

United Materials, LLC

3374 Walden Avenue, Suite 120, Depew, NY 14043

DRIVER APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer. Applicants are considered for positions without regard to race, religion, color, sex, national origin, age, disability, or any other classification proscribed under applicable federal, state, or local law.

Please print and complete all sections. Resumes are not a substitute for a completed application.

Date of application: _____ Position Applying for: _____ Salary Desired: _____

Name: _____ Phone#: _____
Last First Middle initial

Present Address: _____
Street City State Zip

Other names you have used (i.e. Maiden Name): _____

Date Available to Begin: _____ Full Time Part Time Referred By: _____

Have you been employed by United Materials before? _____ If so, when? _____

If a job is offered, will you be able to provide verification of your legal right to work in the United States? Yes No

Have you ever been convicted of a felony? Yes No If yes, please explain: _____

Are you at least 18 years of age? Yes No

EDUCATION:

	Name of School City and State	Highest Grade Completed (circle)	Did you graduate? (circle)	Degree
High School		1 2 3 4	Yes No	
College		1 2 3 4	Yes No	
Technical, Business, or Other		1 2 3 4	Yes No	

Please use this space to discuss special skills, talents or attributes which you have acquired that may assist you in the performance of the job for which you are applying:

EMPLOYMENT HISTORY:

Start with your present or most recent position. Military experience may be included. Please provide explanation for any gaps in employment history. Attach additional pages if necessary. A COMMERCIAL DRIVER APPLICANT MUST LIST ALL PREVIOUS EMPLOYERS FOR A 10-YEAR PERIOD. IN ACCORDANCE WITH SECTION 391.23 (Federal Motor Carrier Safety Regulations), THE PRIOR EMPLOYERS MAY BE CONTACTED FOR THE PURPOSE OF INVESTIGATING THE APPLICANT'S BACKGROUND.

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Dates Employed: From ___/___/___ To ___/___/___ Wages: Start _____ Final: _____

Job Title/Duties: _____

Reason for Leaving: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Dates Employed: From ___/___/___ To ___/___/___ Wages: Start _____ Final: _____

Job Title/Duties: _____

Reason for Leaving: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Dates Employed: From ___/___/___ To ___/___/___ Wages: Start _____ Final: _____

Job Title/Duties: _____

Reason for Leaving: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Dates Employed: From ___/___/___ To ___/___/___ Wages: Start _____ Final _____

Job Title/Duties: _____

Reason for Leaving: _____

May we contact your present employer? Yes No

Have you ever been fired or asked to resign by an employer? Yes No If yes, please explain: _____

EQUIPMENT OPERATION EXPERIENCE:

Type of Equipment (Truck, Forklift, Hi-Lift, etc.)	Operation Dates		Locations of Operation	Estimated Miles/Hours	Safety Awards
	From	To			

DRIVER'S LICENSE INFORMATION:

State: _____ License Number: _____ Class: _____ Expiration Date: _____

Driver's License Endorsements: _____ Driver's License Restrictions: _____

Has your licenses, permit, or privilege to operate a motor vehicle ever been denied, revoked, or suspended? Yes No
If yes, please explain: _____

TRAFFIC CONVICTIONS AND FORFEITURES: (for the past 3 years, do not list parking violations)

Court Location	Date of Conviction	Charge	Penalty	Points

ACCIDENT RECORD: (for the past 3 years)

Date of Accident	Location - City, State	Nature of Accident	Fatal?

REFERENCES:

Provide the names of three persons, not related to you, whom you have known at least one year.

Name	Address	Phone Number	Relationship	Years Known
1. _____				
2. _____				
3. _____				

APPLICANT'S CERTIFICATION:

I certify that the information given herein and on any attachments to the Application for Employment is true and complete to the best of my knowledge. I authorize the employer to investigate any information, including my employment history, educational background, credit history, drivers license/driving record, and record of criminal convictions that it believes is relevant to my Application for Employment. My former employers, educational institutions, and references may provide information that they may have about me in response to inquiry from the employer. I understand that false or misleading information given in my Application for Employment, on any attachments to the Application for Employment, or during interviews may result in a refusal to hire, or termination in the event of employment.

In the event of employment as a Commercial Driver, I understand that I am required to possess a valid driver's license and to abide by all federal, state, and local laws, rules and regulations.

I understand that I shall be required to provide documentation establishing my legal authorization for employment prior to commencing work. I understand that if employed, my employment will be at-will and that both United Materials and I may terminate my employment at any time, for any reason, with or without cause or notice. The employer is an Equal Opportunity Employer, and shall treat all employees and all applicants for employment equally and fairly based upon job related qualifications and in accordance with all applicable local, state and federal laws.

I further understand that in the event I receive an offer of employment, I will be required to submit to a post-offer drug and alcohol test. The offer of employment will be revoked, or employment will be terminated, in the event of a positive test result.

Signature of Applicant

Date

For office use only: Concrete Division Building Supply Division

FAIR CREDIT REPORTING ACT: DISCLOSURE/AUTHORIZATION FOR MVR REVIEW

In accordance with the provisions of section 604(b) (2) (A) of the Fair Credit Reporting Act (FCRA) (Title II, Subtitle D, Chapter I, Public Law 104-208) you are hereby informed that a consumer report about you may be ordered and used for employment purposes. (Under the provisions of the Act, a driving record is considered a consumer report when used for employment purposes.)

I acknowledge the receipt of the above disclosure and authorize my employer or its designated agent to obtain a Motor Vehicle Record report. This authorization is valid as long as I am an employee or employee candidate and may only be rescinded in writing. This authorization, however, is not valid for the state of Washington.

PRINT – APPLICANT’S NAME

DRIVER’S LICENSE NUMBER

STATE OF LICENSING

APPLICANT’S SIGNATURE

DATE