DRIVER EMPLOYMENT APPLICATION

Morrison Brothers Building Center LLC
267 Corban Avenue, SW
Concord, NC 28025
An Equal Opportunity Employer

COMPLETE IN FULL OR WILL NOT BE CONSIDERED.

APPLICANT INFORMATION					
FIRST NAME		**MIDDLE NAME**		**LAST NAME**	
PHONE		**EMAIL**			
DATE OF BIRTH		**SOCIAL SECURITY NUMBER**			
DATE OF APPLICATION		**POSITION APPLIED FOR**		**DATE AVAILABLE FOR WORK**	

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

PREVIOUS THREE YEARS RESIDENCY					
	STREET	**CITY**	**STATE**	**ZIP CODE**	**# YEARS AT ADDRESS**
CURRENT ADDRRESS					
MAILING ADDRESS					
PREVIOUS ADDRESS					
PREVIOUS ADDRESS					
PREVIOUS ADDRESS					

LICENSE INFORMATION

No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 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.

STATE	LICENSE #	TYPE/CLASS	ENDORSEMENTS	EXPIRATION DATE
PREVIOUSLY HELD LICENSES				

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				

ACCIDENT RECORD FOR PAST 3 YEARS

Attach additional sheet if more space is needed.

Check this box if none ☐

DATES (List most recent first)	NATURE OF ACCIDENT (Head-on, rear-end, upset, etc.)	LOCATION	# FATALITIES	# INURIES

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

Attach additional sheet if more space is needed.

Check this box if none ☐

DATE CONVICTED (Month/Year)	VIOLATION	STATE OF VIOLATION	PENALTY (Forfeited bond, collateral and/or points)

Have you ever been denied, or had revoked or suspended any license, permit, or privilege to operate a motor vehicle? ☐ **YES** ☐ **NO**

Have you ever been convicted of a DUI/DWI or drug related charge? ☐ **YES** ☐ **NO**

Have you ever been convicted of a felony? ☐ **YES** ☐ **NO**

Have you ever been refused bond? ☐ **YES** ☐ **NO**

If you answered YES to the above questions, give details: (if additional space is needed, attach sheet)

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 several (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		**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? ☐ **YES** ☐ **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? ☐ **YES** ☐ **NO**

SECOND (MOST RECENT) EMPLOYER

NAME			PHONE		
ADDRESS					
POSITION HELD		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? ☐ YES ☐ 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? ☐ YES ☐ NO

THIRD (MOST RECENT) EMPLOYER

NAME			PHONE		
ADDRESS					
POSITION HELD		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? ☐ YES ☐ 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? ☐ YES ☐ NO

EDUCATION

SCHOOL	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED	GRADUATE Y	GRADUATE N	DETAILS
HIGH SCHOOL						
COLLEGE						
OTHERS						

OTHER QUALIFICATIONS

Please list any other qualifications that you have and which you believe should be considered.

LIST SPECIAL TRAINING RELATED TO TRANSPORTATION

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I understand that, if hired, any misrepresentation of information in this application is cause for immediate dismissal. I authorize Morrison Brothers Building Center to investigate my background to ascertain all information of concern to my employment history, whether same is of record or not, and release those providing such information from all liability for any damages resulting from furnishing this information. Further, I understand that I may be asked to demonstrate my ability to perform the essential functions necessary to complete the job and, if offered the job, that it may be conditioned on results of a physical examination, and controlled substances and alcohol misuse test.

APPLICANT SIGNATURE		**DATE**	
APPLICANT NAME (PRINTED)			

CONSENT TO OBTAIN DRIVER INFORMATION

Employer: **Morrison Brothers Building Center, LLC**
267 Corban Avenue, SW
Concord, NC 28025

DRIVER NAME:_____

DATE OF BIRTH:_____

DRIVER'S LICENSE NUMBER:_____ STATE:_____

SOCIAL SECURITY NUMBER:_____

Consent:

My signature on this form provides the above employer or prospective employer permission to obtain a copy of my Motor Vehicle Report (MVR). I understand that this information is private and that it will be treated confidentially.

_____ _____

Date Signature

WOLFE REALITY CHECK CONSUMER REPORT AND INVESTIGATIVE CONSUMER REPORT DISCLOSURE (FOR EMPLOYMENT PURPOSES)

In connection with your employment or application for employment (including contract fort services) and continued employment with us and in accordance with applicable laws, a consumer reporting agency ("Agency") may obtain or assemble consumer reports and/or investigative consumer reports (collectively "Reports") which may include information about you related to previous employment (including employers, dates of employment, salary information, reason for termination, etc.), accident history, academic history, verification of references and other information supplied by applicant, professional credentials, drug/alcohol use in violation of law and/or company policy, driving record, workers' compensation claims, criminal history records, information about your character, general reputation, personal characteristics and mode of living (collectively, "information"). Information may be obtained from governmental agencies, educational institutions, Agency clients, personal references, personal interviews and other information suppliers (collectively, "Suppliers"), and any report of an interview between the Agency and you.

PART I – AUTHORIZATION FOR RELEASE OF INFORMATION (FOR EMPLOYMENT PURPOSES)

I hereby authorize Agency to receive information and disclose such information to its customers for the purpose of making a determination as to my eligibility for employment, promotion, retention or other lawful purpose. If hired or contracted, I authorize Agency to retain this document on file to act as ongoing authorization for the procurement and possession of Reports at any time during my employment or contract period. I fully release Agency and Suppliers from all claims of damages related to the investigation of my background and provision of information as set forth in this disclosure and authorization. I agree that information in Agency's possession may be supplied by Agency for legally permissible purposes; provided, such information will not include the Drug and Alcohol information set forth above, unless I have given a separate consent for Agency to share such information.

By signing below, I certify that: (i) all information provided herein is complete and accurate, (ii) I have read and fully understand this disclosure and authorization for release, (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose, (v) I understand I may review this document with legal counsel prior to signing, (vi) I authorize Agency and any personal or entity contacted by Agency to furnish the above mentioned information, and (vii) facsimile or photographic copies of this authorization are as valid as the original.

I understand that if I do not consent, any offer of my employment or contract will be withdrawn. If hired, failure to cooperate with you or Agency regarding a current or future report will be cause to terminate my employment or contract.

DATE OF BIRTH:_____ SOCIAL SECURITY NUMBER:_____

LEGAL PRINTED NAME:_____

ADDRESS:_____

DRIVER'S LICENSE STATE AND NUMBER:_____

SIGNATURE:_____ TODAY'S DATE:_____