

# Moritz Concrete, Inc.

## DRIVER APPLICATION

|   |                    |
|---|--------------------|
| Applicant Name:                                     | Social Security #: |
| Current Address:                                    | Date of Birth:     |
| City: <span style="float: right;">St.    Zip</span> |                    |

CELL # \_\_\_\_\_

|                        |
|------------------------|
| Residence Past 3 Years |
|------------------------|

|          |       |     |     |           |
|----------|-------|-----|-----|-----------|
| Address: | City: | St. | Zip | How Long? |
| Address: | City: | St. | Zip | How Long? |
| Address: | City: | St. | Zip | How Long? |

|  |
|--|
| Experience and Qualifications - Driver |
|--|

**MAKE A PHOTO COPY OF THE DRIVERS LICENSE AND MEDICAL CERTIFICATE!!!**  
 Applicant list the states and license numbers of all licenses held for the past 3 years.

| STATE | LICENSE # | EXPIRATION DATE | CLASS A, B, | ENDORSEMENTS |
|-------|-----------|-----------------|-------------|--------------|
|       |           |                 |             |              |
|       |           |                 |             |              |

|                    |
|--------------------|
| DRIVING EXPERIENCE |
|--------------------|

| Equipment Class      | Type of Equipment<br>Van, Flat, Tank, etc | DATES |    | Approx # of Miles<br>Total |
|----------------------|---|-------|----|----------------------------|
|                      |   | From  | To |                            |
| Straight Truck       |   |       |    |                            |
| Tractor Semi Trailer |   |       |    |                            |
| Tractor with Doubles |   |       |    |                            |
| Tractor with Triples |   |       |    |                            |
| Tractor with Tank    |   |       |    |                            |
| Other                |   |       |    |                            |

|  |
|--|
| Accidents/Crashes for the past 3 years or more |
|--|

| DATE | Nature of Accident<br>(Backing, Head-on, Rollover, Turning) | Fatalities | Injuries |
|------|---|------------|----------|
|      |   |            |          |
|      |   |            |          |
|      |   |            |          |

Moving Traffic Convictions and Forfeitures for the past 3 years.

| Date of Conviction | Offense | Location | Type of Motor Vehicle Operated |
|--------------------|---------|----------|--------------------------------|
|                    |         |          |                                |
|                    |         |          |                                |
|                    |         |          |                                |

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 revoked?  Yes  No

If yes attach statement giving details.

This company requires all Drivers who drive Commercial Motor Vehicles (CMV) which require a Commercial Drivers License (CDL), to be controlled substances tested with a negative result prior to driving.  
Do you consent to such Testing?  Yes  No

EMPLOYMENT RECORD

All for past 3 years and Commercial Driving Experience for the past 10 years

Last Employer: \_\_\_\_\_  
 Position held: \_\_\_\_\_  CDL? From: \_\_\_\_\_ To \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_ FAX: \_\_\_\_\_  
 Reason For Leaving: \_\_\_\_\_

Last Employer: \_\_\_\_\_  
 Position held: \_\_\_\_\_  CDL? From: \_\_\_\_\_ To \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_ FAX: \_\_\_\_\_  
 Reason For Leaving: \_\_\_\_\_

Last Employer: \_\_\_\_\_  
 Position held: \_\_\_\_\_  CDL? From: \_\_\_\_\_ To \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_ FAX: \_\_\_\_\_  
 Reason For Leaving: \_\_\_\_\_

Last Employer: \_\_\_\_\_  
 Position held: \_\_\_\_\_  CDL? From: \_\_\_\_\_ To \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_ FAX: \_\_\_\_\_  
 Reason For Leaving: \_\_\_\_\_

Last Employer: \_\_\_\_\_  
 Position held: \_\_\_\_\_  CDL? From: \_\_\_\_\_ To \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_ FAX: \_\_\_\_\_  
 Reason For Leaving: \_\_\_\_\_

Last Employer: \_\_\_\_\_  
 Position held: \_\_\_\_\_  CDL? From: \_\_\_\_\_ To \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_ FAX: \_\_\_\_\_  
 Reason For Leaving: \_\_\_\_\_

This certifies that this application was completed by me, and that all entries on it and information in it are true to the best of my knowledge.

Applicant's Signature \_\_\_\_\_

DATE \_\_\_\_\_

# MOTOR VEHICLE RELEASE FORM

**Moritz Concrete, Inc.  
362 N. Trimble Rd.  
Mansfield, Oh 44906**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Soc. Sec. #** \_\_\_\_\_

**Driver's License #** \_\_\_\_\_

**State Issued:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

Consumer reports may be obtained as part of Moritz Concrete, Inc.'s evaluation of my job application and/or employment. The reports may be procured by Moritz Concrete, Inc., their insurance agent and their insurance carrier. Information may include my driving record, an assessment of my insurability under Moritz Concrete, Inc.'s insurance coverage or other consumer reports.

By signing this disclosure, I hereby authorize my employer, their insurance agent, their insurance carrier and other providers to procure such reports about me as they deem appropriate to evaluate my insurability or for other permissible purposes.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Enclosure: Federal Trade Commission "Prescribed Summary of Consumer Rights"

\_\_\_\_\_  
Applicant's Initials