TRI-STAR CONSTRUCTION, LLC

Tri-Star Construction | 1880 N 166th E Ave Tulsa, OK 74116
918-439-9155 | Careers@TriStarLLC.net

DRIVER'S JOB APPLICATION

Date: _____ Last 4 digits of SSN: _____

Last Name: _____ First Name: _____ Middle: _____

Address: _____ City: _____ St: _____ Zip: _____

Phone: _____ Personal Email: _____

Position Applying for: CDL Driver

How did you hear about us:

- ❑ Billboard
- ❑ Facebook
- ❑ Gov/State Agency
- ❑ Walk-In
- ❑ Employment Agency
- ❑ Tech School: _____
- ❑ Indeed
- ❑ Career Fair (School/Org): _____
- ❑ Craigslist
- ❑ Friend/Relative (Name): _____

Have you ever been employed by us before?	❑ Yes	❑ No	If yes, dates: _____
Are you currently employed?	❑ Yes	❑ No	
May we contact your present employer?	❑ Yes	❑ No	
Are you 18 years old or older?	❑ Yes	❑ No	

Are you prevented from lawfully becoming employed in the US due to Visa or Immigration Status?
☐ Yes ☐ No *(Proof of citizenship or immigration status is required upon employment.)*

You are available to work: ❑ Full time ❑ Part Time ❑ Temporary

Date you can begin work: _____

Have you been convicted of, plead guilty to, or plead nolo contendre (no contest) to any felony or misdemeanor offense within the last seven (7) years? Do not include any matters that have been sealed or expunged under Oklahoma law. ☐ Yes ☐ No

(A conviction, plea of guilty or plea of nolo contendre will not automatically disqualify you from employment.)

If yes, please explain (Offense, date, location):

_____

_____

Do you currently have any pending criminal charges? Do not include any matters that have been sealed or expunged under Oklahoma law. ☐ Yes ☐ No

If yes, please describe the charge(s), the county/state and the current status of the case:

_____

_____

Do you hold a valid CDL? ❑ Yes ❑ No

Class: ☐ A ☐ B CDL Expiration Date: _____

When did you obtain your CDL (Month & Year)? _____

Have you held an Oklahoma CDL for the last 5 years? ❑ Yes ❑ No

If no, in which other state(s) were you licensed? _____

Out of State DL Number: _____

Are there restrictions on your CDL? ❑ Yes ❑ No

If Yes, check all that apply: ☐ E ☐ K ☐ L ☐ O ☐ V ☐ Z

Other: _____

Restrictions Glossary:

E: While operating a Class A, B, or CMV, restricted to automatic transmission

K: CDL Intrastate only (Cannot leave the state of Oklahoma with CDL vehicles)

L: Restricted to CDL vehicles without air brakes

O: Restricted from operating tractor-trailers

V: Medical Variance

Z: When operating a CMV, restricted to air over hydraulic

Are there any points on your MVR? ☐ Yes ☐ No

If yes, explain:

_____

_____

_____

Have you had any DOT recordable safety violations, serious traffic violations, or out-of-service orders while operating a CMV in the past three (3) years?	☐ Yes ☐ No
Have you ever tested positive, refused a DOT drug or alcohol test, or otherwise violated a DOT drug or alcohol regulation?	☐ Yes ☐ No
If yes, have you successfully completed the DOT Substance Abuse Professional (SAP) return-to-duty process?	☐ Yes ☐ No
Are you currently on an active DOT Substance Abuse Professional (SAP) return-to-duty process or prohibited from performing safety-sensitive functions under DOT regulations?	☐ Yes ☐ No
Are you registered with the FMCSA Clearinghouse?	☐ Yes ☐ No
Is your DOT Medical Card current?	☐ Yes ☐ No
Is your current DOT medical card registered with DPS?	☐ Yes ☐ No

DOT Medical Card Issued: _____ Expires: _____

Education

School Name	School Address (City, State)	Credits Earned	Major	Diploma/ Degree
High School:				
College:				
Trade/Other:				

Employment History

List below all present and past employment for the **last 3 (MINIMUM)** to 7 years, beginning with your most recent. **All times must be accounted for whether employed or not.** Request an additional sheet if necessary.

Employer #1	
Company Name:	
Address: City:	
State: Zip Code: Company Phone:	
Name/Title of your position held:	
Supervisor's Name: Phone:	
Describe in detail your work and your responsibilities:	
Start Date (Month & Year):	End Date (Month & Year):
Start Salary/Wage:	End Salary/Wage:
Reason for leaving:	

Employer #2	
Company Name:	
Address:	City:
State: Zip Code:	Company Phone:
Name/Title of your position held:	
Supervisor's Name:	Phone:
Describe in detail your work and your responsibilities:	
Start Date (Month & Year):	End Date (Month & Year):
Start Salary/Wage:	End Salary/Wage:
Reason for leaving:	

Employer #3	
Company Name:	
Address:	City:
State: Zip Code:	Company Phone:
Name/Title of your position held:	
Supervisor's Name:	Phone:
Describe in detail your work and your responsibilities:	
Start Date (Month & Year):	End Date (Month & Year):
Start Salary/Wage:	End Salary/Wage:
Reason for leaving:	

Employer #4	
Company Name:	
Address:	City:
State: Zip Code:	Company Phone:
Name/Title of your position held:	
Supervisor's Name:	Phone:
Describe in detail your work and your responsibilities:	
Start Date (Month & Year):	End Date (Month & Year):
Start Salary/Wage:	End Salary/Wage:
Reason for leaving:	

