





Are you a U.S. Citizen? ( ) Yes      ( ) No	Sex ( ) Male      ( ) Female	Are you over 18 years of age? ( ) Yes      ( ) No
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Have you ever failed, refused to take, or had a negative dilute or unaltered DOT alcohol or controlled substance test? ( ) Yes      ( ) No      If "Yes", describe in full.
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**IMPORTANT:**

This application does not constitute an offer of employment. All offers of employment are contingent upon a pre-employment drug testing and a medical examination by a physician designated by John J. Brennan Construction Company, Inc., taken after a job offer is extended but before starting work, indicating that the applicant is able to perform the duties of the job applied for and shall include for each person applying for a position involving the operation or repair of trucks, equipment or other machinery or as required by law, drug testing. As a condition of employment, each employee must agree to be bound by and fully comply with the terms and conditions stated in the John J. Brennan Construction Company, Inc. Policy Manual, as amended from time to time. A copy of the manual will be provided. Said Policy Manual provides, in part, for legal and/or random drug testing and search of lockers, desks, containers, etc. on Company property.

I am aware that my hours and/or shift may change at the sole discretion of the employer.

I certify that the information given to me in this application is true in all respects, and I agree that if I am employed and the information is found to be false or misleading in any respect, I will be subject to immediate dismissal if and when discovered. I authorize the use of any information in this application to verify my statements, and I authorize past employers, references and any other persons to answer all questions asked concerning my ability, character, and previous employment record. I release all such persons and this Company from any liability or damages on account of having sought or furnished such information.

Should I be employed, I understand that such employment will be on a probationary basis for a period of ninety (90) days from the date of hire. I further understand that completion of the probationary period will not result in any employment contract, or employment for any specific term, but that I shall remain employed solely on an at-will basis of my employment may only be altered by writing signed by an officer of the John J. Brennan Construction Company, Inc.

In making this application for employment, I understand that a consumer report may be requested whereby information is obtained through personal interviews with my neighbors, friends, former employers, or others with whom I am acquainted. This inquiry includes information about my character, general reputation, medical history and personal characteristics.

I understand that this application will only be considered for 30 days and that if the Company does not employ me during this period, it will be necessary for me to file a new application for employment with the Company for further consideration.

The information provided in this application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my immediate dismissal. I understand that acceptance of an offer of employment does not create an employment contract or a contractual obligation upon the employer to continue to employ me in the future. If you decide to engage an investigative consumer-reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained, you agree to provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.	
Date _____	Signature _____

APPLICANT COMPLETE THE FOLLOWING  
Release Authorization

1. In connection with my application for employment, I understand that an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: worker's compensation injuries, driving record, court record, education, credentials, credit and references.

2. Medical and worker's compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer reporting agency. If so, I will be notified and given the name and address of the agency or the source which provided the information.

3. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies, including the Minnesota Department of Labor.

4. Minnesota applicants only. If you want a copy of the report(s) check this box D. The report(s) will be sent by the reporting agency to you at the address below.

5. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by AVERT, INC. or its agent to furnish the information described in Section 1.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the request for or release of any of the above mentioned or reports.

Print full name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Print other names you have used: \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State ----- Zip Code \_\_\_\_\_

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

Date of Birth \_\_\_\_\_

Sex  Male  Female

Race  Asian  Black  White  
 Hispanic  Other \_\_\_\_\_

Driver's License # \_\_\_\_\_ State Issuing License \_\_\_\_\_

Name as it appears on license \_\_\_\_\_

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

**IF REQUIRED, NOTARIZE HERE**

When using an embossed seal, please shade with pencil before faxing.

Subscribed and sworn before me:

Name \_\_\_\_\_

Date \_\_\_\_\_

Notary Public \_\_\_\_\_

My commission expires \_\_\_\_\_

**THIS PAGE CONTAINS SENSITIVE INFORMATION. KEEP ONLY IN SECURE FILES, SEPARATELY FROM PERSONNEL RECORDS!**

## APPLICATION FOR EMPLOYMENT

COMPANY John J. Brennan Construction Co. STREET ADDRESS 70 Platt Road

CITY, STATE AND ZIP CODE Shelton, CT 06484

NAME \_\_\_\_\_  
(FIRST) (MIDDLE) (Maiden Name, if any) (LAST)

ADDRESS \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
(STREET) (CITY) (STATE & ZIP CODE)

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_ HIRE DATE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

### PREVIOUS THREE YEARS RESIDENCY

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

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

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

(ATTACH SHEET IF MORE SPACE IS NEEDED)

### LICENSE INFORMATION

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

### DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES FROM	TO	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)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

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

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

B. Has any license, permit or privilege ever been suspended or revoked? YES \_\_\_\_\_ NO \_\_\_\_\_

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

**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 you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

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

LAST EMPLOYER: NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes  No

Was the previous job position 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

SECOND LAST EMPLOYER: NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes  No

Was the previous job position 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

THIRD LAST EMPLOYER: NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes  No

Was the previous job position 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

**TO BE READ AND SIGNED BY APPLICANT**

I authorize you to make sure investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

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 Company.

"I understand that information I provide regarding current and/or previous employers may be used, and those 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."

\_\_\_\_\_  
DATE

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

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

\_\_\_\_\_  
DATE

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

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