

TRIANGLE GRADING AND PAVING, INC.

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Burlington, NC 27216-2570
www.trianglegradingpaving.com

1521 South Huffman Mill Road
Burlington, NC 27215
Telephone: (336) 584-1745

Subcontracts/AP Fax: (336) 524-9028
Contracts/Billing: (336) 584-1151
Estimating Fax: (336) 584-0145



DATE: _____

1. COVER PAST 10 YEARS EMPLOYMENT. MOST RECENT AND WORK YOUR WAY BACK.
 - "COMPLETE" MAILING ADDRESS ON ALL PREVIOUS EMPLOYEES, INCLUDING ZIP CODES.
 - DATES WORKED THERE AND PHONE #. IF YOU DO NOT SUPPLY THE PAST 10 YEARS OF EMPLOYMENT, OR IF YOU DO NOT FILL OUT APPLICATION COMPLETELY, YOUR APPLICATION WILL NOT BE CONSIDERED.
2. WHEN APPLICATIONS RETURNED HAVE:
 - DRIVERS LICENSE
 - CURRENT MEDICAL CARD
 - SOCIAL SECURITY CARD
3. SIGN AND DATE THE "REQUEST FOR CHECK OF DRIVING RECORD" SHEET.
 - DO NOT FILL IT OUT.



**TRIANGLE
GRADING
AND
PAVING
INC.**

**1521 South Huffman Mill Road
Burlington, NC 27215**

336-584-1745 Fax 336-584-2777

Employment Application for DOT Regulated Drivers

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, or non-job related disability.

Date of Application: _____

Name: _____ Social Security Number ____/____/____

Current Address: _____

City _____ State _____ Zip Code _____

Phone Number (____) _____ Alternate Phone Number (____) _____

Date of Birth ____/____/____

List your residency for the past 3 years:

Previous Address: _____

How Long: _____

Previous Address: _____

How Long: _____

Have you worked for this company before? _____ Where? _____

Dates From: _____ To _____ Position _____

Reason for leaving _____

Who referred you? _____

Are you now employed? _____ If not, how long since leaving last employment? _____

EDUCATION, EXPERIENCE AND QUALIFICATIONS

Is there any reason you might be unable to perform the functions of the job for which you have applied? ___Yes ___No

If yes, explain _____

Circle highest grade completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

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:

PRE-EMPLOYMENT ALCOHOL AND DRUG TEST STATEMENT

40.25(j) 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/alcohol testing rules during the past 2 years? ** YES NO

****If you answered "yes" to the 40.25(j) question, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?** YES NO

FAILED TEST INFORMATION

- A. Have you ever had any type of motor vehicle license suspended or revoked, or ever been denied a license or a permit of privilege to operate a motor vehicle? Yes No
- B. Do you have a pending charge or past conviction for driving while intoxicated? Yes No
- C. In the two years prior to the date of this application, for DOT-regulated testing ~
- 1. Did you have an alcohol test with a result of 0.04 or higher? YES NO
 - 2. Did you have a verified positive drug test? YES NO
 - 3. Did you refuse to be tested? YES NO
 - 4. Did you have other violations of DOT agency drug and alcohol testing regulations? YES NO
 - 5. Has a drug and alcohol rule violation been reported on you by a previous employer? YES NO
 - 6. If you answered "yes" to any of the above items, did you complete the return-to-duty process? YES NO

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

Employment History

(Attach a Separate Sheet if More Space is Needed)

List employment for last 10 Years. Applicants to drive commercial motor vehicles in intrastate or interstate commerce must provide 10 year information on previous employers

Last Employer Name: _____ **Phone** _____

Address _____

Position Held _____ **From:** _____ **To:** _____

Reason for Leaving: _____

*Were you subject to FMCSR's while employed? Yes No Were you subject to drug/alcohol testing? Yes No

Second Employer Name: _____ **Phone** _____

Address _____

Position Held _____ **From:** _____ **To:** _____

Reason for Leaving: _____

*Were you subject to FMCSR's while employed? Yes No Were you subject to drug/alcohol testing? Yes No

Third Employer Name: _____ **Phone** _____

Address _____

Position Held _____ **From:** _____ **To:** _____

Reason for Leaving: _____

*Were you subject to FMCSR's while employed? Yes No Were you subject to drug/alcohol testing? Yes No