Please list the years and/or months of experience you have operating the following:

Bobtail	_____ years _____ months	End Dump	_____ years _____ months
Heavy Haul	_____ years _____ months	Flatbed	_____ years _____ months
Lowboy	_____ years _____ months	Landall	_____ years _____ months

Describe in detail any Specialized Training, Skills, Certifications, Licenses, or On-the-Job Training programs you have completed:

_____

_____

_____

Professional & Personal References

Reference #1		
Name:	Company:	
Address:		City:
State:	Zip Code:	Phone:
Relationship:		

Reference #2		
Name:	Company:	
Address:		City:
State:	Zip Code:	Phone:
Relationship:		

Reference #3		
Name:	Company:	
Address:		City:
State:	Zip Code:	Phone:
Relationship:		

APPLICANT'S STATEMENT AND CONDITIONS OF EMPLOYMENT

(Please read carefully before signing.)

I certify that the answers given by me in this employment application are true, accurate and complete. I agree that the Company shall not be liable, in any respect, if I am disqualified from employment consideration or if my employment is terminated because of any false or misleading information, misstatements or pertinent omissions made by me in this application, regardless of when discovered.

I understand that, in connection with my application and, if hired, my employment, the Company may conduct a background investigation consistent with applicable law. This may include verification of employment history, education, motor vehicle records, criminal history, references, qualifications, licenses or certifications and other job-related information. I authorize the Company to contact former employers, references, organizations, institutions or other persons to obtain information relevant to my employment, and I release all such persons and entities from liability for providing such information in good faith. Upon a timely written request to the personnel department of the company, the nature and scope of the report will be disclosed to me.

I understand that all offers of employment are contingent upon successfully passing the company's pre-employment screening, which may include drug and alcohol testing, physical examination, and other lawful testing relevant to the position. I agree, as a condition of my employment (should I be employed by the Company), to submit to a medical examination if requested. I hereby release all physicians, examiners, or other persons from liability for any damages whatsoever for such testing, examining, or issuing this information.

If hired, I will comply with all Company, federal, state and local policies, procedures, rules, regulations and standards of conduct, as established from time to time including the Company's substance abuse policy. I understand that violation of Company, federal, state and local policies, procedures, rules, regulations and standards of conduct may result in disciplinary action up to and including termination. I also understand that Tri-Star Construction, LLC retains the right to amend, modify, add, or delete any or all policies or procedures at its sole and absolute discretion.

I understand that I'm applying for a Safety-Sensitive position and that Tri-Star Construction, LLC has a zero tolerance policy for drug use including medical marijuana. I further agree to the search or examination of myself or personal property while on the Company's premises or while conducting its business elsewhere.

I hereby understand and acknowledge that any employment relationship with this Company is of an "At-Will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time, with or without notice, and with or without cause. It is further understood that this "At-Will" employment relationship may not be changed by any written document or by verbal agreement unless such change is specifically acknowledged in writing by the Company President. Furthermore, since the company does not offer contracts of employment (unless signed by the President), I understand that nothing contained herein is intended to create a contract between the Company and me for either employment or the provision of any compensation or benefits.

If hired, I am willing to work all assigned overtime or other special work assignments as requested by the Company, with the exception of any hours that violate Department of Transportation Hours of Service, if applicable.

During my employment with Tri-Star Construction, LLC and after my employment ends, I agree not to disclose any confidential or proprietary information regarding operating and trade secrets. I further agree that with respect to any civil litigation involving Tri-Star Construction, LLC in which I am a potential witness and which does not involve an actual or potential claim by me personally, I will not discuss the facts of the case with any third parties without first notifying Tri-Star Construction, LLC or unless a representative or attorney of Tri-Star Construction, LLC is present.

DOT-Regulated Positions (CDL Applicants)

I understand, acknowledge and agree, that if I am applying for or placed in a position that requires a Commercial Driver License (CDL), I will be subject to the regulations of the Federal Motor Carrier Safety Administration and the U.S. Department of Transportation, including but not limited to:

* The Company is required to conduct a pre-employment DOT drug screen before I may perform safety-sensitive functions. The Company must also conduct random, post-accident and reasonable suspicion DOT drug and alcohol testing when applicable. The Company is required to report any positive results to the FMCSA Clearinghouse
* The Company is required to conduct a full query of my record in the FMCSA Drug & Alcohol Clearinghouse before I may perform safety-sensitive functions and conduct limited queries annually. I may not perform safety-sensitive duties if I am in an active Substance Abuse Professional (SAP) return-to-duty process or otherwise prohibited under DOT regulations
* The Company is required to conduct a motor vehicle records search (MVR) before I may perform safety-sensitive functions and conduct rechecks of my MVR annually
* The Company is required to obtain my DOT drug and alcohol testing history from prior DOT-regulated employers for the past three (3) years
* I will be required to provide electronic consent in the Clearinghouse and complete additional DOT forms as a condition of employment
* The Company is required to have record of current and valid CDL and DOT medical card at all times

It is agreed and understood that completion of this application does not mean a job opening exists and in no way obligates the Company to employ me. If hired, I agree to provide documentation verifying my identity and authorization to work in the United States as required by federal law. A copy of this form may be used as the original. The use of results from this form and/or tests will be used for prudent employment decisions. This application is valid for sixty days from the application date unless renewed in person or in writing.

APPLICANT ACKNOWLEDGEMENT

I acknowledge that I have read, understand, and agree to this Applicant's Statement and Conditions of Employment.

Applicant Name (print): _____

Applicant Signature: _____ Date: _____