



PO Box 246 • 1216 Falls Rd • Toccoa, GA 30577  
706-886-0431

## APPLICATION FOR EMPLOYMENT

Applicant name \_\_\_\_\_ Date of application \_\_\_\_\_

Email address \_\_\_\_\_

Position applied for \_\_\_\_\_

Please complete application in full, signing all necessary fields. Include a copy of the front and back of your current driver's license. If you are applying for a CDL position, include a copy of your current medical card.

You may return completed application by:

- Emailing to natalieswenson@morganconcrete.com
- Faxing to 706-256-8111
- Dropping off at any of our plant offices or corporate office located at 1216 Falls Road, Toccoa, GA 30577
- Mailing to PO Box 246, Toccoa, GA 30577

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

### TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries into my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) 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 certify that I am registered in the FMCSA Clearinghouse, and further certify that I have recently viewed the FMCSA Clearinghouse database concerning my eligibility to drive a Commercial Motor Vehicle, and I represent that there is no restriction on my clearance to immediately perform FMCSA Safety Sensitive duties as a DOT regulated driver.

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

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

- Review information provided by previous employers:
- Have errors in the information corrected by previous employers and for those previous employers to re-send 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**(answer all questions - please print)**

# **EMPLOYMENT HISTORY (continued)**

EMPLOYER			DATE	
NAME			FROM MO.    YR.	TO MO.    YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON			REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?				
			<input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYER			DATE	
NAME			FROM MO.    YR.	TO MO.    YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON			REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?				
			<input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYER			DATE	
NAME			FROM MO.    YR.	TO MO.    YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON			REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?				
			<input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYER			DATE	
NAME			FROM MO.    YR.	TO MO.    YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON			REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?				
			<input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYER			DATE	
NAME			FROM MO.    YR.	TO MO.    YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON			REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?				
			<input type="checkbox"/> YES <input type="checkbox"/> NO	

\* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

† The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 8 or more passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE**

	DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT					
NEXT PREVIOUS					
NEXT PREVIOUS					

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE**

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

**EXPERIENCE AND QUALIFICATIONS - DRIVER**

Driver licenses or permits held in the past 3 years	STATE	LICENSE NO.	CLASS	ENDORSEMENT(S)	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 \_\_\_\_\_

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS \_\_\_\_\_

**DRIVING EXPERIENCE CHECK YES OR NO**

CLASS OF EQUIPMENT		CIRCLE TYPE OF EQUIPMENT	DATES FROM(M/Y) TO(M/Y)	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK	<input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN,TANK,FLAT,DUMP,REFER)		
TRACTOR AND SEMI-TRAILER	<input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN,TANK,FLAT,DUMP,REFER)		
TRACTOR - TWO TRAILERS	<input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN,TANK,FLAT,DUMP,REFER)		
TRACTOR - THREE TRAILERS	<input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN,TANK,FLAT,DUMP,REFER)		
MOTORCOACH - SCHOOL BUS	<input type="checkbox"/> YES <input type="checkbox"/> NO More than 8 passengers	_____		
MOTORCOACH - SCHOOL BUS	<input type="checkbox"/> YES <input type="checkbox"/> NO More than 15 passengers	_____		
OTHER _____				

LIST STATES OPERATED IN FOR THE LAST FIVE YEARS: \_\_\_\_\_

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: \_\_\_\_\_

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS - OTHER**

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY \_\_\_\_\_

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION \_\_\_\_\_

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN) \_\_\_\_\_

**EDUCATION**

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8

HIGH SCHOOL: 1 2 3 4

COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED

(NAME)

(CITY, STATE)

**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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The following 2 pages is a  
**SAFETY PERFORMANCE HISTORY  
RECORDS REQUEST.**

**YOU** complete and sign Part 1. You must complete a Part 1 for EVERY employer you've had for the last 3 years. If you have had more than 1 employer in the last 3 years, you will have to make copies.