Fourth Employer Name: _____ **Phone** _____

Address _____

Position Held _____ **From:** _____ **To:** _____

Reason for Leaving: _____

*Were you subject to FMCSR's while employed? Yes No Were you subject to drug/alcohol testing? Yes No

Fifth Employer Name: _____ **Phone** _____

Address _____

Position Held _____ **From:** _____ **To:** _____

Reason for Leaving: _____

*Were you subject to FMCSR's while employed? Yes No Were you subject to drug/alcohol testing? Yes No

Sixth Employer Name: _____ **Phone** _____

Address _____

Position Held _____ **From:** _____ **To:** _____

Reason for Leaving: _____

*Were you subject to FMCSR's while employed? Yes No Were you subject to drug/alcohol testing? Yes No

Seventh Employer Name: _____ **Phone** _____

Address _____

Position Held _____ **From:** _____ **To:** _____

Reason for Leaving: _____

*Were you subject to FMCSR's while employed? Yes No Were you subject to drug/alcohol testing? Yes No

* Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle that is over 10,000 lbs, is designed to transport 9 or more passengers OR is any size used to transport hazardous materials requiring placarding.

Accident Record For Past 3 Years: If None, write None.

Dates	Nature of Accident	Fatalities	Injuries

Traffic Convictions and Forfeitures for the past 3 years (other than parking violations)

If None, write None.

Dates	Nature of Accident	Fatalities	Injuries

Driver's License(s) Information (Past 3 years)

State	Driver's License #	Type	Endorsements	Expiration Date

Driving Experience

Class of Equipment	Type of Equipment (Tank, Van, Flat)	Date From:	Date To:	Approximate Number of Miles
Straight Truck				
Tractor and Semi-Trailer				
Tractor w/Doubles or Triples				
Other				



Triangle Grading & Paving, Inc.
1521 South Huffman Mill Road
Burlington, NC 27215

Dump Truck Driver Job Description

SUMMARY:

Drives truck equipped with various configurations of dump body to transport and dump materials such as rock, asphalt, or other materials as needed. Loads and facilitates movement of equipment using various tilt deck and lowboy trailers. Drives other vehicles and/or configurations as assigned and trained. Follows all safety requirements and procedures outlined by all regulatory agencies and company policies.

ESSENTIAL DUTIES AND RESPONSIBILITIES include the following. Other duties may be assigned:

Performs daily truck equipment inspections and all required safety equipment including, but not limited to; tires, lights, brakes, gas, oil and water, etc. before each shift to assure equipment is safe for usage. Completes written daily inspection report as required. Submits request for maintenance for any repair items.

Maintains truck logs or time recordings as required by state, federal, and company policies and regulations.

Assist with proper and legal loading of materials for transport as designated by dispatch.

Weighs in and out at scales for load ticketing and legal weight compliance. Receives designated directions from dispatch.

Operate truck safely to and from project destination.

Maintains telephone contact with dispatch for instructions.

Pulls levers or turns crank to tilt body and dump contents.

Move hand and foot controls for truck movement forward and backward and to loosen and dump material adhering to body. Occasionally set tailgate chains for measured spreading delivery.

Perform emergency roadside repairs including, but not limited to, installing light bulbs, installing tire chains.

Positions blocks and/or tarps to secure load for transit.

Connects/disconnects various trailers for a variety of truck configurations.

Loads, Unloads, and secures equipment on various trailer types. Secures equipment using various chains, ratchets and binders.

Performs post trip vehicle inspections of vehicles driven, equipment moved, and trailers towed, noting any defects or deficiencies in writing. Written inspections are turned in to designated locations or personnel.

Performs all safety procedures required by governmental agencies and those established by Triangle Grading & Paving, Inc.

Employee may be sent to other facility locations and operations to perform duties as required.

All other duties as assigned.

QUALIFICATION REQUIREMENTS:

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required.

EDUCATION and/or EXPERIENCE

High school diploma or general education degree (GED); or one to three years' related experience and/or training; or equivalent combination of education and experience preferred.

LANGUAGE SKILLS:

Ability to read and comprehend simple instructions, short correspondence, and memos. Ability to write simple correspondence. Ability to effectively present information in one-on-one and small group situations to other employees of the organization.

MATHEMATICAL SKILLS:

Ability to add, subtract, multiply, and divide in all units of measure, using whole numbers, common fractions, and decimals.

