RESULT IN IMMEDIATE TERMINATION. I ALSO UNDERSTAND THAT I AM REQUIRED TO ABIDE BY ALL COMPANY RULES AND REGULATIONS.

I ACKNOWLEDGE THAT THE INFORMATION I PROVIDE REGARDING MY CURRENT AND/OR PRIOR EMPLOYERS MAY BE USED, AND THAT THOSE EMPLOYERS MAY BE CONTACTED FOR THE PURPOSE OF INVESTIGATING MY SAFETY AND PERFORMANCE HISTORY.

I HAVE THE RIGHT TO:

- REVIEW INFORMATION PROVIDED BY CURRENT AND/OR PREVIOUS EMPLOYERS,
- REQUEST CORRECTION OF ANY ERRORS IN THAT INFORMATION BY THE PREVIOUS EMPLOYERS AND FOR THOSE EMPLOYERS TO RESEND CORRECTED INFORMATION TO THE PROSPECTIVE EMPLOYER, AND
- SUBMIT A REBUTTAL STATEMENT REGARDING ANY DISPUTED INFORMATION IF AGREEMENT ON ACCURACY CANNOT BE REACHED.

THIS CERTIFIES THAT I COMPLETED THIS APPLICATION PERSONALLY AND THAT ALL ENTRIES AND INFORMATION CONTAINED HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

NOTE: A MOTOR CARRIER MAY REQUIRE AN APPLICANT TO PROVIDE ADDITIONAL INFORMATION BEYOND WHAT IS REQUIRED BY THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS.

APPLICANT SIGNATURE: _____ DATE: _____

(PRINT) APPLICANT NAME: _____

FOR OFFICE USE ONLY

PROCESS RECORD

APPLICANT HAS BEEN: ☐ HIRED ☐ REJECTED

DATE OF DECISION: _____

DEPARTMENT PLACED: _____

CLASSIFICATION: ☐ FULL-TIME ☐ PART-TIME ☐ SEASONAL

SIGNATURE OF INTERVIEWING REPRESENTATIVE: _____