



Thomas, Bennett & Hunter, Inc.
 70 John St.
 Westminster, MD 21157
 410-848-9030
 www.tbhconcrete.com

Internal Use Only:
 Sent for Drug Test: _____
 Hire Date: _____ Start Date _____
 Start Rate: _____

APPLICATION FOR EMPLOYMENT

Date of Application: _____

Applicant: Read and sign before submitting this application.

Name: _____ Phone: _____ Soc. Sec. #: _____
 (First) (Middle) (Last) Mobile: _____ Email: _____

Address: _____ How Long? _____
 (Street) (City) (State, Zip)

_____ How Long? _____
 (Street) (City) (State, Zip)

List addresses for the past 3 years: _____ How Long? _____
 (Street) (City) (State, Zip)

_____ How Long? _____
 (Street) (City) (State, Zip)

(ATTACH SHEET IF MORE SPACE NEEDED)

Date of Birth (mm/dd/YYYY): _____ (Answer Only If Applying for Driving Position.) The U.S. Department of Transportation requires that driver applicants state their date of birth. (§391.2 (6) (2))

Are You 18 Years or Older? _____

Position Applied For: _____ Plant (circle): **Westminster** **Woodsboro** **Hagerstown** **Martinsburg** **Other**

Have You Worked for This Company Before? _____ Where? _____

Dates: From: _____ To: _____ Rate of Pay: _____ Position: _____

Reason for Leaving: _____

Name of Relative in Our Employ: _____

Are You Now Employed? _____ If Not, How Long Since Leaving Last Employment? _____

Who Referred You? _____ Rate of Pay Expected: _____ Date Available: _____

PHYSICAL HISTORY

Date of Last DOT Physical Examination (For Drivers Only): _____ valid until _____

Have You Been Granted a Waiver under Section 391.49 of The Federal Motor Carrier Safety Regulations Pertaining to the loss of foot, leg, hand or arm? (For Drivers Only) _____

Are You Capable of Safely and Frequently (For Drivers Only):

Lifting up to 50 pounds? _____ Operating in all Weather Environments? _____

Climbing Ladders? _____ Chipping Concrete from Inside of Concrete Mixer Drum with Jackhammer? _____

Federal law requires applicants to indicate whether they have previously refused to be tested or received a positive test result on any pre-employment test for any other DOT employer. Please provide this information below. It is a federal offense to falsify this information.

I have NOT tested positive on a pre-employment drug test for any other DOT employer in the past two years, nor have I refused to be tested. (signature) _____

YES, I tested positive (or I refused to be tested) on a pre-employment drug test for another DOT employer in the past two years. (signature) _____

Employment Record

(DOT requires that employment for the last 3 years be shown.)

(Also, show all previous employers for whom you operated a commercial motor vehicle within the last 10 years)

Last Employer Name: _____ Supervisor's Name _____
 Address: _____
 Position Held _____ From _____ To: _____ Salary/Wage: _____
 Reason for Leaving: _____

Second Last Employer Name: _____ Supervisor's Name _____
 Address: _____
 Position Held _____ From _____ To: _____ Salary/Wage: _____
 Reason for Leaving: _____

Third Last Employer Name: _____ Supervisor's Name _____
 Address: _____
 Position Held _____ From _____ To: _____ Salary/Wage: _____
 Reason for Leaving: _____

(ATTACH SHEET IF MORE SPACE NEEDED)

Education

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4
 Note: Only job related education will be considered. -

General

Have You Ever Been Convicted of a Crime or Received a Verdict of Anything Other Than Not Guilty in Any Criminal Investigation or proceeding. Do not list any criminal charges for which records have been expunged. A criminal offense will not necessarily bar employment. Factors such as passage of time since the offense, the nature of the violation and the extent of rehabilitation will be taken into account in determining job-relatedness of the offense.
YES _____ **NO** _____

If Yes, Describe when the Conviction Occurred; the Facts and Circumstance, and any Facts Pertaining to Rehabilitation:

Personal Reference Information

List Below Two References, Excluding Former Employers and Relatives:

| | | |
|--------|-----------|---------|
| (Name) | (Address) | (Phone) |
| (Name) | (Address) | (Phone) |

Experience and Qualifications – Driving

| DRIVER LICENSES: (any held in past 3 years must be shown) | State | License Number | Type (A,B,C,D,E) | Expiration Date |
|--|-------|----------------|------------------|-----------------|
| | | | | |
| | | | | |
| | | | | |

- A. Have You Ever Been Denied a License, Permit, or Privilege to Operate a Motor Vehicle? Yes _____ No _____
- B. Has Any License, Permit, or Privilege ever been suspended or revoked? Yes _____ No _____
- C. Have You Ever Been Disqualified Subject to Section 391 of the Federal Motor Carrier Safety Regulations? Yes _____ No _____

If the answer to A, B, or C above is Yes, Provide Details: _____

Operating Experience

| Class of Equipment | Type of Equipment (Van, Tank, Flat, Etc.) | Date From: | Date To: | Approx. Number of Miles |
|-----------------------------------|---|------------|----------|-------------------------|
| Straight Truck | | | | |
| Tractor & Semi-Trailer | | | | |
| Twin-Trailers | | | | |
| Other | | | | |
| Heavy Equipment | | | | |
| | | | | |

