



Driver's Employment Application

Name: Last: _____ First: _____

Bison Building Materials, Ltd.
1445 West Sam Houston Parkway North
Houston, Texas 77043

Revised 08/2004

This page contains sensitive information. Keep only in secure files, separately from personnel files!
BACKGROUND INQUIRY RELEASE

In connection with my application for employment (including contract for services) with the above named Company and individual, I understand that an investigative consumer report may be requested that will include information as to my character, work habits performance and experience along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you will be requesting information from public and private sources about my workers' compensation injuries, driving record, court record, education, credentials, credit and references.

Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer reporting agency. If so, I will be notified and given the names and address of the agency of the source which provided the information.

I acknowledge that a telephonic facsimile (Fax) or photographic copy shall be valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.

I hereby authorize, without reservation, any law enforcement agency, institution, service bureau, school, employer reference or insurance company contacted by Bison Building Materials, Ltd., and/or its agents, to furnish the information described in the first paragraph.

I understand that the following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

Please print clearly all information.

Last Name: _____ First Name: _____ Middle: _____

Print other names you have used (including maiden name or previous married name(s) - or any other first name): _____

Social Security Number: _____ Date of Birth: _____ Sex: _____ Race: _____

Driver's License Number: _____ State where licensed was issued: _____

Name as it appears on driver's license: _____

Current Address: _____

City, State, Zip (County if known): _____

Applicant Signature

Date

DISCLOSURE AND RELEASE

In connection with my application for employment (including contract for services) with you, I understand that consumer reports which may contain public record information may be requested by Bison Building Materials, Ltd., and/or its agents. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, *etc.*, from federal, state and other agencies which maintain such records, as well as information concerning previous driving record request made by others for such state agencies and state-provided driving records.

I authorize without reservation, any party or agency contacted by Bison Building Materials, Ltd., and/or its agents, to furnish the above mentioned information.

I have the right to make a request to Bison Building Materials, Ltd., and/or its agents, upon proper identification, the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me which the agents have previously furnished within the two (2) years preceding my request. I hereby consent Bison Building Materials, Ltd., and/or its agents to obtain the above information and I agree that such information which Bison Building Materials, Ltd., and/or its agents has or obtains, and my employment history with Bison Building Materials, Ltd., if I am hired, will be supplied by Bison Building Materials, Ltd., and/or its agents to other companies which subscribe to its agents.

I hereby authorize procurements of consumer reports(s). If hired (or contracted) this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

I understand that I may request a copy of this Disclosure and Release form.

Applicant Signature

Date

Print Name

Social Security Number

Address, City, State and Zip Code

Applicant Instructions

References

Name only those persons who are familiar with your work capabilities. Do not list relatives.

Name _____ Phone _____

Address _____

Position _____ Years Known _____

Name _____ Phone _____

Address _____

Position _____ Years Known _____

Name _____ Phone _____

Address _____

Position _____ Years Known _____

Education

Circle the highest grade completed in school: 1 2 3 4 5 6 7 8 9 10 11 12

Name and address of last school attended: _____

List names of friends or relatives now employed by **Bison Building Materials, Ltd:**

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 180 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are accepted at that time.

I understand that I may be required to successfully complete a pre-employment physical examination conducted by a company-authorized physician and that I may be required to successfully complete a pre-employment drug screening after a job offer of employment has been made.

Signature of Applicant _____ Date _____

Application for Employment

Position
Desired _____ Date _____

Name (Last)

(First) _____ (Middle) _____

Address _____ City _____

State _____ Zip Code _____

Home Phone # _____ Cell Phone # _____

Social Security # _____

Our Insurance carrier requires all driver's to be over 23 years of age!

Are you over 23 years of age? Yes No

Have you filed an application with us before? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be able to start work? _____

Availability: full time part-time shift work

Can you travel if a job requires it? Yes No

Have you ever been convicted of a felony? Yes No

City/
State _____ Charge _____

Please
explain _____

* Conviction of a felony will not necessarily bar you from employment.

DRIVER APPLICATION FORM

Region. Dist. Branch _____

COMPANY NAME Bison Building Material

COMPANY ADDRESS 1445 W. Sam Houston Pkwy. N Houston, Tx. 77043
Street City State Zip

NAME _____
Last First Middle SS# D.O.B. Phone Number

ADDRESS _____
Street City State Zip # of Years

PAST 3 YEAR RESIDENCY _____
Street City State Zip # of Years

Street City State Zip # of Years

Employment History

All applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding three years. You must give the same information for all employers for whom you have driven a commercial vehicle seven years prior to the initial three years (total of ten year employment record). Any gaps in employment must be explained.

You are required to list the complete mailing address: street number, city, state and zip code.

