



# Commercial Drivers Application for Employment

PRE-EMPLOYMENT QUESTIONNAIRE  
EQUAL OPPORTUNITY EMPLOYER

## Notice

Information required on this form complies with U.S. Department of Transportation Regulations 49CFR§391.21. In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, religion, sex, sexual orientation, national origin, age, marital status, or non-job related disability.

## Personal Information

LAST NAME	FIRST NAME	MIDDLE NAME	
DATE OF BIRTH	SOCIAL SECURITY NO.		
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
CELL PHONE	EMAIL ADDRESS		
HOME PHONE	REFERRED BY		
CDL NUMBER	STATE OF ISSUANCE		

## Right to Work

Only U.S. Citizens or aliens who have the legal right to work in the U.S. are eligible for employment.

Do you have the legal right to work in the United States?

☐ YES ☐ NO

Can you, upon employment, submit documentation verifying your legal right to work in the U.S. and your identity?

☐ YES ☐ NO

Have you ever been convicted of a felony?

☐ YES ☐ NO NOTE: A conviction will not necessarily disqualify you from Employment. If "YES", complete the "Felony Conviction" form which can be obtained from your potential on-site employer.

Are you over 18 years of age?

☐ YES ☐ NO

Can you provide proof?

☐ YES ☐ NO

Northeastern Pavers LLC ◆ Northeastern Transportation LLC ◆ Northeastern Asphalt LLC

5750 Weatherford Hwy / P.O. Box 566 / Granbury, Texas 76048  
Office: 817-573-3809 Fax: 817-573-8016 Email: office@northeasternpavers.com



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## Emergency Contacts

IN CASE OF EMERGENCY, NOTIFY:		
NAME	PHONE NUMBER	RELATIONSHIP
NAME	PHONE NUMBER	RELATIONSHIP

## Employment Desired

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE	WHEN

## Education History

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL				

In order to permit a check of your work and educational records, should we be aware of any changes of name or assumed name that you previously used?

☐ YES ☐ NO

If "YES", identify name(s) used and relevant dates: \_\_\_\_\_

## General Information

SUBJECT OF SPECIAL STUDY/ RESEARCH	
SPECIAL TRAINING	
SPECIAL SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

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## Former Employers (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH THE LAST ONE FIRST)

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding three (3) years. Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional seven (7) years information on those employers for whom the applicant operated such vehicle.

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
CONTACT PERSON		Were you subject to the FMCSR while employed at this company? <input type="checkbox"/> YES <input type="checkbox"/> NO		
CONTACT PHONE		Was your job designated as a safety sensitive function in any DOT Regulated mode subject to the Drug & Alcohol testing requirements of 40 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO		
FROM				
TO				
CONTACT PERSON		Were you subject to the FMCSR while employed at this company? <input type="checkbox"/> YES <input type="checkbox"/> NO		
CONTACT PHONE		Was your job designated as a safety sensitive function in any DOT Regulated mode subject to the Drug & Alcohol testing requirements of 40 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO		
FROM				
TO				
CONTACT PERSON		Were you subject to the FMCSR while employed at this company? <input type="checkbox"/> YES <input type="checkbox"/> NO		
CONTACT PHONE		Was your job designated as a safety sensitive function in any DOT Regulated mode subject to the Drug & Alcohol testing requirements of 40 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO		
FROM				
TO				
CONTACT PERSON		Were you subject to the FMCSR while employed at this company? <input type="checkbox"/> YES <input type="checkbox"/> NO		
CONTACT PHONE		Was your job designated as a safety sensitive function in any DOT Regulated mode subject to the Drug & Alcohol testing requirements of 40 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO		
FROM				
TO				
CONTACT PERSON		Were you subject to the FMCSR while employed at this company? <input type="checkbox"/> YES <input type="checkbox"/> NO		
CONTACT PHONE		Was your job designated as a safety sensitive function in any DOT Regulated mode subject to the Drug & Alcohol testing requirements of 40 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO		

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## Former Employers Continued:

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding three (3) years. Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional seven (7) years information on those employers for whom the applicant operated such vehicle.

