

BORDER STATES PAVING, INC.



ASPHALT PAVING CONTRACTORS
FARGO, NORTH DAKOTA

APPLICATION FOR EMPLOYMENT

Fill out completely and accurately.

(Please print or type).

“An Equal Opportunity Employer”

We deeply appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications and may assist us in possible future upgrading. All information provided in this application will be treated confidentially. Border States Paving, Inc. is an equal opportunity employer and does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, sexual orientation, marital status, or any other classification protected by local, state, or federal law in employment. Border States Paving, Inc. is a Drug-Free workplace.

PERSONAL INFORMATION

Application Date _____

NAME _____ TELEPHONE # () _____

ADDRESS _____

STREET

CITY

STATE

ZIP

E-mail Address _____

Position you are applying for: _____ Age (If under 21) _____

Have you previously worked for Border States Paving? _____ If yes, provide dates. _____

Driver's License Number _____ State of issue: _____ Expiration date: _____

Class of Driver's License: _____ Endorsements: _____ Restrictions: _____ DOT Physical Exp. Date: _____

If hired, can you provide proof that you can legally work in the United States? _____
(Proof of eligibility will be required upon employment).

List any friends or relatives currently employed at Border States Paving: _____

EDUCATION

	Number of Years Completed	Degrees Earned or Expected	Major Course of Study
High School			
College or University			
Trade or Business			
Other			

How did you hear about this position? _____

Days/Hours available to work _____

Are there specific days/hours that you cannot work? _____

JOB RELATED SKILLS

Truck Driving Experience: _____
Operating Equipment Experience: _____
Other Relevant Experience OR Special Training: _____

WORK HISTORY

(Include the last 7 years of your employment history)

Current or Last Employer: Name _____ Phone Number _____
Street Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ To _____
Month/Year Month/Year
Reasons for Leaving _____
Were you subject to FMCSRs** while employed? Yes 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? Yes No
* Account for period between jobs - Include dates (month/year) and reason _____

Second Last Employer: Name _____ Phone Number _____
Street Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ To _____
Month/Year Month/Year
Reasons for Leaving _____
Were you subject to FMCSRs** while employed? Yes 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? Yes No
* Account for period between jobs - Include dates (month/year) and reason _____

Third Last Employer: Name _____ Phone Number _____
Street Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ To _____
Month/Year Month/Year
Reasons for Leaving _____
Were you subject to FMCSRs** while employed? Yes 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? Yes No
* Account for period between jobs - Include dates (month/year) and reason _____

*Any gaps in employment and/or unemployment **must be explained** if you were subject to FMCSR compliance.

** 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.

In exchange for the consideration of my job application by BORDER STATES PAVING, INC, I agree that:

- 1) I authorize investigation of all statements contained in this application and in accordance with Department of Transportation Federal Motor Carrier Safety Regulations, including all records regarding alcohol and controlled substance testing results.
- 2) I understand that Border States Paving, Inc. has a drug and alcohol testing policy that provides for pre-employment testing after employment. Consent and compliance with this policy is a condition of employment.
- 3) I understand my employment will be an at-will basis and may be terminated at any time by either party with or without cause.
- 4) I further understand that continued employment may be based on the successful passing of job-related physical examinations.
- 5) A driver's license check may be requested from the Motor Vehicle Department in the state in which your license is held.

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. In the event of employment, I understand that false or misleading information given in my application or interview(s) shall be sufficient grounds for disqualification of this application or termination of employment.

Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE

Interviewed by _____ Date _____ Hour _____

Border States Paving, Inc
Attn: Human Resources
4101 32nd St. N., P.O. Box 2586
 Fargo, ND 58108
PH: 701-237-4860 Fax: 701-237-0233
hr@borderstatespaving.com

BORDER STATES PAVING, INC
TRUCK DRIVER APPLICATION ONLY

"An Equal Opportunity Employer"

Name: _____ Telephone: _____

I authorize you to make such investigations and inquiries of 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 responding to inquiries and releasing information in connection with my application.

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 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(d) and (e). I understand I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those 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 _____

**Past Three Year
Residency**

Street	City	State	Zip	Number of Years
Street	City	State	Zip	Number of Years
Street	City	State	Zip	Number of Years

Additional Employment History

Please list your 7-year employment history prior to the initial 3-years listed on the Main Application for a total of 10 years as required by FMCSR. (If additional room is needed please use another sheet of paper).

<p>Previous Employer: Name _____ Phone Number _____</p> <p>Street Address _____ City _____ State _____ Zip _____</p> <p>Position Held _____ From _____ To _____ <small>Month/Year</small> <small>Month/Year</small></p> <p>Reasons for Leaving _____</p> <p>Were you subject to FMCSRs** while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p> <p>* Account for period between jobs - Include dates (month/year) and reason _____</p>
<p>Previous Employer: Name _____ Phone Number _____</p> <p>Street Address _____ City _____ State _____ Zip _____</p> <p>Position Held _____ From _____ To _____ <small>Month/Year</small> <small>Month/Year</small></p> <p>Reasons for Leaving _____</p> <p>Were you subject to FMCSRs** while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p> <p>* Account for period between jobs - Include dates (month/year) and reason _____</p>
<p>Previous Employer: Name _____ Phone Number _____</p> <p>Street Address _____ City _____ State _____ Zip _____</p> <p>Position Held _____ From _____ To _____ <small>Month/Year</small> <small>Month/Year</small></p> <p>Reasons for Leaving _____</p> <p>Were you subject to FMCSRs** while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p> <p>* Account for period between jobs - Include dates (month/year) and reason _____</p>

Experience and Qualifications

Driving Experience

If no driving experience within the last 3 years – check here

Class of Equipment	Type of Equipment <small>Circle all that apply</small>	Dates	
		From	To
Straight Truck	Van, Tank, Flat, Box, Belly	_____	_____
Tractor & Semi-Trailer	Van, Tank, Flat, Box, Belly	_____	_____
Tractor & Two Trailers	Van, Tank, Flat, Box, Belly	_____	_____
Other:	Van, Tank, Flat, Box, Belly, N/A		

Accident History (3 Years)

If no accidents within the last 3 years – check here

Date <small>(month/year)</small>	Nature of Accident <small>(head on, rear-end, upset, etc.)</small>	Number of Fatalities	Number of Injuries	Hazardous Materials Spill?
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Traffic Convictions and Forfeitures (3 Years)

If no traffic convictions and forfeitures within the last 3 years – check here

Date <small>(month/year)</small>	Violation <small>(Other than parking violations)</small>	State of Violation	Penalty <small>(Points, loss of license, etc.)</small>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

License Information

Section 383.21 FMCSR states “No person who operates a commercial motor vehicle shall at any time have more than one driver’s license.” I certify that I do not have more than one motor vehicle license, the information for which is listed below:

_____ State _____ License _____ Expiration Date

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes No

If yes, give details _____

B. Has any license, permit, or privilege ever been suspended or revoked? Yes No

If yes, give details _____

Application Certification

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.

Applicants Signature

Date

49 CFR Part 40.25(j)
Release & Documentation of Pre-Employment Testing
Information by Driver/Applicant

Driver/Applicant Name: _____

During the past two (2) years, have you **tested positive** on a 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 the Department of Transportation (DOT) drug and alcohol rules?

Yes

No

During the past two (2) years, have you **refused to test** on a 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 the Department of Transport (DOT) drug and alcohol testing rules?

Yes

No

If you answered yes to either of the questions above, please provide documentation of your successful completion of return-to-duty process.

Date: _____

Driver/Application Signature: _____