REASONING ABILITY:

Ability to apply common sense understanding to carry out instructions furnished in written, oral, or diagram form. Ability to deal with problems involving variables in standardized situations.

PHYSICAL DEMANDS:

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job.

While performing the duties of this job, the employee is regularly required to sit; use hands to finger, handle, or feel objects, tools, or controls; reach with hands and arms; talk and hear. The employee is occasionally required to stand; walk; climb or balance; and stoop, kneel, crouch, or crawl.

The employee must occasionally lift and/or push pull up to 100 pounds. Specific vision abilities required by this job include close vision, distance vision, peripheral vision, depth perception, and the ability to adjust focus.

WORK ENVIRONMENT:

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job.

While performing the duties of this job, the employee regularly works near moving mechanical parts. The employee frequently works in outside weather conditions.

LICENSES OR CERTIFICATES REQUIRED:

2 Years Commercial Driving Experience.
Commercial Driver's License w/Endorsements as required.
Current Medical Certification.

I am able to perform all the essential functions of the job for which I have applied, as described in this job description.

Signed _____ **Dated** _____

Print Name _____

NOTICE TO APPLICANT

APPLICANT – If employer has not explained or given a job description, make sure that one is given to you and that you fully understand what is expected of you prior to answering the following two questions.

1. Can you perform the functions described in the job description? [] Yes [] No
2. Please explain how, with or without reasonable accommodation, you will be able to perform those functions _____

NOTE: APPLICANT MUST READ AND SIGN BELOW

I authorize Triangle Grading & Paving, Inc., to make such investigations and inquiries of my personal, employment, financial, DOT Pre-employment Screening Program, 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. 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 that 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.

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

Rights Regarding Investigative Information.

Pursuant to 49CFR, part 391.23(i), you have the following rights regarding investigative information.

1. The right to review information provided by previous employers
2. The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer.
3. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

If you wish to review previous employer-provided investigative information you must submit a written request to the prospective employer, which may be done at any time, including when applying or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business days deadline will begin when the prospective employer received the requested safety performance history information. If the driver has not arranged to pick up or received the requested records within the thirty days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

Drivers wishing to request correction of erroneous information in records must send the request for the correction to the previous employer that provided the records to the prospective employer. The previous employer must either correct and forward the information to the prospective motor carrier employer, or notify the driver within 15 days of receiving a driver's request to correct the data that it does not agree to correct the data. If the previous employer corrects and forwards the data as requested, that employer must also retain the corrected information as part of the driver's safety performance history record and provide it to subsequent prospective employers when requests for this information are received. If the previous employer corrects the data and forwards it to the prospective motor carrier employer, there is no need to notify the driver.

Drivers wishing to rebut information in records must send the rebuttal to the previous employer with instructions to include the rebuttal in that driver's safety performance history.

Print Name

Signature

Date

MVR CONSENT FORM

Please Include All Information (Print Clearly)

Driver's Name as it appears on current license

Driver's License Number _____

State Issued _____

Social Security Number _____

Driver's Date of Birth _____

Driver's release authorization:

I hereby authorize you to release the following information for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

(Driver's Authorization)

(Date)

Dear Sirs:

The above listed individual has made application with us for employment as a driver. The applicant has indicated that the above numbered operator's license or permit has been issued by your State to the applicant and that it is in good standing.

In accordance with Section 391.23(a)(1) and (b) of the Federal Motor Carrier Safety Regulations, we are required to make an inquiry into the driving record during the preceding 3 years of every state in which an applicant/driver has held a motor vehicle operator's license or permit during those 3 years. Therefore, please certify to us what the individual's driving record is for the preceding 3 years, or certify that no record exists if that be the case.

In the event that this inquiry does not satisfy your requirements for making such inquiries, please send us forms of yours as are necessary for us to complete our inquiry into the driving record of this individual.

Respectfully yours,

Signature of Person Making Inquiry

Rect v47'FMCSA Notification of Driver Rights

In compliance with 49 CFR Part 40 §391.23 you have certain rights regarding the safety performance history information that will be provided to prospective employers. I) You have the right to review information provided by previous employers. II) You have the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to prospective employers. III) You have the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information. (2) Drivers who have previous DOT regulated employment history in the preceding three years and wish to review previous employer-provided investigative information must submit a written request to prospective employers. This may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. Prospective employers must provide this information within five business days of receiving the written request. If prospective employers have not yet received the requested information from the previous employer, then the five day deadline will begin when the requested safety performance history information is received. If you have not arranged to pick up or receive the requested records within 30 days of prospective employers making them available, the prospective employers may consider you to have waived your request to review the record.

