

EMPLOYMENT DESIRED

Position Desired _____ Date Available to Start _____ Wage/Salary Expected \$ _____

Are you applying for full time, part time, or temporary work? _____

Due to the seasonal nature of our business it is necessary for McConnell and Associates to schedule work seven days a week. It is also necessary to schedule work at all hours of the day. Finally it is necessary for employees to work overtime during our peak season. Can you work any day(s) of the week and any hour(s) of the day that we may schedule work? ___ Yes ___ No

Non-Office jobs require frequent heavy lifting (up to 100lbs). Can you perform the required functions of this job with or without reasonable accommodations? ___ Yes ___ No

Can you, if selected for employment, submit proof of legal employment authorization and identity? ___ Yes ___ No

EMPLOYMENT HISTORY

The U.S. Department of Transportation requires that driver applications show **all employment** for the past **three years**. They must also show **commercial driver employment** for the past **ten years**. Attach additional sheet(s) if necessary. Previous employers will be contacted and the information provided by you will be used to investigate your background.

Name of Present or Last Employer			Address, City, State, Zip			
Starting Date (Mo./Yr.)	Leaving Date (Mo./Yr.)	Starting Salary	Final Salary	Job Title	Name of Supervisor	
Were you subject to Federal Motor Carrier Safety Regulations while employed with this company? ___ yes ___ no						
Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? ___ yes ___ no						
Full Time ___ Part Time ___	Job Description and Responsibilities					
Were you fired?	Explain reasons/circumstances for changing or wanting to change jobs.					
If we contact this employer, would you expect them to say they would rehire you for the position you last held there? (Explain)					Employer's Phone Number	
Name of Next Previous Employer			Address, City, State, Zip			
Starting Date (Mo./Yr.)	Leaving Date (Mo./Yr.)	Starting Salary	Final Salary	Job Title	Name of Supervisor	
Were you subject to Federal Motor Carrier Safety Regulations while employed with this company? ___ yes ___ no						
Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? ___ yes ___ no						
Full Time ___ Part Time ___	Job Description and Responsibilities					
Were you fired?	Explain reasons/circumstances for changing or wanting to change jobs.					
If we contact this employer, would you expect them to say they would rehire you for the position you last held there? (Explain)					Employer's Phone Number	
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Starting Date (Mo./Yr.)	Leaving Date (Mo./Yr.)	Starting Salary	Final Salary	Job Title	Name of Supervisor	
Were you subject to Federal Motor Carrier Safety Regulations while employed with this company? ___ yes ___ no						
Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? ___ yes ___ no						
Full Time ___ Part Time ___	Job Description and Responsibilities					
Were you fired?	Explain reasons/circumstances for changing or wanting to change jobs.					
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Starting Date (Mo./Yr.)	Leaving Date (Mo./Yr.)	Starting Salary	Final Salary	Job Title	Name of Supervisor	
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Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? ___ yes ___ no						
Full Time ___ Part Time ___	Job Description and Responsibilities					
Were you fired?	Explain reasons/circumstances for changing or wanting to change jobs.					
If we contact this employer, would you expect them to say they would rehire you for the position you last held there? (Explain)					Employer's Phone Number	

DRIVER EXPERIENCE & QUALIFICATION

VERY IMPORTANT - All applicants applying for a driver, laborer, mechanic, estimator, project manager, sales or any other position that may require them to drive must answer all the questions on this page. If you are applying for a position that will not require you to drive do not answer the questions on this page.

List All Drivers' Licenses and Permits Held for the Past Three Years

State	License Number	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 suspended or revoked? Yes _____ No _____
- C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes _____ No _____

If you answered "yes" to any of the above questions attach a statement giving details.

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Approximate Total Miles
		From	To	
Class E Vehicle				
Straight Truck				
Straight Truck Tanker				
Dump Truck				
Tractor and Semi-Trailer				
Tractor and Tanker Trailer				
Other				

List states operated in during last five years _____

List special courses or training that will help you as a driver _____

List driving awards held and who awards were presented by _____

Motor Vehicle Accident Review for past 3 years (attach separate sheet(s) if necessary)

Dates	Nature of Accident (Head-On, Rear-End, Overturn, etc.)	Injuries	Fatalities
Last Accident			
Next Previous			
Next Previous			

Traffic Convictions and Forfeitures for the past 3 years other than parking violations (attach separate sheet(s) if necessary)

Dates	Location	Offense	Type of Motor Vehicle Operating
Last Conviction			
Next Previous			
Next Previous			

