

**Construction Machinery Industrial, LLC.**  
**APPLICATION FOR EMPLOYMENT**



*PLEASE PRINT CLEARLY*

Position(s) Applied For		Date of Application:
How Did You Learn About Us?		Date Available to Work:
Salary expected:		

Last Name		First Name			Middle Name
Address		City	State	Zip Code	Move in date:
If less than 3 years at current address, list previous addresses for previous 3 years					
Address		City	State	Zip Code	Move in date:
Address		City	State	Zip Code	Move in date:
Email Address:			Telephone Number(s)		
Are you of legal working age?		Date of Birth:		Social Security Number	
<input type="checkbox"/> Yes <input type="checkbox"/> No					

Are you authorized to work unrestricted in the U.S.?	Yes	No
Have you previously worked for CMI? If Yes, provide dates of employment, work location and supervisor's name	Yes	No
Have you ever been convicted of a felony or misdemeanor? If Yes, provide date, charge and location.	Yes	No
Do you smoke and/or use tobacco products? (a yes will not necessarily disqualify an applicant for employment)	Yes	No
Do you use illegal drugs? (a yes answer will disqualify an applicant for employment)	Yes	No
Are you able to perform the essential functions of the position with or without accommodations? (see Job Description)	Yes	No
Are you willing to work overtime, if required?	Yes	No
Are you willing to relocate, if required?	Yes	No
Do you have a current valid driver's license?	Yes	No

**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:

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Do you have a pending charge or past conviction for driving while intoxicated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Has any license, permit or privilege ever been suspended or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Do you have a pending charge or past conviction for possession of a controlled substance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. Have you ever been refused liability insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
F. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered "yes" to A-F, attach a statement giving details.

## DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Approx. Number of Miles
		From	To	
Straight Truck				
Tractor and Semi Trailers				
Tractor – Two Trailers				
Other				

### Traffic Convictions and Forfeitures for the past 3 years (other than parking violations)

Date Convicted (month/year)	Violation	State of Violation	Penalty (forfeited bond, collateral and/or points)

### 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 of Fatalities	Number of Injuries	Chemical Spills

## EDUCATION

	Name & Address	Major	Years Completed	Degree	GPA
High School					
College/ University					
Other (Trade)					

Do you plan additional study? If yes, please explain:
What foreign languages do you speak, read or write? (if applicable)
What other skills do you have relevant to your position?
Do you hold any certifications?

## EMPLOYMENT EXPERIENCE

Please provide the following information on all employers during the previous three years. Please also include 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)

Employer		Dates Employed From                  To		Describe your Responsibilities:
Address				
Telephone Number(s)		Hourly Rate/Salary Starting                  Ending		
Job Title	Supervisor			
Reason for Leaving:				
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?				<input type="checkbox"/> Yes <input type="checkbox"/> 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?				<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer		Dates Employed From                  To		Describe your Responsibilities:
Address				
Telephone Number(s)		Hourly Rate/Salary Starting                  Ending		
Job Title	Supervisor			
Reason for Leaving:				
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?				<input type="checkbox"/> Yes <input type="checkbox"/> 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?				<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer		Dates Employed From                      To		Describe your Responsibilities:
Address				
Telephone Number(s)		Hourly Rate/Salary Starting                      Ending		
Job Title	Supervisor			
Reason for Leaving:				
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?				<input type="checkbox"/> Yes <input type="checkbox"/> 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?				<input type="checkbox"/> Yes <input type="checkbox"/> No

CMI, LLC provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability or genetics. In addition to federal law requirements, CMI, LLC complies with applicable state and local laws governing nondiscrimination in employment in every location in which the company has facilities. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.

CMI, LLC expressly prohibits any form of workplace harassment based on race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, genetic information, disability, or veteran status. Improper interference with the ability of CMI's employees to perform their job duties may result in discipline up to and including discharge.

### CERTIFICATION AND AGREEMENT

**PLEASE READ THE FOLLOWING INFORMATION CAREFULLY BEFORE SIGNING**

I certify that all of the information on this application and accompanying documentation (e.g., resume), if any, is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions of data may disqualify me from further consideration for employment and if employed may result in immediate dismissal.

I agree to conform to the rules and standards of the company and I understand that employment in all instances is "at will" and can be terminated with or without cause, and with or without notice, at any time at the option of either the company or myself. I understand that no one other than the president has authority to enter into any agreement for employment for any specified period of time or to make any arrangements necessary to the foregoing. I also understand that a drug test is required of all applicants for employment and the findings will be used in making an employment decision and I may be subject to announced drug testing as a condition of continued employment on a quarterly basis.

I hereby authorize Construction Machinery Industrial, LLC and its designated representatives to conduct an investigation of my employment history, background and motor vehicle driving record (if applicable) and to conduct a drug test. 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 agree to hold Construction Machinery Industrial, LLC and its designated representatives harmless from all claims of liability resulting from any investigation or drug test.

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.