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
CONTACT PERSON		Were you subject to the FMCSR while employed at this company? <input type="checkbox"/> YES <input type="checkbox"/> NO		
CONTACT PHONE		Was your job designated as a safety sensitive function in any DOT Regulated mode subject to the Drug & Alcohol testing requirements of 40 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO		
FROM				
TO				
CONTACT PERSON		Were you subject to the FMCSR while employed at this company? <input type="checkbox"/> YES <input type="checkbox"/> NO		
CONTACT PHONE		Was your job designated as a safety sensitive function in any DOT Regulated mode subject to the Drug & Alcohol testing requirements of 40 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO		
FROM				
TO				
CONTACT PERSON		Were you subject to the FMCSR while employed at this company? <input type="checkbox"/> YES <input type="checkbox"/> NO		
CONTACT PHONE		Was your job designated as a safety sensitive function in any DOT Regulated mode subject to the Drug & Alcohol testing requirements of 40 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO		
FROM				
TO				
CONTACT PERSON		Were you subject to the FMCSR while employed at this company? <input type="checkbox"/> YES <input type="checkbox"/> NO		
CONTACT PHONE		Was your job designated as a safety sensitive function in any DOT Regulated mode subject to the Drug & Alcohol testing requirements of 40 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO		
FROM				
TO				
CONTACT PERSON		Were you subject to the FMCSR while employed at this company? <input type="checkbox"/> YES <input type="checkbox"/> NO		
CONTACT PHONE		Was your job designated as a safety sensitive function in any DOT Regulated mode subject to the Drug & Alcohol testing requirements of 40 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO		

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## Former Employers Continued:

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding three (3) years. Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional seven (7) years information on those employers for whom the applicant operated such vehicle.

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FROM				
TO				
CONTACT PERSON		Were you subject to the FMCSR while employed at this company? <input type="checkbox"/> YES <input type="checkbox"/> NO		
CONTACT PHONE		Was your job designated as a safety sensitive function in any DOT Regulated mode subject to the Drug & Alcohol testing requirements of 40 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO		
FROM				
TO				
CONTACT PERSON		Were you subject to the FMCSR while employed at this company? <input type="checkbox"/> YES <input type="checkbox"/> NO		
CONTACT PHONE		Was your job designated as a safety sensitive function in any DOT Regulated mode subject to the Drug & Alcohol testing requirements of 40 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO		
FROM				
TO				
CONTACT PERSON		Were you subject to the FMCSR while employed at this company? <input type="checkbox"/> YES <input type="checkbox"/> NO		
CONTACT PHONE		Was your job designated as a safety sensitive function in any DOT Regulated mode subject to the Drug & Alcohol testing requirements of 40 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO		
FROM				
TO				
CONTACT PERSON		Were you subject to the FMCSR while employed at this company? <input type="checkbox"/> YES <input type="checkbox"/> NO		
CONTACT PHONE		Was your job designated as a safety sensitive function in any DOT Regulated mode subject to the Drug & Alcohol testing requirements of 40 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO		

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## Former Employment: \_\_\_\_\_

Have you ever been dismissed or forced to resign from any employment?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", please explain:	
Are you on a layoff or subject to a recall?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", please explain:	
Is there any reason you might be unable to perform the functions of the job?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", please explain:	
Do you have transportation to work?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Will you work overtime?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "No", list any shifts you will NOT work:	

## Accident Record For Past 3 Years or More: \_\_\_\_\_

ACCIDENT DATE	DETAILS	FATALITIES	INJURIES

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## Experience and Qualifications - Driver:

LICENSE NUMBER	STATE	TYPE / ENDORSEMENTS	EXPIRATION

A) Have you ever been denied a license, permit, or privilege to operate a motor vehicle? ☐ YES ☐ NO

B) Have you ever had any license, permit, or privilege suspended or revoked? ☐ YES ☐ NO

If the answer to A or B is "YES", please explain:

List States Operated in For Past Five (5) Years:

Show Special Courses or Training That Will Help You as a Driver:

Which Safe Operating Awards do You Hold and From Whom?

