

Name: _____

Phone Number: _____



895 Elm Hill Pike Nashville, TN 37210

Office: (615) 248-3401 | Fax: (615) 248-3402

Your interest in Shane Trucking and Excavating, Inc. is appreciated.

Please complete the attached application in full. Applications are held for 30 days. You will only be contacted if there is an available position.

To apply for a driver position, you must have the proper license, have experience, and be able to pass a drug test. We will run driver applicants' MVRs at the time of application. Please disclose any concerns about your driving record with the truck supervisor. Dishonest or false information or a failure to disclose material information on the employment application or other documents are grounds for immediate termination regardless of when the discovery of such information is made.

Drivers start their work days at 6:00am. The length of the work day is solely determined by the requirements of each job. All drivers are expected to be available for work Monday – Saturday. A policy and procedure for time off requests is made available to all employees.

Drivers are required to pass a drug test before operating one of our trucks. Mechanics are not required to take drug tests at the time of application.

Referred by: _____

APPLICATION FOR EMPLOYMENT

Name _____
First Middle Last Maiden Name, if any

Address _____ How long? _____
Street City State Zip

Date of Birth _____ Social Security No. _____

Phone Number _____ Email address _____

Previous Three Years Residency

_____ # Years _____
Street City State Zip

_____ # Years _____
Street City State Zip

_____ # Years _____
Street City State Zip

License Information

State	License Number	Type	Expiration

Driving Experience

Class of Equipment	Type of Equipment	Dates To – From	Approx. No. Miles
Straight truck			
Tractor and semi			
Tractor- Two trailers			
Other			

Accident Record for Past 3 Years

Dates	Nature of Accident	Number Fatalities	Number Injuries	Chemical Spills

Traffic Convictions and Forfeitures for the Past 3 Years

Dates	Violations	States/Location	Penalty

1. Have you ever been denied a license, permit or privilege to operate a motor vehicle? _____
If yes, explain. _____
2. Has any license, permit or privilege ever been suspended or revoked? _____
If yes, explain. _____

EMPLOYMENT HISTORY

Last Employer Name _____

Address _____ **Phone** _____

Position _____ **Dates of Employment** _____ **Salary** _____

Reason for Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by the previous employer? Yes No

Was the previous position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? Yes No

Second Last Employer _____

Address _____ **Phone** _____

Position _____ **Dates of Employment** _____ **Salary** _____

Reason for Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by the previous employer? Yes No

Was the previous position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? Yes No

Third Last Employer _____

Address _____ **Phone** _____

Position _____ **Dates of Employment** _____ **Salary** _____

Reason for Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by the previous employer? Yes No

Was the previous position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? Yes No

Any gaps in employment must be explained, including month/year _____

TO BE READ AND SIGNED BY APPLICANT

I authorize Shane Trucking and Excavating, Inc. to investigate and make inquiries about my personal, employment, financial, or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, health care providers, and other persons from all liability in responding and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I also understand that I am required to abide by all rules and regulations of the company.

I understand that information provided may be used, and those employers may be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers
- Have errors in information corrected by previous employers and for them to resend the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer and I cannot agree of the accuracy of the information

Date

Signature

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

To be completed by prospective employee:

I, _____, _____
Name Social Security No.

Hereby authorize

Employer Name _____

Address _____

Phone _____ Fax _____

To release and forward information requested regarding my alcohol and controlled substance testing records within the previous 3 years from application date.

In compliance with 40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

Applicant signature _____ Date _____

To be completed by previous employer:

The applicant above has been employed by us. Yes No

Employed As _____ from _____

1. Did he/she drive a motor vehicle for you? Yes No

2. If yes, what type? Straight truck Tractor-Semitrailer Bus Cargo Tank
Doubles/Triples Other? _____

3. Reason for leaving? Discharge Resignation Lay off Military Duty

If there is no safety performance history to report, check here ☐ and sign.

Accidents: Complete the following for any accidents included on your accident register (390.15(b)) that involved the applicant in the previous 3 years. Check here ☐ if none.

Date	Location	Injuries	Fatalities	Hazmat Spill
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Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies

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Any other remarks _____

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Signature _____ Company _____

Title _____ Date _____