

NOTICE: Applicants for DRIVER positions requiring a Commercial Driver License (CDL) shall provide employment history as an operator of a commercial motor vehicle for **ten (10) years preceding the date of application**. This information provided in accordance with FMCSR section 383.35(c) will be used, and the applicant's previous employers will be contacted for the purpose of investigating the applicant's work history.

List below completely and accurately all previous employers and periods of self-employment. For each period of self-employment, please list a prior customer or professional reference as a contact.

Most Recent		PRESENT EMPLOYER		DATE	
NAME		FROM MO.	YR.	TO MO.	YR.
ADDRESS		POSITION HELD			
CITY	STATE	ZIP		SALARY/ WAGE	
CONTACT PERSON		PHONE NUMBER ()		REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATION'S (DOT Regulations) WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO					
WAS YOUR JOB DESIGNATED AS SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? (Were you subject to DOT required drug and alcohol testing?) <input type="checkbox"/> YES <input type="checkbox"/> NO					

Next Most Recent		EMPLOYER		DATE	
NAME		FROM MO.	YR.	TO MO.	YR.
ADDRESS		POSITION HELD			
CITY	STATE	ZIP		SALARY/ WAGE	
CONTACT PERSON		PHONE NUMBER ()		REASON FOR LEAVING	
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Next Most Recent		EMPLOYER		DATE	
NAME		FROM MO.	YR.	TO MO.	YR.
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CITY	STATE	ZIP	SALARY/ WAGE
CONTACT PERSON	PHONE NUMBER () -		REASON FOR LEAVING
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WAS YOUR JOB DESIGNATED AS SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? (Were you subject to DOT required drug and alcohol testing?) <input type="checkbox"/> YES <input type="checkbox"/> NO			

LIST ALL MOTOR VEHICLE ACCIDENTS YOU HAVE BEEN INVOLVED IN DURING THE PAST 3 YEARS(ATTACH SHEET IF MORE SPACE IS NEEDED). IF NONE, WRITE NONE

	DATES	NATURE OF ACCIDENT (HEAD ON, REAR END, UP SET, ETC.)	FATALITIES	INJURIES
LAST ACCOUNT				
NEXT PREVIOUS				
NEXT PREVIOUS				
NEXT PREVIOUS				

LIST ALL TRAFFIC CONVICTIONS, VIOLATIONS, AND FORFEITURES YOU HAVE INCURRED IN THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

- **HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE ANY TYPE OF MOTOR VEHICLE?** YES NO
- **HAS ANY LICENSE, PERMIT, OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED?** YES NO
- Have you ever been convicted of or pled guilty to a felony, misdemeanor or DUI? (prior convictions won't necessarily disqualify you from employment unless they affect your suitability for the position.) Yes No If yes, list the date of conviction(s) and the charge(s) involved.

- IF THE ANSWER TO ANY OF THESE IS YES, INCLUDE DETAILS ON BACK PAGE UNDER ADDITIONAL COMMENTS

EDUCATION

TYPE OF SCHOOL	NAME AND ADDRESS	NUMBER OF YEARS ATTENDED	MAJOR/DEGREE	GRADUATED YES / NO
HIGH SCHOOL				
COLLEGE				
BUSINESS				
TRADE				
OTHER				

DRIVER LICENSES

STATE	LICENSE NO.	TYPE (INCLUDE ENDORSEMENTS)	EXPIRATION DATE

DRIVING EXPERIENCE IF NONE, WRITE NONE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (REEFER, VAN, TANK, ETC.)	DATES FROM	TO	APPROX. NO. OF MILES (TOTAL)

STRAIGHT TRUCK				
TRACTOR SEMI-TRAILER				
TRACTOR TWO TRAILERS				
MOTOR COACH / SCHOOL BUS				
OTHER				

LIST STATES OPERATED IN FOR THE LAST FIVE YEARS _____

LIST SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

LIST ANY EXPERIENCE THAT MAY HELP IN YOUR WORK : _____

LIST COURSES AND TRAINING NOT LISTED ELSEWHERE IN THIS APPLICATION _____

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

ANY ADDITIONAL COMMENTS _____

PLEASE LIST 3 REFERENCES THAT ARE NOT RELATED TO YOU

NAME	HOW DO YOU KNOW THIS PERSON?	PHONE NUMBER

THIS CERTIFIES THAT I COMPLETED THIS APPLICATION AND THAT ALL ENTRIES ON IT, AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

NOTICE

DKN Concrete Services is an Equal Opportunity Employer. We do not discriminate on the basis of race, color, religion, age, sex, national origin, marital or veteran status, non job-related disability or handicap. A drug-screening test will be part of a post-offer/pre-employment physical examination and an unsatisfactory test result will exclude you from being considered for employment at DKN Concrete Services.

AUTHORIZATION

This signed statement is my authorization for DKN Concrete Services to contact any source it deems necessary to verify information contained in this application and to assess my suitability for employment, including prior employers, educational institutions, government records, references or other means. This signed statement shall also serve as my authorization for my prior employers, educational institutions, references and other entities and individuals to release information pertaining to my suitability for employment with DKN Concrete Services, including, but not limited to, information regarding prior job performance, work history, educational records, attributes, etc. By signing below, I hereby waive any claims I may otherwise have pertaining to the release or use of such information.

If employed, any misstatement or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. I understand that if I am employed it will be on an "at will" basis, and that I may terminate my employment with or without cause at any time, and the company retains the same right. I understand that the acceptance of an application and/or the granting of the interview does not create any obligation on the part of the company to hire me, and that no promise of employment is binding upon the company unless confirmed in writing.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

DATE _____ SIGNATURE _____

Upon completion of application and drug screening forms ALL applicants must fax application to fax number below. NO applications are held at our facilities nor will they be accepted.

Fax (631) 273-2146

Drug Testing Acknowledgement for Employment

It is the policy of DKN Concrete Services, LLC to maintain a safe, healthy and productive work environment for its employees; to provide quality service to the people of New York City; to maintain the integrity and security of its facilities and property; and to perform all these functions in a manner consistent with the interests and concerns of the City.

Pursuant to these goals, DKN Concrete Services requires that candidates for ANY position at our facilities pass a drug screening test as part of the pre-employment medical examination. The drug screening test covers illegal substances and certain substances subject to abuse.

The drug test will screen for the following compounds:

- *Marijuana*
- *Cocaine*
- *Opiates*
- *Phencyclidine*
- *Amphetamines*

The testing process requires that candidates sign a separate consent and release statement provided by DKN Concrete Services, LLC prior to drug testing. Refusal to submit to the testing process will result in the candidate's disqualification for further employment consideration.

My signature below indicates that I have read and understand the above statement regarding drug testing.

Signature: _____

Print Name: _____

Date: _____