

**MG BUILDING MATERIALS, LTD.
EMPLOYMENT APPLICATION-DRIVER**

(PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE)

THIS APPLICATION IS NOT AN EMPLOYMENT CONTRACT but merely is intended to evaluate suitability for employment. It is the policy of the company to provide equal employment to all qualified persons without discrimination on the basis of sex, race, color, religion, age, national origin, citizenship, disability, veteran status, or any other status protected under state and federal law. It is also the policy of the company to have the option of conducting pre-employment screening before a job offer is made. If a job offer is made, employment may be contingent upon the successful completion of a medical examination, which may include providing body substance samples. This application will remain active for 30 days.

PERSONAL INFORMATION

Name Last	First	Middle	Social Security #
Home Phone	Work Phone	Date of Birth:	

Please list below your previous three years residency:

Current Street	City	State	Zip	Since (Mo/Yr)
Street	City	State	Zip	Since (Mo/Yr)
Street	City	State	Zip	Since (Mo/Yr)

EDUCATION

High School Attended	City, State	Did you earn a Diploma?
College	City, State	Areas of Study Degree/Certificate/Diploma
Trade, Business or Other School	City, State	Areas of Study Degree/Certificate/Diploma

EMPLOYMENT INFORMATION

Position Applied For:	Date You Can Start Work:	Desired Compensation: \$
Do You Prefer: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Can You Work: <input type="checkbox"/> Weekends <input type="checkbox"/> Evenings	

Please answer all of the following questions. When necessary, note question number and use an extra paper to provide explanations:

- 1) Are you at least 18 years of age and legally eligible for work in the United States? YES NO
- 2) Will you work overtime when necessary? YES NO
- 3) Have you received a description of the job or been made aware of the essential functions of the job you are applying for : YES NO
- 4) Do you understand the job requirements? YES NO (If no, please explain)
- 5) Are you employed now? YES NO
- 6) Have you ever applied to this company before? YES NO Where? _____ When? _____
- 7) Have you ever been discharged or asked to resign from a job? (If yes, please explain) YES NO
- 8) Have you ever been convicted of, pled guilty or nolo contendere to, or had deferred adjudication for a felony or other crime? (If yes, please explain. Conviction will not necessarily disqualify an applicant from employment.)

EMPLOYMENT HISTORY (ATTACH SHEET IF MORE SPACE IS NEEDED)

NOTE: USDOT requires that you list your employment history for at least the last 3 years and your Commercial Driving Experience for the past 10 years

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

Most Recent Employer	City	State	Zip Code	Phone
Position Held	Dates From/To	Pay Rate Upon Leaving \$	Supervisor	
Subject to FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No	Subject to DOT Alcohol and Drug Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No		Duties	
		Reason for Leaving		

Next Most Recent Employer		City	State	Zip Code	Phone
Position Held	Dates From/To	Pay Rate Upon Leaving \$	Supervisor		
Subject to FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No		Subject to DOT Alcohol and Drug Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Duties		Reason for Leaving			

Next Most Recent Employer		City	State	Zip Code	Phone
Position Held	Dates From/To	Pay Rate Upon Leaving \$	Supervisor		
Subject to FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No		Subject to DOT Alcohol and Drug Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Duties		Reason for Leaving			

Next Most Recent Employer		City	State	Zip Code	Phone
Position Held	Dates From/To	Pay Rate Upon Leaving \$	Supervisor		
Subject to FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No		Subject to DOT Alcohol and Drug Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Duties		Reason for Leaving			

EXPERIENCE & QUALIFICATIONS

DRIVER LICENSES	STATE	LICENSE NUMBER	CDL (Y/N)	CLASS (A/B/C)	ENDORSEMENTS	EXPIRATION DATE	

DRIVING	CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)	DATES		APPROXIMATE NUMBER OF MILES (TOTAL)
			FROM	TO	
	STRAIGHT TRUCK				
	TRACTOR & SEMI-TRAILER				
	TRACTOR-MULIPLE TRAILERS				
	OTHER				

ACCIDENTS	DATES (LAST THREE YEARS) (LIST MOST RECENT FIRST)	NATURE OF ACCIDENT (HEAD-ON, REAR END, UPSET, ETC)	FATALITIES	INJURIES	

TRAFFIC CONVICTIONS AND FOREFEITURES	LOCATION	DATE	CHARGE	PENALTY	

ADVERSE LICENSING ACTIONS

- 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 to operate a motor vehicle been suspended or revoked? Yes No

Explain below (or attach separate sheet if more space is needed):

JOB RELATED SKILLS

Please use this space to list any special skills you may have that relate to the position applied for:

Please list any professional licenses, designations, certifications, etc. that may relate to the position applied for. Include date granted, name of organization, and any other relevant information.

- 1.
- 2.
- 3.

APPLICANT'S CERTIFICATION AGREEMENT

1. I authorize the investigation by the company of all statements contained in this application and release from all liability any persons or employers supplying such information, and I also release the company from all liability that might result from making the investigation.
2. I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts on this application (or on any required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.
3. I agree, if I am offered and accept a position, to conform to all existing and future Company rules and regulations and I understand that the Company reserves the right to change wages, hours and working conditions as deemed necessary. ***I ALSO UNDERSTAND THAT, IF HIRED, MY EMPLOYMENT WILL BE AT-WILL, MEANING THAT EITHER PARTY CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON, and that my at-will status can only be altered by an express written agreement signed by myself and an officer of the Company .***
4. I understand that any employment offer is contingent upon my providing, within three (3) working days of employment, valid proof of identity and eligibility to work in order to comply with the Immigration Reform and Control Act of 1986.
5. I have read and reviewed the information provided in this application and the above statements. By signing this application for employment I certify that I understand all parts of it and have answered all questions completely and fully.

Signature

Date