

# Silver Star Construction Co., Inc.

2401 S. Broadway - Moore, Oklahoma 73160 – (405) 793-1725 / Fax (405) 793-9989

## APPLICATION FOR EMPLOYMENT (CDL)

Silver Star Construction, Co. conforms to all the laws, statutes, and regulations concerning equal employment opportunities and affirmative action. **We strongly encourage women, minorities, individuals with disabilities and veterans to apply to all our job openings.** We are an equal opportunity employer and all qualified applicants will receive consideration for employment without any regard to race, color, religion, gender, national origin, disability status, protected veteran status, or any other characteristic protected by law. Consistent with the Americans with Disabilities Act, applicants may request accommodations if needed to participate in the application process.

### Applicant Information:

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle (Application Completed)

Address: \_\_\_\_\_  
Physical Address (No P.O. Box) Apartment/Unit #

City State ZIP Code

Phone: ( ) ( )  
(Home) (Cell)

Social Security # \_\_\_\_\_ Date Can Start: \_\_\_\_\_ Salary Desired\$ \_\_\_\_\_

Position(s) Applying For: \_\_\_\_\_

Referred by: \_\_\_\_\_

Are you at least 21 years old? YES  NO  Are you legally authorized to work in the US? YES  NO   
(Proof of identity & eligibility will be required upon employment)

Have you ever worked for or applied with this company before? YES  NO  If yes, when? \_\_\_\_\_

Have you ever been convicted, plead guilty, or no contest to a felony? (\*Answering "yes" does not constitute an automatic rejection to employment. Date of offense, seriousness, & nature of violation, & position applied for will be considered.) YES  NO  If yes, when & details: \_\_\_\_\_

Would you object to pre-employment drug Test & Physical? YES  NO  DL # & State: \_\_\_\_\_  
Do you have a good driving record? Yes  or No   
Which CDL license do you have? (A)  or (B)   
Which endorsements? \_\_\_\_\_

Can you perform the essential functions of the position for which you are applying for? YES  NO   
(\*If you have any question as to what functions are applicable to the position for which you are applying for, please ask the interviewer before answering this question.)

### Education:

High School: \_\_\_\_\_ City, State: \_\_\_\_\_ Graduate: Yes  or No

Technical: \_\_\_\_\_ Trade: \_\_\_\_\_ Graduate: Yes  or No

College / Univ: \_\_\_\_\_ Major/Degree: \_\_\_\_\_ Graduate: Yes  or No



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## DRIVERS APPLICATION FOR DOT CERTIFICATION

### PREVIOUS THREE YEARS RESIDENCY

\_\_\_\_\_ # YEARS \_\_\_\_\_  
 (STREET) (CITY) (STATE & ZIP CODE)

\_\_\_\_\_ # YEARS \_\_\_\_\_  
 (STREET) (CITY) (STATE & ZIP CODE)

\_\_\_\_\_ # YEARS \_\_\_\_\_  
 (STREET) (CITY) (STATE & ZIP CODE)

### References:

Please list three persons **not** related to you, whom you have known for at least one year.

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

### DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES FROM (M/Y) TO (M/Y)	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK			
TRACTOR AND SEMI-TRAILER			
TRACTOR – TWO TRAILERS			
OTHER			

### ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>

### TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

DATE CONVICTED (month/year)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (forfeited bond, collateral and/or points)

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## REQUIRED QUESTIONS

- 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 \_\_\_\_\_
- C. Have you ever been convicted of any criminal act involving the use of a CMV or while driving a CMV?  
YES \_\_\_\_\_ NO \_\_\_\_\_
- D. Have you ever refused to be tested for drugs or alcohol for DOT-mandated test? YES \_\_\_\_\_ NO \_\_\_\_\_
- E. Have you ever tested positive for drugs or alcohol on a DOT-mandated test? YES \_\_\_\_\_ NO \_\_\_\_\_
- F. Have you ever tested positive for drugs or alcohol for any DOT-mandated pre-employment test for a job you applied for but did not obtain? YES \_\_\_\_\_ NO \_\_\_\_\_

If you answered yes to any of the above questions, please provide explanation:

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## CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

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:

1. You, as a commercial vehicle driver, may not possess more than one license.
2. If you currently have more than one license, you should 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, you should close your record by notifying the state of issuance that you no longer want to be licensed by that state.
3. Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require 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 to your employing motor carrier and the state that issued your license within 30 days.

DRIVER CERTIFICATION: I certify that I have read and understand the above requirements.  
The following license is the only one I will possess:

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

\* \_\_\_\_\_  
DATE

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

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## EMPLOYMENT RECORD (ATTACH SHEET IF MORE SPACE IS NEEDED)

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers for the seven years prior to the initial three years (total of ten (10) years employment record).

