

# LONG BROTHERS

OF SUMMERFIELD, INC.

## APPLICATION FOR EMPLOYMENT

*IN COMPLIANCE WITH ALL FEDERAL AND STATE LAWS, LONG BROTHERS CONSIDERS QUALIFIED APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL STATUS, OR DISABILITY OR ANY OTHER LEGALLY PROTECTED STATUS.*

### GENERAL INFORMATION

POSTION(S) APPLIED FOR:	DATE OF APPLICATION:
NAME: _____	
CURRENT ADDRESS: _____ _____	PREVIOUS ADDRESSES: (PAST 3 YEARS) _____ _____
PHONE NUMBER:	ALTERNATE PHONE NUMBER:
SOCIAL SECURITY NUMBER:	
HAVE YOU APPLIED FOR A POSITION HERE BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU WORKED FOR THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES: WHEN? _____ WHAT POSITION? _____	
WHAT LOCATION? _____ REASON FOR LEAVING? _____	
HAVE YOU EVER PLED "GUILTY" OR "NO CONTEST" TO, OR BEEN CONVICTED OF A CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE PROVIDE DATE(S) AND DETAILS _____	
ARE YOU AT LEAST AGE 18? FOR DRIVER APPLICANTS, AGE 21? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DATE AVAILABLE FOR WORK:	EXPECTED PAY RATE:
ARE YOU NOW EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NOT, HOW LONG SINCE YOU WERE LAST EMPLOYED?

1275 Old Belt Way  
Rural Hall, NC 27045  
Telephone 336-642-1089  
Fax 336-969-0375

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WHO REFERRED YOU TO LONG BROTHERS? (ONE NAME ONLY) \_\_\_\_\_

1275 Old Belt Way  
Rural Hall, NC 27045  
Telephone 336-642-1089  
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## EMPLOYMENT HISTORY

BEGINNING WITH YOUR MOST RECENT EMPLOYER, PLEASE PROVIDE THE FOLLOWING INFORMATION:  
(DRIVER APPLICANTS MUST PROVIDE COMPLETE EMPLOYMENT INFORMATION FOR ALL JOBS HELD DURING THE PAST 10 YEARS)

EMPLOYER:	FROM:	TO:
ADDRESS:	POSITION:	
CITY:                      STATE:                      ZIP:	SALARY/WAGE:	
PHONE NO:	REASON FOR LEAVING:	
SUPERVISOR:		
DESCRIPTION OF DUTIES: (INCLUDE TYPE OF TRUCK DRIVEN/MATERIAL HAULED IF APPLICABLE)		
EMPLOYER:	FROM:	TO:
ADDRESS:	POSITION:	
CITY:                      STATE:                      ZIP:	SALARY/WAGE:	
PHONE NO:	REASON FOR LEAVING:	
SUPERVISOR:		
DESCRIPTION OF DUTIES: (INCLUDE TYPE OF TRUCK DRIVEN/MATERIAL HAULED IF APPLICABLE)		
EMPLOYER:	FROM:	TO:
ADDRESS:	POSITION:	
CITY:                      STATE:                      ZIP:	SALARY/WAGE:	
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CITY:                      STATE:                      ZIP:	SALARY/WAGE:	
PHONE NO:	REASON FOR LEAVING:	
SUPERVISOR:		
DESCRIPTION OF DUTIES: (INCLUDE TYPE OF TRUCK DRIVEN/MATERIAL HAULED IF APPLICABLE)		

EMPLOYER:	FROM:	TO:
ADDRESS:	POSITION:	
CITY:                      STATE:                      ZIP:	SALARY/WAGE:	
PHONE NO:	REASON FOR LEAVING:	
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CITY:                      STATE:                      ZIP:	SALARY/WAGE:	
PHONE NO:	REASON FOR LEAVING:	
SUPERVISOR:		
DESCRIPTION OF DUTIES: (INCLUDE TYPE OF TRUCK DRIVEN/MATERIAL HAULED IF APPLICABLE)		

## EDUCATION

CIRCLE HIGHEST GRADE COMPLETED.

1 2 3 4 5 6 7 8 9 10 11 12      COLLEGE: 1 2 3 4      POST GRADUATE:

LAST SCHOOL ATTENDED AND DEGREE RECEIVED:

LIST SPECIAL COURSES AND TRAINING THAT DIRECTLY RELATE TO THIS POSITION:

SUMMARIZE ANY SPECIAL SKILLS, TRAINING, LICENSES AND/OR CERTIFICATES THAT MAY QUALIFY YOU AT BEING ABLE TO PERFORM JOB-RELATED FUNCTIONS IN THE POSITION FOR WHICH YOU ARE APPLYING. INCLUDE SPECIAL COMPUTER SKILLS AND TRAINING.

## REFERENCES

PLEASE LIST THREE PEOPLE WHO CAN ATTEST TO THE QUALITY OF YOUR WORK. DO NOT INCLUDE RELATIVES OR SUPERVISORS WHO WERE LISTED PREVIOUSLY.

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

## APPLICANT CERTIFICATION/SIGNATURE

I certify that the answers given herein are true and complete to the best of my knowledge. I also authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that the policies, rules, regulations of employment or anything said during the interview process shall not be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and is at will. Either the Employer or I may terminate my employment at any time with or without notice or cause. I understand that the Company requires the successful completion of a urinalysis for drug testing purposes as a condition of employment. By submitting this Application for Employment, I hereby consent to said test. I also understand that a positive drug test will result will make me ineligible for hire. I understand that completion of this Application For Employment does not guarantee that I have been employed by this Company. 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 Employer.

