



# **floyd & beasley**

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**TRANSFER COMPANY, INC.**

Thank you for your interest in Floyd & Beasley Transfer Company, Inc. In order to process your request for employment, we will need to obtain a completed application for employment, as well as federally mandated consent forms. Please find enclosed a copy of these documents. Read each document carefully, then complete as indicated. The application for employment will need to be completed in it's entirety. The remaining forms will need to be signed and dated in the highlighted areas. All documents may be returned via mail or fax to:

Floyd & Beasley Transfer Company, Inc.

Attn: HR/Safety

PO Box 8

Sycamore, AL 35149

256-404-0644 (Fax)

Thank you again for your interested in Floyd & Beasley Transfer Company, Inc.

**We are an Equal Opportunity Employer**

Applicant Name \_\_\_\_\_ Date \_\_\_\_\_

**Employer Information**

Floyd & Beasley Transfer Company, Inc.

P.O. Box 8, 18060 Alabama Highway 21 Sycamore AL 35149

**All Applicants: Please read the following address any questions to a Human Representative before signing.**

- I affirm that the information provided on this application or in connection with the processing of this application (and any resume or any other accompanying documents) is true and complete to the best of my knowledge. I understand that if employed, false statements, significant omissions, or misleading information regardless of when discovered, made on or in connections with my application and accompanying documents, may result in dismissal.
- I authorize investigation of all statements contained in this application (and any resume or any other accompanying documents) as may be necessary in arriving at an employment decision.
- I understand that the applicant's prior employers may be contacted for the purpose of investigating the applicant's background as required by 49CFR 391.23.
- I authorize all personnel, schools, companies, corporations, credit bureaus and law enforcement agencies to supply any and all pertinent information and release the same from any liability resulting from providing such information.
- I understand that from time to time the company may be asked to submit/release certain information, including but not limited to, my employment or application for employment. I release the company and it's agents from any liability resulting from submitting/releasing such information.
- I acknowledge that the company request, as a condition of any offer of employment that is made or for continued employment, that I undergo a medical exam or drug testing, and I consent and agree to any such exam, if required now or in the future. I understand that when drug testing is required, a satisfactory result may be a condition of employment.

\_\_\_\_\_  
Signature of Applicant Date

HUMAN RESOURCES USE	
Date offered _____	Salary offered _____
Start date _____	Job title _____
Department _____	Supervisor _____
Interviewed by _____	

**TERMINATION OF EMPLOYMENT**

Date Terminated \_\_\_\_\_ Reason for Termination \_\_\_\_\_

Terminated

Voluntary Separation

EMPLOYEE APPLICATION TRANSPORTATION

# Candidate Information

To be Completed by All Applicants

Positions/Type of work for which you are applying: \_\_\_\_\_

Salary expected: \_\_\_\_\_ When can you start? \_\_\_\_\_

Date of Application \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_ How Long? \_\_\_\_\_ yr./mo.

Previous Addresses Street \_\_\_\_\_ City \_\_\_\_\_ State & Zip Code \_\_\_\_\_ How Long? \_\_\_\_\_ yr./mo.

Street \_\_\_\_\_ City \_\_\_\_\_ State & Zip Code \_\_\_\_\_ How Long? \_\_\_\_\_ yr./mo.

Street \_\_\_\_\_ City \_\_\_\_\_ State & Zip Code \_\_\_\_\_ How Long? \_\_\_\_\_ yr./mo.

Date of Birth (required for CDL drivers) \_\_\_\_\_

- Can you provide proof of age? Yes No
- Are you legally authorized to work in the United States? Yes No
- Can you provide required proof of eligibility to work? Yes No
- Have you previously been employed by this company? Yes No

If yes, from \_\_\_\_\_ to \_\_\_\_\_ In what position? \_\_\_\_\_

Have you ever been bonded? \_\_\_\_\_ Name of bonding company \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment—all circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)?

If yes, explain if you wish.

# Employment Experience

List most recent position first

Please list the names and addresses of all employers during the preceding three years.

If you are currently employed may we contact your employer? Yes No

Applicants to driver a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional 7 years information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary)

EMPLOYER			DATE	
Name			From Mo.	Yr.
Address			To Mo.	Yr.
City	State	Zip	Position held	
Contact Person	Phone #	Fax #	Salary/wage	
Were you subject to the FMCSR while employed? Yes No			Reason for leaving	
Was your job designated as a safety-sensitive function in any DOT Regulated mode subject to the drug and alcohol testing requirements of 40 CFR part 40? Yes No				

EMPLOYER			DATE	
Name			From Mo.	Yr.
Address			To Mo.	Yr.
City	State	Zip	Position held	
Contact Person	Phone #	Fax #	Salary/wage	
Reason for leaving				
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Was your job designated as a safety-sensitive function in any DOT Regulated mode subject to the drug and alcohol testing requirements of 40 CFR part 40? Yes No				

Please list all other violations of motor vehicle laws or ordinances (other than parking) for which you were convicted or forfeited bonding during the last three years.

Has your license, permit, or privilege to operate a motor vehicle ever been denied, revoked or suspended? Yes No  
If so, please describe all facts and circumstances.

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## DRIVER NOTIFICATION AND RELEASE

In connection with my application for employment (including contract for services) with you, I understand that a consumer report which may contain public record information is being requested from DAC Services, Tulsa, Oklahoma. This report may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such report may contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state, and other agencies which maintain such records; as well as information from DAC concerning previous driving record requests made by others from such state agencies, and state provided driving records.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY DAC TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to make a request to DAC, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me which DAC has previously furnished within the two year period preceding my request. I hereby consent to your obtaining the above information from DAC, and I agree that such information which DAC has or obtains, and my employment history with you if I am hired, will be supplied by DAC to other companies which subscribe to DAC services.

Print Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

## PRE-EMPLOYMENT URINALYSIS NOTIFICATION

The Federal Motor Carrier Safety Regulations, Section 391.103 – pre-employment testing requirements, apply to driver-applicants of this company.

391.103 Pre-employment testing requirements.

- a) A motor carrier shall require a driver-applicant who the motor carrier intends to hire or use to be tested for the use of controlled substance testing as a prequalification condition.
- b) A driver-applicant shall submit to controlled substance testing as a prequalification condition.
- c) Prior to collection of a urine sample under 391.107 of this subpart, a driver-applicant shall be notified that the sample will be tested for the presence of controlled substances.

As a condition of my employment, I agree to the urine sample collection and controlled substance testing.

I understand a positive test for controlled substances based on the Urinalysis Test will medically disqualify me from the operation of a commercial motor vehicle for this company. The Medical Review Officer will maintain the results of the Urinalysis Test. Negative and positive results will be reported to the company.

My written authorization is required for the Urinalysis Test results to be given to other parties.

I have read and understand the above conditions for the Pre-Employment Urinalysis Notification.

Applicant's Name (type or print) \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Witnessed by: \_\_\_\_\_ Date \_\_\_\_\_

