

# ASHTON

## Contractors & Engineers

### DRIVER EMPLOYMENT SUPPLEMENT APPLICATION

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**EMPLOYMENT HISTORY**

All driver applicants must provide, **in addition to** the employment history required on page one of the Employment application, the following information on **all employers** during **the preceding 3 years**.

**List complete mailing addresses- street number, city, state, and zip code**

Applicants applying to ***operate a motor vehicle*** as defined by Part 383\* shall also provide an **additional 7 years** of information for which the **applicant was an operator of a commercial motor vehicle**.

\*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity, which requires a placard.

**CDL DRIVERS:** Please fill out all paper work. We will need a copy of your driver's license, health card & 3 year motor vehicle report. \*An important reminder-if you have not been in AZ for 3 years we need Motor Vehicle Records from other states to complete a 3 year license history.

Month and Year	Name and Address of Employer	Pay	Job	Reason for Leaving
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				

**DRIVERS LICENSE AND EXPERIENCE**

**List each unexpired commercial motor vehicle operator's licenses you hold:**

State	License Number	Class	Expiration Date

**List the nature and extent of experience you have in the operation of motor vehicles, including the type of equipment:**

Type of Equipment	Specific Equipment (tanker, flatbed, end dump, belly dump, van etc.)	Dates From - To
Straight Truck		
Tractor and Semi Trailer		
Tractor and Two Trailers		
Other		

**DRIVER EMPLOYMENT SUPPLEMENT APPLICATION (CONTINUED)**

**Accident record for the past 3 years (attach additional sheet if more space is needed). If no accidents, write "None":**

Date of accident (most recent first)	Nature of accident (head-on, rear-end, rollover, etc)	Fatalities	Injuries

**List all violations of motor vehicles laws or ordinances with a conviction or forfeited bond/collateral for the past 3 years (other than parking violations). If no violations, write "None":**

Date	Location	Charge	Penalty

- A) Have you ever been denied a license, permit or privilege to operate a motor vehicle?  Yes  No
- B) Has your license, permit or privilege to operate a motor vehicle ever been suspended or revoked?  Yes  No

**If you answered yes to questions A or B, please give details below:**

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I authorize investigation of all statements contained on this form. I understand that misrepresentation or omission of facts is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without previous notice.

This certifies that this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge. NOTE: If submitting electronically and unable to sign, please check the statement below.

By submitting this application online you acknowledge all information just as if you had actually signed this document.

Name: (print) \_\_\_\_\_

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

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

**ASHTON**  
**Contractors & Engineers**

**DRIVER EMPLOYMENT SUPPLEMENT APPLICATION (Authorization for Release of Information)**

I hereby authorize you to release the following information to The Ashton Company Inc. (prospective employer), for the purposes of investigation as required by the Corporation and Section 391.23 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: \_\_\_\_\_

**APPLICANT - PLEASE STOP HERE (Do not complete sections below)**

\*\*\*\*\*  
Previous Employer: \_\_\_\_\_ Phone Number: ( \_\_\_\_\_ )  
Street Address: \_\_\_\_\_ Fax Number: ( \_\_\_\_\_ )  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**REQUEST FOR DRUG/ALCOHOL RESULTS**

**Applicant:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Based upon a review of your company's drug and alcohol test records, please answer the following questions:**

Has this individual had an alcohol test with a confirmed breath alcohol concentration of 0.04 or greater in the past two years?  Yes  No

Has this individual had a controlled substance test with a positive result in the past two years?  Yes  No

Has this individual refused a controlled substance test and/or alcohol test within the past two years?  Yes  No

If you answered "yes" to any of the above questions, please provide The Ashton Company Inc. the name of the person within your company who can confirm dates and results of all positive drug and/or alcohol tests for the above named applicant.

Contact Name: \_\_\_\_\_ Phone #: ( \_\_\_\_\_ )

**REQUEST FOR DRIVING RECORD INFORMATION**

Dates of employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Position held: \_\_\_\_\_

Did applicant operate a commercial motor vehicle?  
 Yes  No If yes, what type of vehicle? \_\_\_\_\_

Was applicant a safe and efficient driver? \_\_\_\_\_

Was applicant's general conduct satisfactory? \_\_\_\_\_

Reason for leaving your company? Discharged:  Lay Off:  Resigned:  Other:

Is applicant eligible for rehire with your company?  
 Yes  No Reason if ineligible: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Printed name of person completing this form: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this page to:** The Ashton Company, Inc., Attn: Human Resources, P.O. Box 26927, Tucson, AZ 85726, or fax to: (520) 624-8314, in compliance with 49 C.F.R. Sections 382.413 and 391.23.