



Employment Application
An Equal Opportunity Employer

APPLICANT INFORMATION									
Last Name:		First:		MI:		Date			
Street Address: (NO PO Boxes)						Apt/Unit:			
City:		State		County:			Zip:		
Phone Number:				Cell Phone:					
Email Address: (REQUIRED)									
Position Applied For:									
Are you 18 years of age or over? (Y/N)									
If Hired, can you provide proof of identity and employment eligibility to work in the U.S.? (Y/N)									
Other Name(s) Used:									
EDUCATION									
Highest Grade Completed (6-12):				College/Other:					
Last School Attended:					City:			State:	
EXPERIENCE, QUALIFICATIONS AND OTHER DATA									
Do you have a CDL? (Y/N)		CDL Class: (A,B,C)		Endorsements:					
List states operated in for last 5 years:					Do you have a current Medical Certificate? (Y/N)				
Have you ever had a license denied, suspended or revoked? Y/N				If yes, please explain:					
How did you hear about Scodeller Construction, Inc.?									
Have you worked here before? Y/N		If yes, when?							
Work in states other than Michigan will likely be required. Are you willing and able to travel out-of-state?								Y/N	
List training, experience, or certifications that may help you in your work for this company:									



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PREVIOUS EMPLOYMENT (1 st TIME APPLICANTS ONLY)				
All driver applications must provide information on all employers during the preceding 10 years. List complete mailing address, street number, city, state, and zip code. List employers in reverse order and attached another sheet if necessary.				
Company Name:		Phone:		
Address:				
Job Title:		Supervisor:		Wage:
Dates of Employment:		Reason for Leaving:		
Were you subject to the Federal Motor Carrier Safety Regulations while employed? Y/N				
Was your job designated as a safety-sensitive function in any other DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Y/N				
Company Name:		Phone:		
Address:				
Job Title:		Supervisor:		Wage:
Dates of Employment:		Reason for Leaving:		
Were you subject to the Federal Motor Carrier Safety Regulations while employed? Y/N				
Was your job designated as a safety-sensitive function in any other DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Y/N				
Company Name:		Phone:		
Address:				
Job Title:		Supervisor:		Wage:
Dates of Employment:		Reason for Leaving:		
Were you subject to the Federal Motor Carrier Safety Regulations while employed? Y/N				
Was your job designated as a safety-sensitive function in any other DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Y/N				
Company Name:		Phone:		
Address:				
Job Title:		Supervisor:		Wage:
Dates of Employment:		Reason for Leaving:		
Were you subject to the Federal Motor Carrier Safety Regulations while employed? Y/N				
Was your job designated as a safety-sensitive function in any other DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Y/N				



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Emergency Contact Information

Contact Person 1:		Phone:	
Address:		Relationship:	
Contact Person 2:		Phone:	
Address:		Relationship:	

CERTIFICATION OF DATA, CONSENT TO BACKGROUND INQUIRY AND DRUG TEST

I certify that all of the information I have provided on this application is true. Additionally, I acknowledge that completing this application in no way indicates that I have received a job offer of any kind.

I understand that investigative background inquiries are to be made by the Company or its third-party designee on myself including consumer, driving, and other reports. These reports will include information as to my character, work habits, performance, safety and accident history, drug testing history, creditworthiness, and experience along with reasons for termination of past employment from previous employers. These reports and records will be used for the purposes of making personnel decisions or investigating certain incidents. Further, I understand that you will be requesting information from various federal, state and other agencies which maintain records concerning my past activities relating to my driving, credit, civil and other experiences as well as claims involving me in the files of insurance companies. The aforementioned reports, records and information are hereinafter referred to as "Background Information".

To the extent such inquiries and requests of Background Information constitute "Consumer Reports" under the Fair Credit Reporting Act, 15 U.S.C. §1681 *et seq.*, then such inquiries and requests of information shall be in compliance with the Fair Credit Reporting Act, 15 U.S.C. §1681 *et seq.* (the "FCRA"), to the extent applicable.

I understand and agree that the Background Information is of material importance to the Company and that if I have given any false information, or I have omitted any material facts under any circumstances, I may not be hired, or if hired, I may be discharged immediately upon discovery of such false statements or omissions, regardless of how much time has passed between the date of my hire and the discovery of such misrepresentations, in the sole and absolute discretion of the Company.

I understand that my prior employers will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e).

I understand it is the policy of Scodeller Construction, Inc. to conduct drug and alcohol testing of job applicants and that one of the requirements for consideration of employment with Scodeller Construction is the satisfactory passing of a drug and/or alcohol testing. I agree to submit to a drug and/or alcohol test. Additionally, I acknowledge that my passing of the drug test does not guarantee that I will be employed by Scodeller. Lastly, I agree that if hired, I will complete additional drug and/or alcohol testing as required by Scodeller Construction, Inc. as a condition of continued employment.

Signature:		Date:	
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