LAST EMPLOYER: Name _____

Address _____ Phone _____

Position Held _____ From _____ To _____
(month/year) (month/year)

Reasons for Leaving _____

Did you drive a vehicle requiring a CDL? Yes No

ACCOUNT FOR PERIOD BETWEEN JOBS (Include dates and reason) _____

SECOND LAST EMPLOYER: Name _____

Address _____ Phone _____

Position Held _____ From _____ To _____
(month/year) (month/year)

Reasons for Leaving _____

Did you drive a vehicle requiring a CDL? Yes No

ACCOUNT FOR PERIOD BETWEEN JOBS (Include dates and reason) _____

THIRD LAST EMPLOYER: Name _____

Address _____ Phone _____

Position Held _____ From _____ To _____
(month/year) (month/year)

Reasons for Leaving _____

Did you drive a vehicle requiring a CDL? Yes No

ACCOUNT FOR PERIOD BETWEEN JOBS (Include dates and reason) _____

EMPLOYER: _____

Address _____ Phone _____

Position Held _____ From _____ To _____
(month/year) (month/year)

Reasons for Leaving _____

Did you drive a vehicle requiring a CDL? Yes No

ACCOUNT FOR PERIOD BETWEEN JOBS (Include dates and reason) _____

EMPLOYER: _____

Address _____ Phone _____

Position Held _____ From _____ To _____
(month/year) (month/year)

Reasons for Leaving _____

Did you drive a vehicle requiring a CDL? Yes No

ACCOUNT FOR PERIOD BETWEEN JOBS (Include dates and reason) _____

EMPLOYER: _____

Address _____ Phone _____

Position Held _____ From _____ To _____
(month/year) (month/year)

Reasons for Leaving _____

Did you drive a vehicle requiring a CDL? Yes No

ACCOUNT FOR PERIOD BETWEEN JOBS (Include dates and reason) _____

(Check One)

Are you currently working for another employer? Yes No

At this time, do you intend to work for another employer while still employed by this company? Yes No

EXPERIENCE AND QUALIFICATION

Attach sheet if more space is needed.

Driving Experience

If none, write the word "none".

CLASS OF EQUIP.	TYPE OF EQUIP. (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES TOTAL
		FROM	TO	
Straight Truck	_____	_____	_____	_____
Tractor & Semi-Trailer	_____	_____	_____	_____
Tractor - Two Trailers	_____	_____	_____	_____
Other	_____	_____	_____	_____

Accident History (3 years)

If none, write the word "none".

DATES	NATURE OF ACCIDENT (head-on, rear-end, upset, etc.)	FATALITIES	INJURIES
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Traffic Convictions and Forfeitures (3 years)

If none, write the word "none". (Do not include parking violations).

LOCATION	DATE	CHARGE	PENALTY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

License Information

UNEXPIRED LICENSE

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

State	License Number	Type	Exp. 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 "A" or "B" is yes, give details. _____

Drug Testing

Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you have applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years? Yes No

If yes, please give details: _____

SECTION 3

SECTION 4

SECTION 5

SECTION 6

SECTION 7

DRIVERS MANDATORY NOTIFICATION

- PLEASE READ CAREFULLY BEFORE SIGNING -

§383.31 Notification of convictions for driver violations.

(a) Each person who operates a commercial motor vehicle, who has a commercial driver's license issued by a State or jurisdiction, and who is convicted of violating, in any type of motor vehicle, a State or local law relating to motor vehicle traffic control (other than a parking violation) in a State or jurisdiction other than the one which issued his/her license, shall notify an official designated by the State or jurisdiction which issued such license, of such conviction. The notification must be made within 30 days after the date that person has been convicted.

(b) Each person who operates a commercial motor vehicle, who has a commercial driver's license issued by a State or jurisdiction, and who is convicted of violating, in any type of motor vehicle, a State or local law relating to motor vehicle traffic control (other than a parking violation), shall notify his/her current employer of such conviction. The notification must be made within 30 days after the date that the person has been convicted. If the driver is not currently employed, he/she must notify the State or jurisdiction which issued the license according to §383.31(a).

(c) Notification. The notification to the State official and employer must be made in writing and contain the following information:

- (1) Driver's full name;
- (2) Driver's license number;
- (3) Date of conviction;
- (4) The specific criminal or other offense(s), serious traffic violation(s), and other violation(s) of State or local law relating to motor vehicle traffic control, for which the person was convicted and any suspension, revocation, or cancellation of certain driving privileges which resulted from such conviction(s);
- (5) Indication whether the violation was in a commercial motor vehicle;
- (6) Location of offense; and
- (7) Driver's signature.

§383.33 Notification of driver's license suspensions.

Each employee who has a driver's license suspended, revoked, or canceled by a State or jurisdiction, who loses the right to operate a commercial motor vehicle in a State or jurisdiction for any period, or who is disqualified from operating a commercial motor vehicle for any period, shall notify his/her current employer of such suspension, revocation, cancellation, lost privilege, or disqualification. The notification must be made before the end of the business day following the day the employee received notice of suspension, revocation, cancellation, lost privilege, or disqualification.

