# BASIC MATERIALS & TRANSPORT LLC EMPLOYMENT APPLICATION

#### POSITION APPLIED FOR : Truck Driver

How did you hear of this position? (circle one) Advertisement Referral Walk-in Other

Have you ever worked for Basic Construction Company or Basic Materials & Transport before?

Dates \_\_\_\_\_

BASIC MATERIALS & TRANSPORT LLC is an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis including age, sex, color, race, creed, national origin, religion, martial status or any other standard protected by applicable law.

Federal law prohibits the employment of unauthorized aliens. All person hired must submit satisfactory proof of employment authorization and identity within three (3) days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination. <u>Pre-employment Drug Screen required.</u>

I have read and understand Basic's Employment at Will Policy: Initial

#### **Personal Data**

First Name	Middle	Last	
Street Address	City	State	Zip Code
Home Telephone Number	Social Security Number	Date of Bi	rth (mm/dd/yy)
Daytime telephone number at which Are you 18 years of age or older?	ch we may contact you Yes No		
Salary desired: \$per What date could you start work? _ Do you have reliable transportation			
Previous Employer: Dates of Employment: Duties performed:			· · · · · · · · · · · · · · · · · · · ·
References:	Telep Telep	hone# hone#	
Previous Experience:			* 
Applications will be retained for	60 days for review. After 60 da	ys, a new app	olication must be submitted.
Applicant's Signature		Date	



538 OYSTER POINT ROAD NEWPORT NEWS, VA 23602 www.basicconstructionco.com PHONE: 757.249.3789

### EMPLOYMENT VERIFICATION FORM

FAX: 757.249.2229

The individual named below has applied for a position with Basic Materials & Transport. We are requesting verification of the information listed below. By signing and formally submitting an employment application, the applicant authorized Basic Materials & Transport to verify the information in Section I & II below. Please fax verification to Andrea Hoadley @ (757)249-2229. Your assistance is appreciated.

SECTION I: EMPLOYMENT VERIFICATION - Please list ten(10) years of previous employment.

Name of Applicant:	Soci	al Sec #:	
Last Position held			
Company Name:	Pł	none #	
Other position(s) held:			
Last salary: \$	Dates of employme	nt:	
Reason for leaving:			
I authorize Basic Materials & Tran	nsport to verify my past/current emp	loyment:	
Signature of Applicant		Date	
The following is to be completed	by previous employer		
DRUG/ALCOHOL REPORT 1.) Has this person tested positive 2.) Has this person had an alcohol 3.) Has this person refused a requi 4.) Has this individual violated oth 5.) Have you received information regulations? <u>Yes</u> <u>HacciDENT HISTORY</u>	red test for drugs in the last three (3) her DOT drug/alcohol regulations? from a previous employer that this i No	three (3) years? Yes ation of 0.04 or greater in the last three (3) y years? Yes No Yes No ndividual has violated DOT drug/alcohol	_No ears?YesNo
Date	Description	DOT Reportable YesNo	
SECTION II SUPPLEMENTAL I	NFORMATION erformed satisfactory? YES N	O If "no", why?	, 1997 - 200
Would you rehire the employee fo	r this or another position? YES	NO If "no", why?	
Is there any additional information	about this employee we should cons	ider in assessing his/her suitability for empl	loyment?
Signature of respondent:			

Title: Phone: Date:



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Company Name:	Pł	10ne #	
Other position(s) held:			
Last salary: \$	Dates of employme	ent:	
Reason for leaving:			
I authorize Basic Materials & Tr	ransport to verify my past/current emp	loyment:	
Signature of Applicant		Date	<u></u>
The following is to be complete	ed by previous employer		and the second
Is the above information correct	? YES NO If no, plea	se note any discrepancies:	
<ul><li>2.) Has this person had an alcoh</li><li>3.) Has this person refused a req</li><li>4.) Has this individual violated of</li></ul>	uired test for drugs in the last three (3) other DOT drug/alcohol regulations? on from a previous employer that this i No <u>Description</u>	ation of 0.04 or greater in the last three (3) years years? <u>Yes</u> No	
Would you rehire the employee	performed satisfactory? YES N for this or another position? YES		nent?
C'and an a farmer land			