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

\_\_\_\_\_  
Date

**DRIVER APPLICANTS ONLY:**

**ACCIDENT RECORD (PAST 3 OR MORE YEARS)**

DATES	NATURE OF ACCIDENT (head-on, rear-end, etc.)	FATALITIES	INJURIES	WHO WAS CITED?
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

HAVE YOU EVER TESTED POSITIVE OR REFUSED TESTING ON A PRE-EMPLOYMENT TEST FOR WHICH YOU WERE NOT HIRED FOR SAFETY SENSITIVE WORK IN THE LAST TWO YEARS?  YES  NO

**TRAFFIC CONVICTIONS AND FORFEITURES (PAST 3 YEARS – OTHER THAN PARKING VIOLATIONS)**

LOCATION	DATE	CHARGE	PENALTY

HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE MOTOR VEHICLE?  YES  NO

HAVE YOU HAD ANY LICENSE, PERMIT OR PRIVILEGE SUSPENDED OR REVOKED?  YES  NO

IF YES TO EITHER QUESTION ABOVE, PLEASE EXPLAIN :

**DRIVER EXPERIENCE AND QUALIFICATIONS:**

	STATE	LICENSE #	TYPE	ENDORSEMENTS	EXPIRES
<b>CURRENT DRIVERS' LICENSE</b>					

LIST STATES YOU HAVE OPERATED IN DURING THE LAST 5 YEARS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, DUMP, FLAT, ETC)	DATES FROM	DATES TO	APPROX. NO. OF MILES (TOTAL)
<b>Straight truck</b>				
<b>Tractor -semi-trailer</b>				
<b>Tractor-2 trailers</b>				
<b>Other</b>				

INDICATE ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY: \_\_\_\_\_

INDICATE SPECIAL EQUIPMENT OR TECHNICAL MATERIALS WITH WHICH YOU CAN WORK:  
 \_\_\_\_\_  
 \_\_\_\_\_

IT IS LONG BROTHERS' POLICY THAT DRIVERS MUST NOTIFY THE COMPANY WITHIN 10 DAYS OF RECEIVING ANY TICKETS, FOR ANY TYPE OF VIOLATION, IN ANY STATE AND IN ANY VEHICLE. ALSO, IT IS OUR POLICY THAT A DRIVER MUST NOTIFY THE COMPANY WITHIN 24 HOURS OF ANY REVOCATION, SUSPENSION OR CANCELLATION OF A COMMERCIAL DRIVERS LICENSE. LONG BROTHERS MAINTAINS A ZERO TOLERANCE POLICY ON THE USE OF DRUGS, ALCOHOL, OR ANY OTHER ILLEGAL SUBSTANCE WHILE ON DUTY AS AN EMPLOYEE OF THE COMPANY. IS THERE ANY REASON WHY YOU WOULD NOT BE ABLE TO ABIDE BY THE ABOVE POLICIES?

YES  NO IF YES, PLEASE EXPLAIN \_\_\_\_\_

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**DAC SERVICES DISCLOSURE AND RELEASE:**

IN CONNECTION WITH MY APPLICATION FOR EMPLOYMENT (INCLUDING CONTRACT FOR SERVICES) WITH YOU, I UNDERSTAND THAT CERTAIN PUBLIC RECORD INFORMATION CONCERNING MY DRIVING RECORD MAY BE REQUESTED FROM DAC SERVICES OF TULSA, OK. I FURTHER UNDERSTAND THAT SUCH REPORTS, PROVIDED BY DAC, ARE FROM FEDERAL AND STATE AGENCIES THAT MAINTAIN SUCH RECORDS.

I AUTHORIZE WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTRACTED BY DAC TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I HAVE THE RIGHT TO MAKE A REQUEST TO DAC, UPON PROPER IDENTIFICATION, TO REQUEST 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 DAC HAS PREVIOUSLY FURNISHED WITHIN THE TWO YEAR PERIOD PRECEDING MY REQUEST. I HEREBY CONSENT TO YOUR OBTAINING THE ABOVE INFORMATION FROM DAC.

\_\_\_\_\_  
APPLICANT'S PRINTED NAME

\_\_\_\_\_  
SOCIAL SECURITY #

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

**PRE-EMPLOYMENT URINALYSIS CONSENT**

I UNDERSTAND THAT AS REQUIRED BY THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS, TITLE 49 CODE OF FEDERAL REGULATIONS, SECTION 392.301, ALL DRIVER APPLICANTS OF THIS COMPANY MUST BE TESTED FOR CONTROLLED SUBSTANCES AS A PRECONDITION FOR EMPLOYMENT. I CONSENT TO THE URINE SAMPLE COLLECTION AND TESTING FOR CONTROLLED SUBSTANCES. I UNDERSTAND THAT A POSITIVE TEST RESULT FOR CONTROLLED SUBSTANCES WILL RENDER ME UNQUALIFIED TO OPERATE A COMMERCIAL MOTOR VEHICLE. THE MEDICAL REVIEW OFFICER WILL MAINTAIN THE RESULTS OF MY TEST. NEGATIVE AND POSITIVE RESULTS WILL BE REPORTED TO THE COMPANY. IF THE RESULTS ARE POSITIVE, THE CONTROLLED SUBSTANCE WILL BE IDENTIFIED. THE RESULTS WILL NOT BE RELEASED TO ANY OTHER PARTIES WITHOUT MY WRITTER AUTHORIZATION. I UNDERSTAND THE ABOVE CONDITIONS AND HEREBY AGREE TO COMPLY WITH THEM.

\_\_\_\_\_  
APPLICANT'S PRINTED NAME

\_\_\_\_\_  
APPLICANT'S SIGNATURE