



Grant County Concrete Co., Inc.
 25 Ruthman Drive
 Dry Ridge, KY 41035
 859-824-5097
 859-824-5130

Application Date

Application for Employment (DOT)

Personal Information						
Name:	Last	First	Middle	Date of Birth	Social Security #	Phone #
Please list below your current address and your two most recent addresses:						
Current						
	Street		City	State	Zip	Dates:
Previous						
	Street		City	State	Zip	Dates:
Previous						
	Street		City	State	Zip	Dates:
Emergency Contact				Relationship		Phone

Drivers License Information			
State	License#	Type	Expiration Date
State	License#	Type	Expiration Date

Driver Experience			
Type of Equipment	From (Date)	To (Date)	Approximate # Miles
Type of Equipment	From (Date)	To (Date)	Approximate # Miles

Have you ever been denied a license, permit, or privilege to operate a motor vehicle?	Yes	No
Has any license, permit or privilege ever been revoked or suspended:	Yes	No
If you answered yes to either of the above questions, please provide details and dates of such action, on the back of this form.		

Tickets/Accidents/Etc.			
Accident record for the past 3 years			
Date	Description	# Injuries/Fatalities	
Traffic Violations, Convictions, Forfeitures, for the past 3 years			
Date	Location	Charge	Penalty



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Employment Record			
DOT requires employment history for the past 3 years and/or commercial driving experience for the past 10 years.			

Employer	From	To		
Address			Phone#	
Position	Supervisor	Reason for Leaving		
Were you subject to the FMCSRs while employed:	Yes	No		
Was your job designation as a safety sensitive function in any DOT regulated mode subject to the Drug & Alcohol Testing requirements?	Yes	No	Yes	No

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Applicant is to Read and Sign

I authorize you to make such investigations and inquiries of my personal, employment, financial, or medical history and other related matters as may be necessary in arriving at an employment decision. 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 interviews may result in discharge. I also understand that I am required to abide by all rules and regulations of the company.

I understand that the information I provide regarding current and/or previous employers may be used, and those employers will be contacted for the purpose of investigating my safety and performance history.

Applicant Signature

Date