



**DRIVER EMPLOYMENT APPLICATION**  
 Barry Concrete, Inc. & Sandbuck, Corp.  
 2222 Cameron Street  
 Alley 2  
 Lafayette, LA 70506  
 337-235-7594  
[www.barryconcrete.com](http://www.barryconcrete.com)  
 An Equal Opportunity Employer

COMPLETE IN FULL OR IT WILL NOT BE CONSIDERED.

**APPLICANT INFORMATION**

FIRST NAME		MIDDLE NAME		LAST NAME	
PHONE		EMAIL			
DATE OF BIRTH		SOCIAL SECURITY NUMBER			
DATE OF APPLICATION		COMPANY APPLIED FOR		DATE AVAILABLE FOR WORK	

Do you have legal right to work in the United States?     YES     NO

**PREVIOUS THREE YEARS RESIDENCY**

*Attach additional sheet if more space is needed*

	STREET	CITY	STATE	ZIP CODE	# OF YEARS AT ADDRESS
CURRENT					
MAILING					
PREVIOUS					
PREVIOUS					
PREVIOUS					

**LICENSE INFORMATION**

No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CRF 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years; attach additional sheets if needed.

STATE	LICENSE #	TYPE/ CLASS	ENDORSEMENTS	EXPIRATION DATE
PREVIOUSLY HELD LICENSES				
WHEN WERE YOU FIRST ISSUED YOUR CDL				
				YEAR ONLY

### DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE FROM	DATE TO	APPROX # OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR & 2 TRAILERS				
TRACTOR & TANKER				
OTHER (motorcoach/bus)				
	MORE THAN 8 PASSENGERS? Y/N		MORE THAN 15 PASSENGERS? Y/N	
HOW MANY YEARS OF DRIVING EXPERIENCE DO YOU HAVE WITH YOUR CDL? ONLY CDL YEARS CAN COUNT				

### ACCIDENT RECORD FOR THE PAST 3 YEARS

DATES (List most recent first)	NATURE OF ACCIDENT (Head on, rear-end, upset, etc.)	# FATALITIES	# INJURIES	CHEMICAL SPILLS (Y/N)
<i>Attach additional sheet if more space is needed. Check this box if none</i> <input type="checkbox"/>				

### TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

DATE CONVICTED (Month/Year)	VIOLATION	STATE OF VIOLATION	PENALTY (Forfeited bond, collateral and/ or points)
<i>Attach additional sheet if more space is needed. Check this box if none</i> <input type="checkbox"/>			

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

If yes, explain: \_\_\_\_\_

Has any license, permit or privilege ever been suspended or revoked?  YES  NO

If yes, explain: \_\_\_\_\_

## EMPLOYMENT HISTORY

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. *In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.*

Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.

CURRENT (MOST RECENT) EMPLOYER							
NAME					PHONE		
ADDRESS							
POSITION HELD		TYPE OF VEHICLE DRIVEN		FROM MO/ YR		TO MO/ YR	
REASON FOR LEAVING						SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (include month/ year & reason)							
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?						<input type="checkbox"/> YES	<input type="checkbox"/> NO
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated Mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?						<input type="checkbox"/> YES	<input type="checkbox"/> NO

SECOND (MOST RECENT) EMPLOYER							
NAME					PHONE		
ADDRESS							
POSITION HELD		TYPE OF VEHICLE DRIVEN		FROM MO/ YR		TO MO/ YR	
REASON FOR LEAVING						SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (include month/ year & reason)							
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?						<input type="checkbox"/> YES	<input type="checkbox"/> NO
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated Mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?						<input type="checkbox"/> YES	<input type="checkbox"/> NO

THIRD (MOST RECENT) EMPLOYER							
NAME					PHONE		
ADDRESS							
POSITION HELD		TYPE OF VEHICLE DRIVEN		FROM MO/ YR		TO MO/ YR	
REASON FOR LEAVING						SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (include month/ year & reason)							
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?						<input type="checkbox"/> YES	<input type="checkbox"/> NO
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated Mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?						<input type="checkbox"/> YES	<input type="checkbox"/> NO