List States Operated in for the Last 5 Years: _____

Show Special Courses or Training that will Help You as a Driver/Operator: _____

Which Safe Driving Awards do you Hold & From Whom? _____

Accident Review for Past 3 Years (attach separate sheet if necessary)

| Date: | Nature of Accident (head-on, rear-end, upset, etc.) | Fatalities: (Y/N) | Injuries: (Y/N) |
|-----------------------|--|----------------------|--------------------|
| Last: | | | |
| Next Previous: | | | |
| Next Previous: | | | |

Traffic Convictions and Forfeitures for the Past 3 Years (other than parking violations)

| Date: | Location: | Charge: | Penalty: |
|-----------------------|-----------|---------|----------|
| Last: | | | |
| Next Previous: | | | |
| Next Previous: | | | |

Experience & Qualifications – Mechanical

List Courses and Training in Maintenance Work: _____

| Area: | Training (✓) | Years Exp. | Area: | Training (✓) | Years Exp. |
|----------------------|--------------|------------|---------------------|--------------|------------|
| Drive Line | | | Tire Service | | |
| Diesel Engine | | | Electrical | | |
| Brakes | | | Welding | | |
| Prev. Maint, | | | Other: | | |

Experience & Qualifications – Clerical

List Courses and Training in Office Work: _____

Computer Programs You are Familiar With (word processing, spreadsheet, database, presentation, A/R, etc): _____

Special Skills or Qualifications: _____

By My Signature Below, I AGREE to the Following:

I certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with Thomas, Bennett & Hunter, Inc. and for no other reason.

I understand that the information in this application will be used and that prior employers will be contacted for purposes of investigation as required by Section 391 of the Federal Motor Carrier Safety Regulations.

It is agreed and understood that Thomas, Bennett & Hunter, Inc. or its agents may investigate the applicant's background to ascertain any and all information of concern to applicants record, whether same is of record or not. I release, promise and hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the company on the basis of its disclosures.

I consent to submit to fingerprinting and to take any physical examinations, including but not limited to blood, urine, breath or other examinations or tests for alcohol or drugs or other substance use, that may be requested by Thomas, Bennett & Hunter, Inc. in connection with the processing of my application for employment, and further agree to take any such examinations that may be requested by the company should I be offered and accept a job, with the understanding that these examinations will be performed by a health care professional designated by the company, that Thomas, Bennett & Hunter, Inc. assumes no responsibility for advising me of the results of any such examinations and that any information obtained through such examinations may be retained by the company and is exclusively Thomas, Bennett & Hunter, Inc. property.

I understand that any false answers or statements or any misleading emissions made by me on this application or in connection with the processing of my application or in responding to its requests for information, including but not limited to false answers or statements or misleading omissions made during interviews or any physical examination, can be sufficient grounds for my rejection as a candidate for employment or for immediate discharge.

I understand that any employment I might be offered by Thomas, Bennett & Hunter, Inc. is "at-will" and of indefinite duration, and that either I or the company can terminate that employment at any time with or without notice for any or no reason, that no agreement to the contrary will be recognized by the company unless made in writing and signed by an officer of the company, and that none of the company's practices or policies are to be construed as imposing any binding obligations on the company and that they are subject to change and deletion at any time. I further understand that, although there is an initial probationary period subject to extension at the company's discretion, my successful completion of that period will not change my status as an "at-will" employee.

I understand that, as a condition of employment, I am required by federal law to produce documentary evidence of identity and authorization to work in the United States, and to certify that I am authorized to work in the United States.

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 AND THAT I FULLY UNDERSTAND ITS CONTENTS.

Date: _____ Applicant's Signature _____

UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND ANY APPLICANT FOR EMPLOYMENT OR PROSPECTIVE EMPLOYMENT OR ANY EMPLOYEE TO SUBMIT TO OR TAKE A POLYGRAPH, LIE DETECTOR OR SIMILAR TEST OR EXAMINATION AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. ANY EMPLOYER WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED \$100.00.

Date: _____ Applicant's Signature _____

**Applicant - Do Not Write Below This Line
Progress Record**

Applicant Hired _____
Date Employed _____
Division _____

This Section to be Filled Out by Responsible Officer or Company Representative

| | Superior | Good | Fair | Below Average | Poor |
|-----------------|----------|------|------|---------------|------|
| Application | | | | | |
| Interview | | | | | |
| Physical Exam | | | | | |
| Past Employment | | | | | |
| Road Test | | | | | |
| Driving Record | | | | | |

Signature of Interviewer _____ Date: _____

Termination of Employment

Date Terminated: _____ Division Release From: _____
Dismissed: _____ Voluntary Quit: _____ Other: _____
Termination Report Placed in File: _____ Supervisor _____

Confidential Applicant Data Record

In conformity with applicable laws, Thomas, Bennett and Hunter is an Equal Opportunity Employer and does not discriminate on the basis of race, color, creed, religion, sex, age, marital status, national origin, or physical or mental handicap.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

(PLEASE PRINT)

Date _____

Position(s) Applied For _____

Referral Source:

_____ Advertisement _____ Friend _____ Relative _____ Walk-In _____ Employee
_____ Employment Agency _____ Other _____

Name _____ Phone () _____
LAST FIRST MIDDLE AREA CODE

Address _____
NUMBER STREET CITY STATE ZIP CODE

Affirmative Action Survey

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information about a handicap is voluntary.

Check one:

_____ Male _____ Female

Check one of the following:

Race/Ethnic Group: _____ White _____ Black _____ Hispanic

_____ American Indian/Alaskan Native _____ Asian/Pacific Islander

Check if any of the following are applicable:

_____ Vietnam Era Veteran _____ Disabled Veteran _____ Handicapped Individual