**WE** will send the form to your previous employer to complete the remaining form.

## SAFETY PERFORMANCE HISTORY RECORDS REQUEST

<b>PART 1:</b>	<b>TO BE COMPLETED BY PROSPECTIVE EMPLOYEE</b>
I, (Print Name) _____ <div style="display: flex; justify-content: space-between;"> <span>First</span> <span>M.I.</span> <span>Last</span> <span>Social Security Number</span> </div>	
Hereby authorize: _____ <div style="display: flex; justify-content: space-between;"> <span></span> <span>Date of Birth</span> </div>	
Previous Employer: _____ Email: _____ Street: _____ Telephone: _____ City, State, Zip: _____ Fax No.: _____	
To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____ <div style="text-align: right;">(employment application date)</div>	
To: Prospective Employer: <u>Morgan Concrete Co.</u> Attention: <u>Natalie Swenson</u> Telephone: <u>706-256-8111</u> Street: <u>PO Box 246 * 1216 Falls Rd</u> City, State, Zip: <u>Toccoa, GA 30577</u>	
In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.	
Prospective employer's fax number: <u>706-256-8111</u> Prospective employer's email address: <u>natalieswenson@morganconcrete.com</u>	
X _____ X _____ <div style="display: flex; justify-content: space-between;"> <span>Applicant's Signature</span> <span>Date</span> </div>	
This information is being requested in compliance with §40.25(g) and 391.23.	

<b>PART 2:</b>	<b>TO BE COMPLETED BY PREVIOUS EMPLOYER</b>
<b>ACCIDENT HISTORY</b>	
The applicant named above was employed by us. Yes <input type="checkbox"/> No <input type="checkbox"/>	
Employed as _____ from (m/y) _____ to (m/y) _____	
1. Did he/she drive motor vehicle for you? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what type? Straight Truck <input type="checkbox"/> Tractor-Semitrailer <input type="checkbox"/> Bus <input type="checkbox"/> Cargo Tank <input type="checkbox"/> Doubles/Triples <input type="checkbox"/> Other (Specify) _____	
2. Reason for leaving your employ: Discharged <input type="checkbox"/> Resignation <input type="checkbox"/> Lay Off <input type="checkbox"/> Military Duty <input type="checkbox"/> If there is no safety performance history to report, check here <input type="checkbox"/> sign below and return.	
<b>ACCIDENTS:</b> Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check <input type="checkbox"/> here if there is no accident register data for this driver.	
Date	Location
# Injuries	# Fatalities
Hazmat Spill	
1. _____	_____
2. _____	_____
3. _____	_____
Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____ _____ _____	
Any other remarks: _____ _____ _____ _____	
Signature: _____ Title: _____ Date: _____	

**PREVIOUS EMPLOYER – COMPLETE PAGE 2 PART 3**

<b>PART 3:</b>	<b>TO BE COMPLETED BY PREVIOUS EMPLOYER</b>
<b>DRUG AND ALCOHOL HISTORY</b>	
If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here <input type="checkbox"/> , fill in the dates of employment from _____ to _____, complete bottom of Part 3, sign, and return.	
Driver was subject to Department of Transportation testing requirements from _____ to _____.	
<ol style="list-style-type: none"><li>1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration? YES <input type="checkbox"/> NO <input type="checkbox"/></li><li>2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? YES <input type="checkbox"/> NO <input type="checkbox"/></li><li>3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? YES <input type="checkbox"/> NO <input type="checkbox"/></li><li>4. Has this person committed other violations of Subpart B of Part 382, or Part 40? YES <input type="checkbox"/> NO <input type="checkbox"/></li><li>5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form. YES <input type="checkbox"/> NO <input type="checkbox"/></li><li>6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? YES <input type="checkbox"/> NO <input type="checkbox"/></li></ol>	
In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on page 1.	
Name: _____	
Company: _____	
Street: _____	
City, State, Zip: _____ Telephone: _____	
Part 3 Completed by (Signature): _____ Date: _____	

<b>PART 4a:</b>	<b>TO BE COMPLETED BY PROSPECTIVE EMPLOYER</b>
This form was (check one) <input type="checkbox"/> Faxed to previous employer <input type="checkbox"/> Mailed <input type="checkbox"/> Emailed <input type="checkbox"/> Other _____	
By: _____ Date: _____	

<b>PART 4b:</b>	<b>TO BE COMPLETED BY PROSPECTIVE EMPLOYER</b>
Complete below when information is obtained.	
Information received from: _____	
Recorded by: _____ Method: <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Telephone	
Date: _____ <input type="checkbox"/> Other _____	

**INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST**

<b>PAGE 1 PART 1: Prospective Employee</b> <ul style="list-style-type: none"><li>• Complete the information required in this section</li><li>• Sign and date</li><li>• Submit to the Prospective Employer</li></ul> <b>PAGE 2 PART 4a: Prospective Employer</b> <ul style="list-style-type: none"><li>• Complete the information</li><li>• Send to Previous Employer</li></ul> <b>PAGE 1 PART 2: Previous Employer</b> <ul style="list-style-type: none"><li>• Complete the information required in this section</li><li>• Sign and date</li><li>• Turn form over to complete SIDE 2 SECTION 3</li></ul>	<b>PAGE 2 PART 3: Previous Employer</b> <ul style="list-style-type: none"><li>• Complete the information required in this section</li><li>• Sign and date</li><li>• Return to Prospective Employer</li></ul> <b>PAGE 2 PART 4b: Prospective Employer</b> <ul style="list-style-type: none"><li>• Record receipt of the information</li><li>• Retain the form</li></ul>
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**PREVIOUS PRE-EMPLOYMENT EMPLOYEE  
ALCOHOL AND DRUG TEST STATEMENT**

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25(b)(5) and (e))

Company Name: Morgan Concrete Company

Street: PO Box 246 – 1216 Falls Rd

City: Toccoa

State, ZIP: GA, 30577

Prospective Employee Name: \_\_\_\_\_ ID Number: \_\_\_\_\_  
(print)

The prospective employee is required by Sec. 40.25 (j) to respond to the following questions.

- 1) Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check one:    YES ☐            NO ☐

- 2) If you answered yes, can you provide/obtain proof that you have successfully completed the DOT return-to-duty requirements?

Check one:    YES ☐            NO ☐

Prospective Employee: \_\_\_\_\_  
(signature)

Date: \_\_\_\_\_

Witnessed by: \_\_\_\_\_  
(signature)

Date: \_\_\_\_\_



## STAND-ALONE DOCUMENT: DISCLOSURE AND AUTHORIZATION

### DISCLOSURE OF INTENT TO OBTAIN CONSUMER REPORTS OR INVESTIGATIVE CONSUMER REPORTS

For employment purposes, the Company may obtain consumer reports on you as an applicant or from time to time during employment. "Consumer reports" are reports from consumer reporting agencies and may include driving records, criminal records, etc.

For such employment purposes, the Company may also obtain investigative consumer reports. Some reference checks by a consumer reporting agency fall into this category. An "investigative consumer report" is a consumer report in which information as to character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with neighbors, friends, associates, acquaintances, or others. You have a right to request disclosure of the nature and scope of an investigation and to request a written summary of consumer rights.

### AUTHORIZATION

**I authorize the Company to obtain consumer reports and/or investigative consumer reports regarding me from time to time for employment purposes.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
(Last) (First) (Middle)

Date of Birth (to be used only for proper identification): \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Print Maiden or Other Names Under Which Records May be Listed: \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Previous Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Name-Based Criminal History Record Information Consent/Inquiry Form**

I hereby authorize **Morgan Concrete Co** to conduct a Criminal History Background inquiry for the purpose listed below and receive any Georgia and/or national criminal history record information as authorized by state and federal law.

**\*\* ALL FIELDS ARE REQUIRED**

<b>FULL NAME (PRINT)      MUST BE CURRENT FULL LEGAL NAME AS IT APPEARS ON GOVERNMENT ID</b>			
LAST		FIRST	MIDDLE
ADDRESS			
STREET			
CITY, STATE ZIP			
SEX	RACE	DATE OF BIRTH	SOCIAL SECURITY NUMBER
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> UNKNOWN	<input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> ASIAN <input type="checkbox"/> HISPANIC <input type="checkbox"/> UNKNOWN		<input type="checkbox"/> I HAVE NEVER BEEN ISSUED A SOCIAL SECURITY NUMBER

CHECK ONE BOX

☒ This authorization is valid for **45** days from the date of signature.

☐ I give consent to the above-named entity to perform periodic criminal history background checks or the duration of my employment.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Purpose Code Used: (check one)**

<b>NON-CRIMINAL JUSTICE PURPOSES</b>	
<input checked="" type="checkbox"/>	E – Employment / Volunteer Work / Tenancy
<input type="checkbox"/>	M - Working with Mentally Disabled PROVIDING 24/7 CARE – NOT for Volunteer work
<input type="checkbox"/>	N - Working with Elderly – NOT for Volunteer work
<input type="checkbox"/>	W - Working with Children NOT A VOLUNTEER – NOT for Volunteer work

☐ ORI STAMP REQUESTED