Show Trucking, Transportation, or any Experience That May Help Your Work at Our Company:

List Courses and Training Other Than Shown Elsewhere in This Application:

List Any Other Special Equipment or Technical Materials You Can Work With:

## Truck/Tractor Experience:

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT VAN, TANK, ETC.	DATE FROM	DATE TO	APPROX. NUMBER OF MILES
Straight Truck				
Tractor and Semi-Trailer				
Tractor - Two Trailer				
Other _____				

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## **Personal References** (GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU)

NAME	ADDRESS	BUSINESS	YEARS KNOWN	PHONE NUMBER

## **Equal Employment Opportunity Policy Statement**

Resolved, that it will continue to be the policy of Northeastern Pavers, Inc. not to discriminate against any applicant for employment, or any employee, because of race, religion, sex, color, national origin, age or handicap. We will continue to take affirmative action to insure that this policy is implemented, particularly with regard to employment upgrading, demotion, transfer, recruitment advertising, layoff and termination, compensation, apprenticeship and training, and working conditions. We will continue to make it understood by the employment and union entities with whom we deal, and in our employment opportunity announcements that the foregoing is our policy, and that applicants and employees will continue to be compensated, trained, advanced, demoted, terminated, hired and transferred on the basis of their skill, devotion and loyalty, honesty, reliability and integrity.

## **Notice to Applicant**

This Employer complies with the Americans with Disabilities Act of 1990. During the interview process you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment you may be required to complete a post-job offer medical history questionnaire and/or, undergo a medical examination. If required, all entering employees in the same job category will be subject to the same medical questionnaire and/or examination. All information will be kept confidential and in separate files.

Applicants accepted for employment should clearly understand that while we make an effort to provide steady, continuous work, we have no employment contracts and we cannot guarantee the permanence of any position. Job tenure can be affected by many factors including business/economic conditions, changes in laws or Employer policies, conformity to our work rules, job performance, etc., and of course, employees may elect to leave of their own accord to seek other employment.

We conduct our business with the highest possible degree of safety and efficiency. Because of this, the employer, may require applicants for employment to undergo blood and/or urinalysis screening for drug or alcohol use as part of our pre-placement physical examination. In addition, all employees of the Employer are subject to random blood tests and/or urinalysis screening for drug or alcohol use.

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## Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

I understand that a consumer credit report or criminal records check may be necessary prior to my employment. If such reports are required, I understand that, in compliance with federal law, the company will provide me with a written notice regarding the use of these reports and will also obtain a separate written authorization from me to consent to those reports. I also understand that a poor credit history or conviction will not automatically result in disqualification from employment."

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

DATE

SIGNATURE

## Official Review: Do Not Write Below This Line

REMARKS				
INTERVIEWED BY		DATE		
NEATNESS		CHARACTER		
PERSONALITY		ABILITY		
HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES

APPROVED BY:

DATE:

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## ***DOT Drug/Alcohol History Check*** ***Applicant Authorization to Release DOT Drug/Alcohol Test Results***

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(As required by 49 CFR Parts 40.25 and 391.23)

### **TO BE COMPLETED BY APPLICANT**

I, \_\_\_\_\_, as the "Applicant", understand that as a condition of hire with Northeastern Pavers companies, I must consent to the release of all DOT mandated drug and alcohol information from all of the employers for which I worked in a DOT safety-sensitive position, or for which I took a DOT pre-employment drug test, during the previous two (2) years as required by DOT Part 40.25, or three (3) years as required by Part 391.23 for any driver of a commercial motor vehicle). I have listed below all of the employers for which I have worked during the past two years (or three years as a CDL driver). I hereby authorize all of my previous employers listed below to furnish to the company, listed above, the DOT information described below.

Applicant Certification: I have read and fully understand this authorization to release my previous drug and alcohol test information, identified by the check boxes below, to Northeastern Pavers companies. In signing below, I certify that all of the information I have furnished on this form is true and complete, and that I have identified all of the employers for which I have worked in a DOT safety-sensitive position during the previous two years (or three years as a CDL driver). I also understand that I am responsible for all costs associated with any pending Substance Abuse Professional assessment, recommendations, education and treatment, including costs involving return-to-duty testing and follow-up testing yet to be completed.

☐ Check this box if you have NOT performed DOT functions in the past two years (or three years as a CDL driver).

☐ Check the box if you have tested positive, or refused to test, on any DOT pre-employment drug or alcohol test for an employer who did not hire you during the past two years (or three years as a CDL driver).

\_\_\_\_\_  
Driver Name (Print)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver's Signature

\_\_\_\_\_  
Date

---

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## ***PERMISSION TO REQUEST DRIVER SAFETY RECORDS***

I understand that as a normal part of the hiring process the driving records of all prospective employees are reviewed. In addition, I understand that my driving record is subject to future periodic reviews.