**Request and Consent for Information From Previous Employer on
ALCOHOL TESTING, DRUG TESTING AND VEHICLE ACCIDENT HISTORY**

The Department of Transportation (DOT) regulations require DOT-regulated employers to obtain from a driver's previous DOT-regulated employers, both drug and alcohol testing information and vehicle accident information. If you are a previous employer from whom such information is now requested, you must, after reviewing the driver's specific, written consent below in Section 1, promptly release the requested information to the employer (or its designated representative identified below) making the inquiry.

SECTION 1: TO BE COMPLETED BY THE DRIVER

Print Full Name (First, MI, Last)

Social Security Number

Signature

Date

I hereby authorize the following employers to release and forward all information and records on my DOT alcohol and drug testing and vehicle accident records to HireRight, Inc.

_____	_____
_____	_____
_____	_____

SECTION 2: TO BE COMPLETED BY THE PREVIOUS EMPLOYER

- A. Drug and Alcohol Testing Record.
1. In the three years prior to the date of the driver's signature above, did this person have a verified positive DOT-regulated drug test? YES NO
 2. In the three years prior to the date of the driver's signature above, did this person have a DOT-regulated alcohol test with a result of 0.04 or higher? YES NO
 3. In the three years prior to the date of the driver's signature above, did this person refuse to be tested on a DOT-regulated drug or alcohol test (including verified adulterated or substituted drug test results)? YES NO
 4. In the three years prior to the date of the driver's signature above, did this person have any other violations of DOT agency drug and alcohol testing regulations? YES NO
 5. Did a previous employer of this person report a violation of DOT agency drug and alcohol testing regulations to you? YES NO
 - a. _____
If YES, provide the previous employer's report.
 6. If you answered YES to any of the above items 1-5, did this person complete the return to duty process requirements? YES NO DON'T KNOW
 - a. If YES, provide appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).
 7. If this person successfully completed a Substance Abuse Professional's (SAP's) rehabilitation program referral, did this person later have an alcohol test with a result of 0.04 or higher, a verified positive drug test, or refuse to be tested (including verified adulterated or substituted drug test results)? YES NO

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

In connection with your application for employment with Triangle Grading & Paving, Inc. ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Triangle Grading & Paving. ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain,

on my PSP report. I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

LAST UPDATED 12/22/2015



PREVIOUS EMPLOYMENT VERIFICATION

1521 South Huffman Mill Road
Burlington, NC 27215

336-584-1745 Fax 336-584-2777

To (Previous Employer): _____ Date _____

Applicant Name: _____ SS# _____

The person listed above has applied to this company. Your firm is listed by the applicant as a previous employer. Please complete the following items and return to us as soon as possible to the following Company Representative:

Name: _____ Title: _____

Dates of Employment: From _____ To _____ Position: _____

Three-Year Accident History

Date	City/State	# Injuries	# Fatalities	Hazmat?	Preventable

Why did this employee leave your company? Resigned ____ Discharged ____ Laid Off ____

Would you rehire this person? Yes ____ No ____

Please explain: _____

Department of Transportation regulations (40 CFR, Part 40.25 (h) require that you provide the following information:

- In the past three years, has the individual listed below ever:
- | | | |
|--|-----|-----|
| | YES | NO |
| a. Had a verified positive drug test result? | ___ | ___ |
| b. Had an alcohol test result with a breath alcohol concentration of .04 or greater? | ___ | ___ |
| c. Refused to submit to an alcohol or drug test? | ___ | ___ |
| d. Had any other violations of DOT agency drug and alcohol testing regulations? | ___ | ___ |

If any of the above questions were answered yes, please provide the following information:

Substance Abuse Professional _____ Telephone _____ Date Referred _____

Address _____ City _____ State _____ Zip _____

Signature of person supplying information _____ Title/Date _____

APPLICANT RELEASE AND CONSENT: I, _____ do hereby authorize my previous employers to release and forward all information regarding my alcohol and controlled substance testing and all other records of employment to the above named carrier in connection with my application for employment. I release my former employers from any and all liability of any type as a result of providing the above information.

Applicant Signature / Date _____ Witness Signature / Date _____

Contacted employer by : FAX _____ PHONE _____ MAIL _____ EMAIL _____