**Must list the phone number and complete mailing address: street number and name, city, state and zip code.**

*Previous employment **must** be completely filled out. Please list current or most recent job first, including explanation of gaps in employment and/or unemployment. (Use additional sheet of paper if necessary). **Incomplete information could disqualify you from further consideration.***

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Salary: \$ \_\_\_\_\_

Position: \_\_\_\_\_ Date From: \_\_\_\_\_ Date To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact your present employer for reference?      YES      NO  
        

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Salary: \$ \_\_\_\_\_

Position: \_\_\_\_\_ Date From: \_\_\_\_\_ Date To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Salary: \$ \_\_\_\_\_

Position: \_\_\_\_\_ Date From: \_\_\_\_\_ Date To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Salary: \$ \_\_\_\_\_

Position: \_\_\_\_\_ Date From: \_\_\_\_\_ Date To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by any of your listed employers either above or any that may have been listed on a separate sheet of paper?

Yes \_\_\_\_\_ No \_\_\_\_\_ If so which one's: \_\_\_\_\_

Were any of your previous positions designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes \_\_\_\_\_ No \_\_\_\_\_ If so which one's:

\_\_\_\_\_  
\_\_\_\_\_

Do you have any special skills, experience, and/or training not listed that would enhance your ability to perform the position applied for?

\_\_\_\_\_  
\_\_\_\_\_

Can you service and inspect equipment? Yes  or No

Can you read & interpret grade stakes? Yes  or No

Do you know how to blue top grade? Yes  or No

Cut a crown? Yes  or No

Grade slopes? Yes  or No

Do you have any objections to working out of town sometimes days at a time? Yes  or No

Why do you feel that you would make a good employee? \_\_\_\_\_

\_\_\_\_\_

What do you feel are your strong points? \_\_\_\_\_

\_\_\_\_\_

What do you look for in a good employer? \_\_\_\_\_

\_\_\_\_\_

Did you see our ad in the newspaper? Yes  or No  \_\_\_\_\_

(Name of paper)

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## Qualifications: (Skills & Experience)

*In order to assist in considering you for a position, please complete the following based on your years of experience and skill level. If you have no previous experience with an item, please leave that portion blank.*

Rate your level of skill per below chart:

**M:** Mastered - Able to train others  
**I:** Intermediate Skills

**A:** Above Average  
**E:** Entry Level

<b>Asphalt Equipment:</b>					
Item	# of Yrs.	Level	Item	# of Yrs.	Level
Asphalt Rake Hand - (Laborer)			Milling Machine		
Roller - (Double Drum or Pneumatic)			Paver		
Bobcat			Tractor		
Front End Loader			Screed Operator		
<b>Dirt Equipment:</b>					
Item	# of Yrs.	Level	Item	# of Yrs.	Level
Box Blade			Motor Grader		
Dozer			Scraper / Tractor Pan		
Front-End Loader / Back Hoe			Track Hoe		
Mixer			Water Truck – CDL w/ tankers		
<b>Concrete Experience:</b>					
Item	# of Yrs.	Level	Item	# of Yrs.	Level
Build Curb By Hand			Operate Curb and/or Paving Machine		
Concrete Laborer			Operate Concrete Saw		
Concrete Finisher			Seal Joints		
Flat Work			Set String Line		
GPS Curb / Paving			Slip Form Paver		
<b>Equipment Services:</b>					
Item	# of Yrs.	Level	Item	# of Yrs.	Level
Air Brake Certified			Oiler – Minor Maintenance		
Equipment Mechanic			Transmission Over Haul		
Engine Over Haul			Truck Mechanic		
Hydraulic Repair			Welder		
<b>CDL - Drivers:</b>					
Item	# of Yrs.	Level	Item	# of Yrs.	Level
10 Wheel Dump Truck			Fuel or Tack Truck – req. hazmat		
Crew Truck w/ Gooseneck			Heavy Haul (moves equipment)		
18 Wheel End Dump Truck			18 Wheel Pneumatic Truck Trailer		
<b>Additional Positions:</b>					
Item	# of Yrs.	Level	Item	# of Yrs.	Level
Asphalt Plant Loader			General Laborer		
Asphalt Plant Operator			Draftsman (AutoCAD)		
Clerical			Surveying		

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## Applicant Authorization:

### Please read carefully before signing:

I certify that the facts contained in this application (and any accompanying resume or sheets of paper, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire which would be with or without cause, or dismissal if I have been employed, no matter when discovered by the company. I understand that any employment is conditioned on a background check. I authorize *Silver Star Construction* to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character, and general reputation to the Company, without giving me prior notice of such disclosure. In addition, I release *Silver Star Construction*, any former employers, and all references listed above from any and all claims, demands, or liabilities arising out of or related to such investigation or disclosure.

“I understand that information I provide regarding current and/or previous 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 current/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.”

