



3902 N. Swallow Ave.
Pasco, WA 99301
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NOTICE

This file contains

CONFIDENTIAL INFORMATION

And may only be viewed by Big D's Construction of Tri-Cities authorized individuals.

APPLICATION FOR EMPLOYMENT

APP	MVR
PEI	MED
D&A	ROAD

PERM



QuickFile Applications™

APPLICATION FOR EMPLOYMENT

Big D's Construction of Tri-Cities

3902 North Swallow

Pasco, WA 99301-

Ph. (509) 539-0408

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, age, marital status, or the presence of a non job-related medical condition or handicap. All motor carriers regulated under Federal Motor Carrier Safety Regulations must meet the requirements of Title 49 CFR Part 391 and Part 382 as they apply to qualifying the applicant for a driving position.

Answer all questions. Please print legibly.

Position (s) applied for:		2. Date of application (Month/Day/Year): / /	
3. Name:		3A. DOB (Month/Day/Year):	
4. Addresses for past three years (Write on back if there's not enough room)		4A. SSI No.:	
Street address		Home Ph	Cell Ph
City	State	Zip	How long?
Street address			
City	State	Zip	How long?
Are you eligible to work in the US?			
In case of emergency notify:			
Address		Phone	
Have you worked for this company before?		If yes, where?	
Dates: From:	To:	Rate of pay:	Position:
Reason for leaving?			
Are you now employed?			
If not, how long since leaving last employment?			
Who referred you?		Rate of pay expected?	

PHYSICAL HISTORY

List any limitations that prevent you from performing the duties of a commercial motor vehicle driver. Specify any medical waivers.
Are you physically capable of heavy manual work?
Would you be willing to take an examination?

ALL INFORMATION MUST BE COMPLETED BEFORE AN APPLICATION CAN BE CONSIDERED.

5. EMPLOYMENT HISTORY

1.2

CFR 391.21

Applicants for positions that require the driving of commercial motor vehicles must provide an additional 7 years' information on those employers for whom the applicant operated such vehicles, or up to 10 years employment history. **ALL INFORMATION MUST BE COMPLETED BEFORE AN APPLICATION CAN BE CONSIDERED. USE THE BACK OF THIS PAGE IF MORE ROOM IS NEEDED.**

Date of Birth: _____

Date of Application: _____

Date of Hire: _____

CHECK AND DATE EACH PREVIOUS EMPLOYMENT PE AND DRUG & ALCOHOL DA INQUIRY WHEN COMPLETED.

PE / / DA / /	1. EMPLOYER Did you operate vehicles weighing 10,001 lbs or more? Yes <input type="checkbox"/> No <input type="checkbox"/> Were you subject to Part 382 drug & alcohol rules? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	NAME	From	To
	ADDRESS	Position	
	CITY	STATE	ZIP
	CONTACT PERSON & PHONE	Reason for leaving	
PE / / DA / /	2. EMPLOYER Did you operate vehicles weighing 10,001 lbs or more? Yes <input type="checkbox"/> No <input type="checkbox"/> Were you subject to Part 382 drug & alcohol rules? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	NAME	From	To
	ADDRESS	Position	
	CITY	STATE	ZIP
	CONTACT PERSON & PHONE	Reason for leaving	
PE / / DA / /	3. EMPLOYER Did you operate vehicles weighing 10,001 lbs or more? Yes <input type="checkbox"/> No <input type="checkbox"/> Were you subject to Part 382 drug & alcohol rules? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	NAME	From	To
	ADDRESS	Position	
	CITY	STATE	ZIP
	CONTACT PERSON & PHONE	Reason for leaving	
PE / / DA / /	4. EMPLOYER Did you operate vehicles weighing 10,001 lbs or more? Yes <input type="checkbox"/> No <input type="checkbox"/> Were you subject to Part 382 drug & alcohol rules? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	NAME	From	To
	ADDRESS	Position	
	CITY	STATE	ZIP
	CONTACT PERSON & PHONE	Reason for leaving	
PE / / DA / /	5. EMPLOYER Did you operate vehicles weighing 10,001 lbs or more? Yes <input type="checkbox"/> No <input type="checkbox"/> Were you subject to Part 382 drug & alcohol rules? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	NAME	From	To
	ADDRESS	Position	
	CITY	STATE	ZIP
	CONTACT PERSON & PHONE	Reason for leaving	
PE / / DA / /	6. EMPLOYER Did you operate vehicles weighing 10,001 lbs or more? Yes <input type="checkbox"/> No <input type="checkbox"/> Were you subject to Part 382 drug & alcohol rules? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	NAME	From	To
	ADDRESS	Position	
	CITY	STATE	ZIP
	CONTACT PERSON & PHONE	Reason for leaving	

 Please initial here to indicate that all required driving history where you drove a vehicle weighing more than 26,001 lbs. GCVWR, or was designed to carry 16 or more passengers including the driver, or which transported hazardous materials in placardable quantities for the period described above has been included in this application.