



CIVILWORKS

Gearig Civilworks, LLC

Commercial Driver Application for Employment

PART 1: APPLICANT PERSONAL INFORMATION

Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date of Birth (MM/DD/YYYY)	Social Security Number - -		
Date Available		Desired Hourly Salary	
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?			
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain			

PART 2: PRIOR ADDRESSES (COMPLETE THIS SECTION IF YOU HAVE LIVED AT THE ABOVE ADDRESS FOR LESS THAN 3 YEARS)

Street Address		Apartment/Unit #
City	State	ZIP
Street Address		Apartment/Unit #
City	State	ZIP
Street Address		Apartment/Unit #
City	State	ZIP

PART 3: DRIVER QUALIFICATION

(PLEASE LIST ALL LICENSES HELD FOR THE PAST 3 YEARS)

State	License Number	Expiration Date	Class A, B	Endorsements

PART 4: DRIVING EXPERIENCE

Equipment Class/Type	Date From	Date To	Approx Total Miles

PART 5: ACCIDENT HISTORY		(LIST ALL MOTOR VEHICLE ACCIDENTS FOR THE PAST 3 YEARS)	
Date	Nature of Accident	Fatalities	Injuries

PART 6: VIOLATIONS AND CONVICTIONS (LIST ALL MOTOR VEHICLE VIOLATIONS AND CONVICTIONS FOR THE PAST 3 YEARS)			
Date	State	Nature of Offense	Vehicle Operated

Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES ☐ NO ☐

Have you ever had your license, permit or privilege revoked? YES ☐ NO ☐

If you answered YES to either of the above statements, please explain.

PART 7: EMPLOYMENT HISTORY (COMMERCIAL DRIVERS MUST LIST ALL FORMER EMPLOYMENT FOR THE PAST 10 YEARS)			
Former Employer		Date From	Date To
Address		Phone	
City	State	ZIP	
Reason for Leaving		Position Held	
Were you subject to Federal Motor Carrier Safety (FMCSA) Regulations at this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Was your position designated as safety-sensitive per DOT and subject to alcohol and controlled substance testing? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Former Employer		Date From	Date To
Address		Phone	
City	State	ZIP	
Reason for Leaving		Position Held	
Were you subject to Federal Motor Carrier Safety (FMCSA) Regulations at this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Was your position designated as safety-sensitive per DOT and subject to alcohol and controlled substance testing? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Former Employer		Date From	Date To
Address		Phone	
City	State	ZIP	
Reason for Leaving		Position Held	
Were you subject to Federal Motor Carrier Safety (FMCSA) Regulations at this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Was your position designated as safety-sensitive per DOT and subject to alcohol and controlled substance testing? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Former Employer		Date From	Date To
Address		Phone	
City	State	ZIP	
Reason for Leaving		Position Held	
Were you subject to Federal Motor Carrier Safety (FMCSA) Regulations at this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Was your position designated as safety-sensitive per DOT and subject to alcohol and controlled substance testing? YES <input type="checkbox"/> NO <input type="checkbox"/>			

PART 8: EDUCATION				
High School			City/State	
Date From	Date To	Did you Graduate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
College			City/State	
Date From	Date To	Did you Graduate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other			City/State	
Date From	Date To	Did you Graduate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Degree	

PART 9: DRIVER APPLICATION ACKNOWLEDGEMENTS		(PLEASE READ AND SIGN BELOW)
As an applicant applying for a position within Gearig Civilworks which requires me to drive a Gearig vehicle and possess the necessary licensure, I agree that I am aware of the following.		Initial Below
Acknowledgement 1	Gearig Civilworks requires all drivers who operate a Commercial Motor Vehicle (CMV) which requires a Commercial Driver's License (CDL) to operate, to submit to a Department of Transportation (DOT) drug and alcohol screening. A negative test result will be required prior to employment and the driver must consent to continued random testing and maintain membership within the FMCSA Drug and Alcohol Clearinghouse.	
Acknowledgement 2	The applicant's information collected within this Employment Application will be used to request state Motor Vehicle Records and personal data from prior employers to investigate safety performance history to include failed or refused drug and alcohol tests.	
Acknowledgement 3	Certain positions within Gearig Civilworks are considered safety sensitive and the applicant understands that they may be required to undergo a background check. Any conditional job offer may be contingent upon the results of such a background check.	
Acknowledgement 4	The applicant has the right to... <ul style="list-style-type: none"> • review information provided by previous employers; • 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; • have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information 	
Acknowledgement 5	My signature below certifies that this Employment Application was completed by me, and that all entries and information supplied here within are true and complete to the best of my knowledge.	
Printed Name		
Applicant Signature		Date

Physical initials, signature and date required prior to submittal



CIVILWORKS

GEARIG CIVILWORKS, LLC

DOT Drug and Alcohol Test Consent Form for Applicants

DISCLAIMER AND SIGNATURE

I, a prospective employee of Gearig Civilworks, LLC (*The Company*) understand that the use of drugs, alcohol, and other controlled substances by employees creates a dangerous work environment. In consideration for my desire for a safe work environment and per FMCSA regulations, I hereby give my consent for the Company to conduct the prescribed drug and alcohol tests considered necessary as outlined by DOT and Company Drug and Alcohol policies. I understand that these tests are a condition for employment. I hereby allow the laboratory or clinic retained by the Company to take the necessary specimens from me to test for any alcohol or controlled substance for pre-employment, random, post-accident, and reasonable suspicion testing and I authorize the laboratory or medical personnel to release the results to the Company for whatever use the Company deems appropriate while maintaining legal confidentiality. Further, I release the laboratory or medical personnel conducting the drug test, the Company, and the Company's employees, directors, officers, and successors from any liabilities, claims, and causes of action, known or unknown, contingent or fixed, that may result from this drug test. I agree not to file any lawsuit or other action to assert a claim.

I have read and understood this agreement, and I sign this without any coercion or duress by any individual or institution.

Printed Name

Signature

Date

Physical signature and date required prior to submittal