Signature of respondent: Title: Phone: Date:



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Last Position held: Company Name:	Phone #	
Other position(s) held:		
Last salary: \$	Dates of employment:	
Reason for leaving:		s
I authorize Basic Materials & Tra	nsport to verify my past/current employment:	
Signature of Applicant	Da	ite
The following is to be complete	l by previous employer	
DRUG/ALCOHOL REPORT 1.) Has this person tested positive 2.) Has this person had an alcoho 3.) Has this person refused a requ 4.) Has this individual violated o 5.) Have you received informatic regulations? Yes ACCIDENT HISTORY Date	Description DOT I	Yes No reater in the last three (3) years? Yes No s No No lated DOT drug/alcohol Reportable Yes No
SECTION II SUPPLEMENTAL Were the services the employee p	INFORMATION erformed satisfactory? YES NO If "no", w	vhy?
Would you rehire the employee f	or this or another position? YES NO If "no	o", why?
Is there any additional information	n about this employee we should consider in assessing	his/her suitability for employment?
Signature of respondent: Title: Phone:		

Date:



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Reason for leaving:	·		
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4.) Has this individual violated ot	ired test for drugs in the last three (3) her DOT drug/alcohol regulations? n from a previous employer that this No	Yes No	alcohol
Date	Description	DOT Reportable YesNo	
SECTION II SUPPLEMENTAL	INFORMATION verformed satisfactory? YES N	IO If "no", why?	
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Phone: Date:

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Reason for leaving:			
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ACCIDENT HISTORY Date	Description	DOT Reportable Yes No	
SECTION II SUPPLEMENTAL I Were the services the employee pe	NFORMATION prformed satisfactory? YES	NO If "no", why?	
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Signature of respondent: Title:			

Phone:

Date:

# **BASIC MATERIALS & TRANSPORT LLC**

## ALL HIRING AND EMPLOYMENT AT BASIC MATERIALS & TRANSPORT LLC IS AT WILL.

I understand the application I completed is not an employment contract, nor can it be used to create one. Employment by Basic Materials & Transport LLC has no specific term and may be terminated by the employee or Basic Materials & Transport LLC with or without notice. I acknowledge that Basic Materials & Transport LLC has not made any promises or representations that differ from those contained in this paragraph.

I understand that I must provide satisfactory documents to establish my identity and right to work in the United States, if I am offered a position with Basic Materials & Transport LLC, and that failure to provide this evidence will result in the termination of my employment.

I release and agree to hold harmless any individual, company, business institution or government agency from all liability with regard to furnishing information to Basic Materials & Transport LLC. I agree to release and hold harmless Basic Materials & Transport LLC from all liability with respect to the receipt of such information.

I certify that the information I have furnished on my application form is true and complete. I understand that if any misrepresentation has been made by me verbally or in writing, any offer of employment made to me may be withdrawn or my subsequent employment with Basic Materials & Transport LLC may be terminated.

Applicant's Signature

Date

## **Applicant Release**

This part will be kept in secure files separate from personnel records.

In connection with my application for employment (including contract for services) and as a condition of continuing employment, I understand that investigative background inquiries may be made on me including consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance, education, and experience along with reasons for terminations of employment from previous employers. Further I understand that the company will be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies.

I authorize without reservation, any party or agency contracted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. I hereby consent to obtaining the above information from [Company] and/or any of their agents. This authorization and consent shall be valid in original, fax, or copy form.

Applicant's Signature

Date

The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose.

PLEASE PRINT CLEARLY:

Print Full Name:			Social Secu	_ Social Security #:		
Print of	ther names you l	have used:		Da	tes used:	
Addres						
Phone						
Email /	Address:					
Date of	Birth:					
Race:	White	Black	Hispanic	Asian	Indian	other
Sex:	Male	Female				7
Veterar	ns Status (if appl	licable)	····			