PLEASE PRINT

NAME (IN FULL) _____

LICENSE # _____ STATE _____

DATE OF CONVICTION _____

SPECIFY OFFENSE/VIOLATION _____

VIOLATION IN A COMMERCIAL MOTOR VEHICLE? YES _____ NO _____

LOCATION OF OFFENSE: (Nearest) _____

STATE _____

WAS YOUR LICENSE SUSPENDED, REVOKED OR CANCELLED AS A RESULT OF CONVICTION? _____

IF YES, FOR HOW LONG? _____

SIGNATURE _____ DATE _____

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))

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've successfully completed the DOT return-to-duty requirements?

Check one: Yes No

I certify that the information provided on this document is true and correct.

Prospective Employee Signature: _____ Date: _____

Witnessed By: _____ Date: _____
(signature)

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to _____
(Prospective Employer)
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.

(Applicant's 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 in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e., information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

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 300002(a)).

(Signature of Requester)

(Date)

TO: _____

DEAR SIR/MADAM:

The following named person has made application with our company for the position of _____
_____. In accordance with Section 391.23, Federal Department of Transportation Regulations,
please furnish the undersigned with the applicant's driving record for the past three years.

The following named person is employed with our company in the position of _____
_____. In accordance with Section 391.25, Federal Department of Transportation Regulations,
please furnish the undersigned with the employee's driving record for the past year.

NAME OF APPLICANT/DRIVER _____

ADDRESS _____
(Number & Street) (City) (State) (Zip Code)

FORMER ADDRESS _____
(Number & Street) (City) (State) (Zip Code)

DATE OF BIRTH _____ SSN _____ LICENSE NO. _____

REQUESTED BY

(Name of Company)

(Typed Name)

(Address)

(Title)

(City)

(State)

(Signature)



Telephone: 713-467-6700 xt 1425 Fax: 713-935-1212

Reference Check Request

(All Driver applicants must sign *)

Name of Company: _____

Address: _____

City, State, Zip: _____

To Whom It May Concern:

The Individual named within as made application to Bison Building Materials, Inc. For a position as truck driver. We appreciate your prompt reply to our request for the information listed below.

Please fax your response to Lilly Weller fax# 713-935-1212. THANK YOU.

I hereby authorize you to release the following information to Bison Building Materials, Inc. For the purpose of investigation as required be Section 391.23 of the FMCSR. You are released from any and all liability which may result from furnishing such information.

*

Signature

Date

Name: _____ Social Security Number: _____

1) Dates of Employment: _____ to _____ Salary: _____

2) Employed as Driver? _____ If yes, type of Vehicle Driven: _____

3) Did he/she receive any traffic tickets while in your employee? _____

4) Was general conduct satisfactory? _____ Safe & efficient driver? _____

5) Reason for employment separation: _____

6) Is he/she eligible for re-hire? _____

7) Additional Comments: _____

Signature & Title

Date



Telephone: 713-467-6700 xt 1425 Fax: 713-935-1212
Request to obtain past drug and alcohol results

Name of Employee _____

Name of Company: _____

Address: _____

City, State, Zip: _____

To Whom It May Concern:

The Individual named within as made application to Bison Building Materials, Inc. For a position as truck driver. We appreciate your prompt reply to our request for the information listed below. Please fax your response to (713) 935-1212 Attn: Lilly Weller, D.O.T. Specialist

In accordance with Federal Motor Carriers Safety Regulation (FMCSR) (382.413), We are required to obtain from your company, and requires your company to provide us with any information concerning the above referenced individual's past drug and alcohol test results including any and all refusal to comply with such testing.

The referenced individual's written authorization to provide this information follows: I hereby authorize you to release the following information to Bison Building Materials, Inc. For the purpose of investigation as required be Section 382.413 of the FMCSR. You are released from any and all liability which may result from furnishing such information.

Signature

Date: Social Security Number (of employee)

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please initial here _____ sign below, and return.

- 1) Has this employee ever tested positive for a controlled substance in the past 2 years? Yes _____ No _____
- 2) Has this employee had an alcohol test with a Breath Alcohol Content of greater than 0.04 or greater in the last 2 years? Yes _____ No _____
- 3) Has this employee ever refused a required drug or Alcohol screen? Yes _____ No _____
- 4) Has this person ever committed other violations of DOT Agency drug and alcohol testing regulations? Yes _____ No _____
- 5) If this person has violated a DOT drug and alcohol regulation, Do you have any documentation of the employee's successful Completion of DOT return-to-duty requirements, including follow-up Testing. Yes _____ No _____

If you answered "YES" to any of the above questions, please give SAP's (Substance Abuse Professional's) name, address and phone number for further reference:

Name: _____ Phone #: _____

Address: _____

Signature & Title of person completing this form

Date

THE FOLLOWING TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Was this form mailed or faxed to previous employer? _____

Date: _____

Complete below when information is obtained.

Information received from: _____

Method recorded by: _____

Date: _____