I hereby authorize Northeastern Pavers/Northeastern Transportation, Inc. and its insurance agent to secure my Driver Safety Records both now and in the future for determining insurability under the Corporate Automobile Insurance Coverage, said employer is making application for and/or determining driver safety or other use permissible under the provisions of the Driver's Privacy Protection Act of 1994 (Public Law 103-222, Title XXX, Section 3000002(a)). You are released from any and all liability that may result from furnishing such information.

LAST NAME	FIRST NAME	MIDDLE NAME	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
CDL NUMBER	STATE OF ISSUANCE	DATE OF BIRTH	

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*

In accordance with the provisions of Sections 604 and 607 of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report.
2. The consumer (applicant) has been informed that a consumer report may be obtained for employment purposes.
3. The information requested will be used for a "permissible purposes, (i.e., information for employment purposes and information for insurance purposes, insurability) and will be used for no other purposes
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the Driver's Privacy Protection Act of 1994 (public Law 103-322, Title XXX, Section 3000002 (a)).

\_\_\_\_\_  
*Signature of Employer/Prospective Employer*

\_\_\_\_\_  
*Date*

*Form to be returned to:*

**Northeastern Transportation**

Marc Barrington – Vice President of Transportation  
P.O. Box 566  
Granbury, TX 76049  
Phone: 817-573-3809

Fax: 817-573-8016

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## ***SAFETY PERFORMANCE HISTORY RECORDS REQUEST***

This request is made by the driver/applicant in compliance with the Department of Transportation regulations.

**TO:**

PREVIOUS EMPLOYER	CONTACT NAME	PHONE NUMBER	
STREET ADDRESS/P.O. BOX	CITY	STATE	ZIP CODE
FAX NUMBER	EMAIL ADDRESS		

**FROM:**

LAST NAME	FIRST NAME	SOCIAL SECURITY #	
ADDRESS	CITY	STATE	ZIP CODE
DATE OF BIRTH	EMAIL ADDRESS	PHONE NUMBER	

I am submitting this written request 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 \_\_\_\_\_

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.

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*

The information must be provided to the applicant within (5) 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-day deadline will begin when the prospective employer receives the requested safety performance history information.

*Please Email requested records to: [office@northeasternpavers.com](mailto:office@northeasternpavers.com)*

**Northeastern Transportation**

Marc Barrington – Vice President of Transportation

P.O. Box 566

Granbury, TX 76049

Phone: 817-573-3809

Fax: 817-573-8016

\_\_\_\_\_  
*Signature of person providing the information:*

\_\_\_\_\_  
*Release Date*

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## RECORD OF VIOLATIONS – DRIVER'S CERTIFICATION

LAST NAME	FIRST NAME	MIDDLE NAME
CDL NUMBER	STATE OF ISSUANCE	

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

DATE	CONVICTION OFFENSE	LOCATION	TYPE OF MOTOR VEHICLE OPERATED

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

\_\_\_\_\_  
Driver's Signature

\_\_\_\_\_  
Date

Reviewer: \_\_\_\_\_  
(Print)

Title: \_\_\_\_\_

\_\_\_\_\_  
Reviewer

\_\_\_\_\_  
Date Reviewed

In accordance with 49 Code of Federal Regulations Section 391.25, (Federal Motor Carrier Safety Regulations), all information pertinent to the above driver's safety of operation, including the list of violations furnished by the driver in accordance with 49 CFR Section 391.27, has been reviewed for the past 12 months.

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## ***DRIVER'S STATEMENT OF ON-DUTY HOURS***

***(To be completed upon hire)***

### Instructions:

Motor Carriers using a driver for the first time shall obtain from the driver an assigned statement giving the total time on-duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for such carrier.

Rule 395.8(j)(2) Federal Motor Carrier Safety Regulations.

Note: Hours for any compensated work during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form.

\_\_\_\_\_  
Driver Name (Print)

\_\_\_\_\_  
Social Security Number

Driver's License:

\_\_\_\_\_  
Number

\_\_\_\_\_  
State

\_\_\_\_\_  
Class

\_\_\_\_\_  
Endorsements

	<i>Day 1</i>	<i>Day 2</i>	<i>Day 3</i>	<i>Day 4</i>	<i>Day 5</i>	<i>Day 6</i>	<i>Day 7</i>	<i>Totals</i>
<i>Date</i>								
<i>On-Duty</i>								
<i>Driving</i>								

I hereby certify that the information given above is current to the best of my knowledge and belief, and that I was last relieved from work at:

\_\_\_\_\_ A.M. / P.M. on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_  
Driver's Signature

\_\_\_\_\_  
Date

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## ***FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT***

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In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment , previous drug and alcohol test results, and your driving record my be obtained on you for employment purposes.