PREVIOUS PRE-EMPLOYMENT ALCOHOL AND DRUG TEST

- Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past three years? _____ Yes _____ No
- If you answered yes to question one can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements? _____ Yes _____ No _____ N/A



DISCLOSURE AND RELEASE

In connection with my application for employment (including contract for services) I voluntarily consent to and authorize McConnell & Associates Corp. or McConnell & Associates STL, herein referred to as the Company, and/or their assigned agents, associates, or consumer reporting agencies to request and receive any Consumer Reports, Investigative Records, Criminal Records, Civil Records, Motor Vehicle/Driving Records, Credential Verification, Employment Verifications, Past Employment Verifications, Education Verifications, Reference Checks, Military Service Verifications, and Consumer Credit Reports.

I authorize any persons, organizations, companies, corporations, consumer reporting agencies, courts of law, licensing agencies, schools, and any current or past employer to furnish Company and/or their assigned agents, associates or consumer reporting agencies with any and all information concerning me. I further agree to release Company and or their assigned agents, associates, or consumer reporting agencies and all persons and organizations providing information from any and all claims, liability, and responsibility arising out of the release of such information in connection with this research. I agree that a photocopy of this authorization may be accepted with the same authority as the original.

I understand that I have specific prescribed rights as a consumer under The Federal Fair Credit Reporting Act (FCRA) and may have additional rights under relevant specific state laws. I further understand that according to Department of Transportation (DOT) regulations 1) I have the right to review information provided by previous employers; 2) the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer; and 3) the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the I cannot agree on the accuracy of the information. This authorization does not include a release of my medical information.

The above is understood and agreed by:

Signature Printed Name Date

Last Name First Name M.I. Social Security Number

Driver's License Number State Date of Birth

Current Street Address Apartment Number

City ST Zip

Previous Street Address (List all addresses lived at for the past seven years) Apartment Number

City ST Zip

Next Previous Street Address (Attach additional sheets if necessary) Apartment Number

City ST Zip

Please list any other name(s) you have ever used or been known by.



ADDITIONAL EMPLOYMENT HISTORY

(Use as a supplement to page two of the Application for Employment when necessary.)

Last Name	First Name	M.I.	Social Security Number		
Name of Present or Last Employer			Address, City, State, Zip		
Starting Date (Mo./Yr.)	Leaving Date (Mo./Yr.)	Starting Salary	Final Salary	Job Title	Name of Supervisor
Were you subject to Federal Motor Carrier Safety Regulations while employed with this company? <input type="checkbox"/> yes <input type="checkbox"/> no					
Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? <input type="checkbox"/> yes <input type="checkbox"/> no					
Full Time _____ Part Time _____	Job Description and Responsibilities				
Were you fired?	Explain reasons/circumstances for changing or wanting to change jobs.				
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Full Time _____ Part Time _____	Job Description and Responsibilities				
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Name of Next Previous Employer			Address, City, State, Zip		
Starting Date (Mo./Yr.)	Leaving Date (Mo./Yr.)	Starting Salary	Final Salary	Job Title	Name of Supervisor
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If we contact this employer, would you expect them to say they would rehire you for the position you last held there? (Explain)					Employer's Phone Number

I represent and warrant that I have read and fully understand the Authorization section of McConnell and Associates Application for Employment, and I am submitting this Additional Employment History as a supplement to page two of my application. I also certify that this employment history was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant Signature

Date



EQUAL EMPLOYMENT OPPORTUNITY (EEO)
Personal Information Sheet

Qualified applicants are considered for employment without regard to race, color, religion, sex, national origin, age, marital status, sexual orientation, veteran status, or disability. Furthermore, this employer is a government contractor and as such is committed to taking affirmative action to employ qualified females, minorities, disabled individuals, special disabled veterans, and veterans of the Vietnam-era.

In order to help us comply with Federal/State equal employment opportunity record keeping and reporting requirements, we request that you answer the following questions. Completion of this form is **voluntary** on your part and failure to complete it will not preclude you from employment considerations. This information will be kept in a separate, confidential file apart from your application and personnel file (if you are hired).

Name: _____ **Date:** _____
(Please Print)

SSN: _____ **Position Applied for:** _____

Please indicate your gender and race/ethnicity below.

GENDER (check one)

_____ Male _____ Female

RACE/ETHNIC GROUP (check one)

_____ **Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

_____ **White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

_____ **Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.

_____ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

_____ **Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

_____ **American Indian or Alaska Native (Not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

_____ **Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above five races.