FOURTH (MOST RECENT) EMPLOYER							
NAME				PHONE			
ADDRESS							
POSITION HELD			TYPE OF VEHICLE DRIVEN			FROM MO/ YR	TO MO/ YR
REASON FOR LEAVING						SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (include month/ year & reason)							
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?						<input type="checkbox"/> YES	<input type="checkbox"/> NO
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated Mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?						<input type="checkbox"/> YES	<input type="checkbox"/> NO

FIFTH (MOST RECENT) EMPLOYER							
NAME				PHONE			
ADDRESS							
POSITION HELD			TYPE OF VEHICLE DRIVEN			FROM MO/ YR	TO MO/ YR
REASON FOR LEAVING						SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (include month/ year & reason)							
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?						<input type="checkbox"/> YES	<input type="checkbox"/> NO
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated Mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?						<input type="checkbox"/> YES	<input type="checkbox"/> NO

SIX (MOST RECENT) EMPLOYER							
NAME				PHONE			
ADDRESS							
POSITION HELD			TYPE OF VEHICLE DRIVEN			FROM MO/ YR	TO MO/ YR
REASON FOR LEAVING						SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (include month/ year & reason)							
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?						<input type="checkbox"/> YES	<input type="checkbox"/> NO
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated Mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?						<input type="checkbox"/> YES	<input type="checkbox"/> NO

SEVENTH (MOST RECENT) EMPLOYER							
NAME				PHONE			
ADDRESS							
POSITION HELD			TYPE OF VEHICLE DRIVEN			FROM MO/ YR	TO MO/ YR
REASON FOR LEAVING						SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (include month/ year & reason)							
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?						<input type="checkbox"/> YES	<input type="checkbox"/> NO
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated Mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?						<input type="checkbox"/> YES	<input type="checkbox"/> NO

Have you worked for this company before?  YES  NO If yes, which one?  Barry Concrete or  Sandbuck

If yes, when? \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Are you employed now?  YES  NO

If no, how long since your last employment: \_\_\_\_\_ Who referred you? \_\_\_\_\_

Have you ever been bonded?  YES  NO Name of bonding company: \_\_\_\_\_

Have you ever been convicted of a felony?  YES  NO If yes, please explain: \_\_\_\_\_

Have you ever failed or refused a DOT Drug or Alcohol test within the last three years?  YES  NO If yes, please explain, if you wish: \_\_\_\_\_

### EDUCATION

SCHOOL	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED	GRADUATE		DETAILS
				Y	N	
HIGH SCHOOL				<input type="checkbox"/>	<input type="checkbox"/>	
COLLEGE				<input type="checkbox"/>	<input type="checkbox"/>	
OTHER				<input type="checkbox"/>	<input type="checkbox"/>	

### OTHER QUALIFICATIONS

Please list any other qualifications, special skills or abilities that should be considered:

**TO BE READ AND SIGNED BY APPLICANT**

I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, 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 to inquiries and releasing information in connection with my application. I also authorize a criminal background check to be obtained.

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

I understand that the information I provide regarding my current and/ or prior employers may be used to contact employer(s) for the purpose of investigating my safety performance history as required by 49 CFR 391.23. I understand that I have the right to:

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

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. Note: a motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.

Applicant Signature		Date	
Applicant Name (printed)			

**FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT**

In accordance with the provision of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-5089, as amended by the Consumer Credit Reporting act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results and your driving record may be obtained for employment purposes. These reports are required by Sections 382.413, 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicants Signature: \_\_\_\_\_ Applicants Printed Name: \_\_\_\_\_  
 Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**FOR COMPANY USE**

**PROCESS RECORD**

APPLICANT HIRED: \_\_\_\_\_ PLANT EMPLOYED AT: \_\_\_\_\_  
 COMPANY:         BARRY CONCRETE     SANDBUCK        CLASSIFICATION: \_\_\_\_\_  
 STARTING RATE OF PAY: \$ \_\_\_\_\_ SIGNATURE OF INTERVIEWING MANAGER: \_\_\_\_\_

**TERMINATION OF EMPLOYMENT**

DATE TERMINATED: \_\_\_\_\_ DEPARTMENT RELEASE FROM: \_\_\_\_\_  
 VOLUNTARY (QUIT)     INVOLUNTARY    REASON: \_\_\_\_\_  
 TERMINATION REPORT PLACED IN FILE: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_