These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

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**Applicant's Signature**

---

**Date**

---

**Print Name**

---

**SSN**

---

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EQUAL OPPORTUNITY EMPLOYER

## ***CERTIFICATION OF COMPLIANCE WITH DRIVER'S LICENSE REQUIREMENTS***

### **MOTOR CARRIER INSTRUCTIONS:**

The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placards.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placards.

### **DRIVER REQUIREMENTS:**

Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

**POSSESS ONLY ONE LICENSE:** you, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license. If you have more than one license, keep the license from your state of residence and return the additional licenses to the states that issued them. Destroying a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by that state.

**NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391.5 (b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations required that you notify your employer the next business day of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to your employing motor carrier, and the state that issued your license (if the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.

The following license is the only one I will possess

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
State

\_\_\_\_\_  
Expiration Date

**DRIVER CERTIFICATION:** I certify that I have read and understood the above requirements.

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

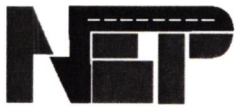
\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

Northeastern Pavers LLC ◆ Northeastern Transportation LLC ◆ Northeastern Asphalt LLC

5750 Weatherford Hwy / P.O. Box 566 / Granbury, Texas 76048  
Office: 817-573-3809 Fax: 817-573-8016 Email: office@northeasternpavers.com





# Commercial Drivers Application for Employment

PRE-EMPLOYMENT QUESTIONNAIRE  
EQUAL OPPORTUNITY EMPLOYER

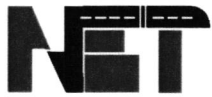
## ***DRIVER QUALIFICATION (DQ) FILE CHECKLIST***

LAST NAME		FIRST NAME	MIDDLE NAME	
PRESENT ADDRESS		CITY	STATE	ZIP CODE
CELL PHONE	HIRE DATE		DQ FILE COMPLETE DATE	

REQUIREMENT	REQUIRED BY	DATE COMPLETE
Driver Specific Employment Application	391.21	
State MVR (Driving Record) – 5 Year History	391.23(a)(1) & (b)	
Annual State MVR (Driving Record)	391.25(a)	
Annual Review of MVR (Driving Record)	391.25(c)(2)	
Medical Card* (When renewed, place in file)	391.43	
Medical Waiver – If Applicable*	391.49	
Medical Registry Number on MVR	391.42	
Driver Verification of Employment(s) (VOE)	391.53	
Driver's Written Authorization to send VOE's	391.53(b)(1)	
Responses to VOE Inquiries / or Failure to Respond	391.31, 391.33	
Copy of CDL w/ Endorsements	391.31, 391.33	
Safety Performance History – Accidents or Incidents	391.53(c)	
Pre-Employment Drug Testing	382.301	
Annual Record of Violations (COV)	391.27	
HAZMAT Certifications	172.704	
Entry Level Driver Training	380.513	
Statement of On-Duty Hours		
Fair Credit Reporting Act Disclosure Form		
Certificate of Compliance		
Signed I-9 / W2		
Signed Receipt of Driver's Handbook		

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General Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMSCA) Drug and Alcohol Clearinghouse

I, \_\_\_\_\_, hereby provide consent to Northeastern Pavers LLC and Northeastern Transportation LLC to conduct a limited query of the FMSCA Commercial Driver's License Drug and Alcohol Clearinghouse to determine whether drug or alcohol violation information about me exists in the Clearinghouse. I am consenting to multiple queries by Northeastern Transportation for the duration of my employment.

I understand that if the limited query conducted by Northeastern Pavers LLC and Northeastern Transportation LLC indicates that drug or alcohol violation information exists in the Clearinghouse, FMSCA will not disclose that information to Northeastern Pavers LLC or Northeastern Transportation LLC without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for Northeastern Pavers LLC and Northeastern Transportation LLC to conduct a limited query of the Clearinghouse, Northeastern Pavers LLC and Northeastern Transportation must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMSCA's drug and alcohol program regulations.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

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**Northeastern Pavers LLC ♦ Northeastern Transportation LLC ♦ Northeastern Asphalt LLC**

5750 Weatherford Hwy / P.O. Box 566 / Granbury, Texas 76048  
Office: 817-573-3809 Fax: 817-573-8016 Email: [office@northeasternpavers.com](mailto:office@northeasternpavers.com)



## RELEASE OF CDL HOLDER'S REPORTED POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST RESULTS



Use this form to obtain the CDL holder's reported positive alcohol or controlled substance test results information.