I have been informed that my previous DOT Regulated employment history in the previous 3 years can be reviewed by me submitting 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. This company has advised me that within 5 business days after receiving my request or within 5 business days of receiving the information, they will supply the information to me. This company has advised me that if I have not arranged to pick up or receive the requested records from previous employers within thirty (30) days of making them available, this company may consider I have waived the request to review the records.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be “at will” and without fixed term and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or *Silver Star Construction*. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing.

If I am offered employment, I agree to submit to a medical examination, drug / alcohol test before starting work. If employed, I also agree to submit to a medical examination, drug / alcohol test at any time deemed appropriate by *Silver Star Construction* and is permitted by law. I consent to such examination and test, and I request that the examining doctor disclose to *Silver Star Construction*, the result of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations, drug / alcohol test, and if I am hired a condition of my employment agree to abide by *Silver Star Construction's* Drug and Alcohol Policy.

I agree to repay *Silver Star Construction* for any money advanced or for any things of value furnished to me by the Company through payroll deductions or money's due.

I understand that filling out this form does not indicate there is a position open and does not obligate *Silver Star Construction* to hire. If hired, I agree to abide by all Company rules, policies, and procedures. The Company retains the right to revise its policies or procedures, in whole or in part, at any time.

*I certify that my answers are true and complete to the best of my knowledge.*

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

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

**This application is valid for only 60 days from the date signed and dated above. I understand consideration for employment after 60 days requires a new application to be completed.**

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## DISCLOSURE AND AUTHORIZATION FORM CONSENT TO PERFORM CRIMINAL HISTORY BACKGROUND CHECK IN COMPLIANCE WITH THE FCRA (Fair Credit Reporting Act) FOR EMPLOYMENT PURPOSES *Please Read Carefully Before Signing the Authorization*

### DISCLOSURE

In connection with *Silver Star Construction, Inc. & Subsidiaries* (“the Company”) considering me for employment, continued employment, promotion, reassignment, or discipline, I authorize *Silver Star Construction, Inc. & Subsidiaries* (“the Company”) and/or its agent, *Investigative Concepts Inc.*, may now, or at any time I am assigned to or am employed by this Company, conduct investigations whether the records are of a public, private, or confidential nature. These investigations might include, but are not limited to, information on my character, general reputation, personal characteristics, and mode of living from public record sources or through personal interviews with previous employers or associates. Searches of educational institutions attended; state driving records; records of previous employment, including work history, efficiency ratings, complaints and grievances filed by or against me; records and recollections of attorney-at-law or of other counsel, whether representing me or any other person (in either a civil or criminal case in which I have been involved); records from the U.S. Veterans' Administration; criminal history information of file in local, state, or federal agencies. Public record check may include, but not limited to, a criminal or felony background check and sex offender's registry check. After receiving an offer of employment, I understand that a workers' compensation report may be also obtained from either the Department of Labor, Worker's compensation court, National Personnel Records, the Industrial Commission, or similar agencies under the provisions of the Fair Credit Reporting Act 15, USC section 1681 et seq. I also authorize the National Personnel Records Center or other custodian of my military service record, to release to *Investigative Concepts Inc.*, the following information and / or copies of documents from my military service record: DD214, service record, and any disciplinary records.

### AUTHORIZATION

I have read and understand the foregoing Disclosure, and authorize *Silver Star Construction, Inc. & Subsidiaries* to obtain and rely upon consumer reports or investigative consumer reports in considering me for employment and, if I am employed, in considering me for subsequent promotion, assignment, reassignment, retention, or discipline. By my signature below, I authorize, without reservation, any person or entity contracted by *Silver Star Construction, Inc. & Subsidiaries*, or its agent, *Investigative Concepts Inc.*, to furnish the above-stated information and I release any such person or entity from any and all liability for furnishing such information. I further release *Silver Star Construction, Inc. & Subsidiaries*, its affiliated companies, their officers, employees, and agents, and specifically, *Investigative Concepts Inc.*, their affiliated companies, their officers, employees, and agents from any liability and responsibility arising from the preparation of said report. I certify that all of elements of the personal data I have provided are true, accurate and complete. I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge if employed. By my execution hereof I acknowledge I have been provided with a Consumer Disclosure advising me that a report will be requested and used for the purpose of evaluating me for employment, continued employment, promotion, or reassignment as an employee.

I do \_\_\_\_\_do not\_\_\_\_\_ authorize you to contact *my current and past* employers for Employment and Reference Verifications. (This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

### PLEASE PRINT

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of *Silver Star Construction, Inc. & Subsidiaries*

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ (Maiden if applies) \_\_\_\_\_

DOB:\* \_\_\_\_\_ SSN:# \_\_\_\_\_ DR LIC:# \_\_\_\_\_ State: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ How Long? \_\_\_\_\_

Previous Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ How Long? \_\_\_\_\_

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

\*Date of Birth (DOB) will be used solely for the purpose of identification in completing background checks and will not be considered in the “employment” process.\*

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