



**Allied Construction**  
**Greene Limestone**  
**Allied Redi-Mix**

1000 South Grand Avenue  
P.O. Box 687  
Charles City, Iowa 50616-0687  
www.allied-ia.com

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## CDL APPLICATION FOR EMPLOYMENT

*PLEASE PRINT*

**NOTE TO THE APPLICANT:** This application is used to evaluate your qualifications for employment. Please answer all of the questions on your application accurately. If you fail to do so, you may lose employment opportunities or delay consideration of your employment. This application is not an employment contract. All qualified applicants will receive consideration for employment without regard to race, religion, color, national origin, disability, age, sex, or any other classification protected by federal, state, or local laws. Additional testing of job-related skills, as well as post-offer pre-employment physical (which will include a drug test) may be required.

Job Applied For \_\_\_\_\_ Date \_\_\_\_\_

### PERSONAL INFORMATION

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_  
STREET APT. # CITY STATE ZIP

Telephone Number where you can be contacted \_\_\_\_\_

Are you at least 18 years of age?  YES  NO Child labor laws prohibit employment of individuals under the age of 18 in certain occupations considered to be hazardous.

Are you eligible for employment in the United States?  YES  NO

Do you speak, read, or write fluently in a language other than English?  YES  NO

If YES, describe ability and list language(s) \_\_\_\_\_

On what date would you be available for work? \_\_\_\_\_

Are you available to work:  FULL TIME  PART TIME  SHIFT  TEMPORARY

Are you on a lay-off and subject to recall?  YES  NO

Can you travel if a job requires it?  YES  NO

Would you accept employment  Out-Of-Town  Statewide  Unaccompanied by Family?

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

### EDUCATION

Highest grade completed: 1 2 3 4 5 6 7 8

High School: 1 2 3 4

College: 1 2 3 4 5 6

Last school attended \_\_\_\_\_  
(NAME) (CITY) (STATE)

Degree \_\_\_\_\_

### DRIVER LICENSE INFORMATION

019066H-8 W 2/12/98

License Number \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

CDL Type:  YES  NO Endorsements \_\_\_\_\_

Have you ever been denied a license, permit or privilege to operate a motor vehicle?  YES  NO

If yes, explain \_\_\_\_\_

Has any license, permit or privilege ever been suspended or revoked?  YES  NO

If yes, explain \_\_\_\_\_

Have you had an OWI in the past 5 years?  YES  NO

Have you refused or failed a pre-employment drug test in the last 5 years?  YES  NO

**ACCIDENT RECORD FOR THE PAST 5 YEARS (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE**

	DATE	NATURE OF ACCIDENT (Head-on, Rear-end, Upset, Etc.)	FATALITIES	INJURIES
Last accident				
Next previous				
Next previous				

**TRAFFIC CONVICTIONS/FORFEITURES FOR PAST 5 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE**

LOCATION	DATE	CHARGE	PENALTY

**EXPERIENCE**

What type of trucks or types and makes/models of construction equipment can you operate?

\_\_\_\_\_ Yrs  
\_\_\_\_\_ Yrs  
\_\_\_\_\_ Yrs

What types of trucks or types and makes/models of construction equipment can you repair?

\_\_\_\_\_ Yrs  
\_\_\_\_\_ Yrs  
\_\_\_\_\_ Yrs

List any craft training programs or special courses you have taken \_\_\_\_\_

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

## EMPLOYMENT HISTORY

All CDL applicants who have held a CDL for 10 years, must provide the following information on all employers during the preceding 10 years. Entire 10 years must be accounted for. During periods of unemployment, list dates and write "Unemployed" in employer information. If you have not had a CDL for 10 years, provide information back to the date you first obtained your CDL license. List employers starting with the most recent first. Add additional sheets if necessary.

<b>EMPLOYER</b>			EMPLOYED FROM (MO)	(YR)
NAME			TO (MO)	(YR)
ADDRESS			POSITION	
CITY	STATE	ZIP	SALARY/WAGE	
SUPERVISOR			REASON FOR LEAVING	
PHONE NUMBER			MAY WE CONTACT? ( ) YES	( ) NO
FAX NUMBER			1 <sup>st</sup> CDL EMPLOYER? ( ) YES	( ) NO

<b>EMPLOYER</b>			EMPLOYED FROM (MO)	(YR)
NAME			TO (MO)	(YR)
ADDRESS			POSITION	
CITY	STATE	ZIP	SALARY/WAGE	
SUPERVISOR			REASON FOR LEAVING	
PHONE NUMBER			MAY WE CONTACT? ( ) YES	( ) NO
FAX NUMBER			1 <sup>st</sup> CDL EMPLOYER? ( ) YES	( ) NO

<b>EMPLOYER</b>			EMPLOYED FROM (MO)	(YR)
NAME			TO (MO)	(YR)
ADDRESS			POSITION	
CITY	STATE	ZIP	SALARY/WAGE	
SUPERVISOR			REASON FOR LEAVING	
PHONE NUMBER			MAY WE CONTACT? ( ) YES	( ) NO
FAX NUMBER			1 <sup>st</sup> CDL EMPLOYER? ( ) YES	( ) NO

<b>EMPLOYER</b>			EMPLOYED FROM (MO)	(YR)
NAME			TO (MO)	(YR)
ADDRESS			POSITION	
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SUPERVISOR			REASON FOR LEAVING	
PHONE NUMBER			MAY WE CONTACT? ( ) YES	( ) NO
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<b>EMPLOYER</b>			EMPLOYED FROM (MO)	(YR)
NAME			TO (MO)	(YR)
ADDRESS			POSITION	
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<b>EMPLOYER</b>			EMPLOYED FROM (MO)	(YR)
NAME			TO (MO)	(YR)
ADDRESS			POSITION	
CITY	STATE	ZIP	SALARY/WAGE	
SUPERVISOR			REASON FOR LEAVING	
PHONE NUMBER			MAY WE CONTACT? ( ) YES	( ) NO
FAX NUMBER			1 <sup>st</sup> CDL EMPLOYER? ( ) YES	( ) NO

**REFERENCES**

Include only individuals familiar with your work ability. Do not include relatives.

NAME	PHONE	RELATIONSHIP	YEARS KNOWN

**CERTIFICATION & RELEASE**

I certify that the information contained in this application are true, complete, and accurate. I understand that, if employed, false statements or omissions on this application may result in rejection of my application or discharge at any time during my employment.

I authorize investigation of all statements contained herein. I further authorize all individuals, companies, schools, corporations, courts, and law enforcement agencies to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. I release all parties from all liability for any damage that may result from divulging or using information.

I understand and agree that, if hired, my employment is for no definite period and either I or the company can terminate the employment relationship at any time, with or without cause, and with or without notice. This employment relationship exists regardless of any other statements or policies to the contrary.

I realize that under certain provisions of Iowa law, I may be required to submit to a post offer pre-employment physical (which will include a drug test) as a condition of my employment. I hereby agree to submit to such an examination if required so by company policy and permit disclosure of the results to the company.

Signature \_\_\_\_\_  
(Note: This application will be active for 6 months)

Date \_\_\_\_\_

*This company does not unlawfully discriminate in hiring or any aspect of the employment relationship on the basis of age, race, color, sex, religion, national origin, disability, or any other basis protected by law in the jurisdiction in which the employment is performed.*

**AN EQUAL EMPLOYMENT  
OPPORTUNITY EMPLOYER**