This form should ONLY be used if you wish to inquire whether or not a prospective driver (CDL Holder) has had a positive alcohol or controlled substance test result reported to the Texas Department of Public Safety in compliance with state law.

### THIS FORM IS NOT REQUIRED FOR REPORTING A POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST.

1. This form must be completed in full and include the driver's original signature.

2. Deliver, mail or FAX the completed form to:

Texas Department of Public Safety  
Motor Carrier Bureau, MSC #0521  
6200 Guadalupe, Building P  
Austin, Texas 78752-4019 / Facsimile: 512-424-5310

☐ Check here if CDL Holder  
is requesting results on self

\_\_\_\_\_  
Print Name of CDL Holder

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Print full Address, City, State and Zip of CDL Holder

Driver License Number of CDL Holder \_\_\_\_\_ State \_\_\_\_\_ Date of Birth \_\_\_\_\_

authorize release of the CDL holder's reported positive alcohol or  
controlled substance test results reported under state law to

\_\_\_\_\_  
Northeastern Transportation LLC

\_\_\_\_\_  
(817) 573-3809

\_\_\_\_\_  
Print Motor Carrier's Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
5750 Weatherford Hwy Granbury, TX 76048

\_\_\_\_\_  
Print full Address, City, State and Zip of Motor Carrier

Signature of Driver

Date

X

If you wish to request and receive this information by electronic mail, submit a completed and notarized Electronic Mail Verification Form (MCS-32), available at the following web address:  
<http://www.txdps.state.tx.us/forms/index.htm>.



## REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER



From: NORTHEASTERN TRANSPORTATION, LLC./NORTHEASTERN PAVERS, LLC

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

Social Security Number: \_\_\_\_\_

\_\_\_\_\_ has made application to this company for a position as \_\_\_\_\_ and states that he/she was employed by you as \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_. Will you please reply to the inquiry below respecting this applicant? Your reply will be held in strict confidence and will in no way involve you in any responsibility.

1. Is the employment record with your company correct as stated above? \_\_\_\_\_
2. What kind (s) of work did the applicant do? \_\_\_\_\_
3. Did the applicant drive motor vehicles for you? Passenger Car \_\_\_\_\_ Straight truck \_\_\_\_\_  
Tractor-Semitrailer \_\_\_\_\_ Other (specify) \_\_\_\_\_
4. Was the applicant a safe and efficient driver? \_\_\_\_\_
5. Give the dates of vehicle accident in which he/she was involved. \_\_\_\_\_
6. Reason for leaving your employ: Discharge \_\_\_\_\_ Laid Off \_\_\_\_\_ Resigned \_\_\_\_\_  
Remarks: \_\_\_\_\_
7. Was the applicant's general conduct satisfactory? \_\_\_\_\_
8. Is the applicant competent for the position sought? \_\_\_\_\_
9. Did the applicant drink any alcoholic beverages while on duty? \_\_\_\_\_

	Excellent	Good	Fair	Poor	Very Poor
Quality of Work	_____	_____	_____	_____	_____
Cooperation with Others	_____	_____	_____	_____	_____
Safety Habits	_____	_____	_____	_____	_____
Personal Habits	_____	_____	_____	_____	_____
Driving Skills	_____	_____	_____	_____	_____
Attitude	_____	_____	_____	_____	_____
Remarks:	_____	_____	_____	_____	_____

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

Name of Company: \_\_\_\_\_

\_\_\_\_\_  
(Former Employer)

\_\_\_\_\_  
(Date)

I hereby authorize this company to release all information concerning records of employment, including oral assessments of my job performance, ability and fitness, to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release this company from any and all liability of any type as a result of providing the above mentioned information to the above mentioned person.

\_\_\_\_\_  
(Applicants Signature)

\_\_\_\_\_  
(Witness's Signature)

PLEASE RETURN TO: [Lisa@northeasternpavers.com](mailto:Lisa@northeasternpavers.com)