

EMPLOYMENT EXPERIENCE (List most recent experience first)

Name & Address	Position(s) Held	Dates (Start - End)

REFERENCES

Name & Address (Include City, State, Zip)	Phone	Relationship

The following section is to be completed by applicant for an OFFICE POSITION:

Can you type? _____ How many words per minute? _____

Computer Skills Macintosh _____ PC _____

Please provide computer and software knowledge below:

I certify that all statements made herein and on the enclosed resume are true and correct to the best of my knowledge. I authorize investigation of all statements herein recorded. I release from liability all persons and organizations reporting information required by this application.

Signature

Date

APPLICATION FOR EMPLOYMENT CURTIN TRUCKING & DRAINAGE, INC.

INSTRUCTIONS TO APPLICANTS

To be considered for Curtin Employment, You must answer all questions and complete ALL Sections of this application form.

CURTIN TRUCKING & DRAINAGE ONLY EMPLOYS US CITIZENS OR ALIENS WHO CAN PROVIDE PROOF OF IDENTITY AND WORK AUTHORIZATION WITHIN 3 WORKING DAYS OF EMPLOYMENT MALES SUBJECT TO MILITARY SELECTIVE SERVICE REGISTRATION MUST CERTIFY COMPLIANCE TO BE ELIGIBLE FOR CURTIN EMPLOYMENT (G.S. 143B-421.1) SEE AVAILABILITY BLOCK.

WHEN COMPLETING THIS APPLICATION, PLEASE MAKE SURE YOU

COMPLETE THE SECTION FOR EQUAL OPPORTUNITY INFORMATION

APPLY FOR ONE VACANCY PER ALLICATION

GIVE COMPLETE INFORMATION ON YOUR EDUCATION AND WORK HISTORY ("SEE RESUME" IS NOT ACCEPTABLE).

LIST SEPARATELY EACH JOB HELD AND YOUR DUTIES FOR EACH POSTION WHEN YOU WORKED FOR ONE EMPLOYER AND HELD MORE THAN ONE POSITION.

CHECK FOR ACCURACY, SIGN AND DATE YOUR APPLICATION

THANK YOU FOR YOUR INTEREST IN CURTIN TRUCKING, WE WANT TO FIND THE BEST QUALIFIED PEOPLE AVAILABLE TO WORK FOR OUR COMPANY.

Equal Opportunity Information

Curtin Trucking & Drainage, Inc. policy prohibits discrimination based on race, sex, color, creed, national origin, age or disability. Sex, age or absence of disability is a bona fide occupational qualification in a small number of Curtin jobs. The information requested below will in no way affect you as an applicant. Its sole use will be to see how well our recruitment efforts are reaching all segments of the population.

Date of Birth

Gender

(Month) (Day) (Year)

Male

Female

DISABILITY: "Disability means, with respect to an individual: (1) a physical or mental impairment that substantially limits one or more of the major life activities of such an individual; (2) a record of such an impairment; or (3) being regarded as having such an impairment" (Americans with Disabilities Act of 1990). Persons without a disability should check item A. The reporting of a **disability is strictly VOLUNTARY**. Persons with disabilities who **DO NOT WISH** to report their disabilities should check item A. Information reported on this form will be kept confidential as required by State Law. Public disclosure of this information without consent would be a violation of G.S. 126-27.

- | | |
|---|---|
| A. <input type="checkbox"/> None/ Prefer not to report | G. <input type="checkbox"/> Respiratory impairment |
| B. <input type="checkbox"/> Blind or severely visually impaired | H. <input type="checkbox"/> Nervous system / Neurological disorder |
| C. <input type="checkbox"/> Deaf or severely hearing impaired | I. <input type="checkbox"/> Mentally restored |
| D. <input type="checkbox"/> Loss of limited use of arms and / or hands | J. <input type="checkbox"/> Mental retardation |
| E. <input type="checkbox"/> Non-ambulatory (must use wheelchair) | K. <input type="checkbox"/> Learning Disability |
| F. <input type="checkbox"/> Other orthopedic impairment (including amputation, Arthritis, back injury, cerebral palsy, spinal bifida, etc.) | L. <input type="checkbox"/> Others (heart disease, diabetes, speech impairment) |
| | M. <input type="checkbox"/> Other (please specify) _____ |

Ethnic Group

- | | | |
|---|---|---|
| 1. <input type="checkbox"/> White (non-Hispanic) | 3. <input type="checkbox"/> Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, other Spanish origin Regardless of race) | 4. <input type="checkbox"/> Asian |
| 2. <input type="checkbox"/> Black (non- Hispanic) | | 5. <input type="checkbox"/> American Indian |

WOLFE REALITY CHECK CONSUMER REPORT and
INVESTIGATIVE CONSUMER REPORT DISCLOSURE
(FOR EMPLOYMENT PURPOSES)

In connection with your employment or application for employment (including contract for services) and continued employment with us and in accordance with applicable laws, a consumer reporting agency ("Agency") may obtain or assemble consumer reports and/or investigative consumer reports (collectively, "Reports") which may include information about you related to previous employment (including employers, dates of employment, salary information, reasons for termination, etc.), accident history, academic history, verification of references and other information supplied by applicant, professional credentials, drug/alcohol use in violation of law and/or company policy, driving record, workers' compensation claims, criminal history records, information about your character, general reputation, personal characteristics and mode of living (collectively, "Information"). Information may be obtained from government agencies, educational institutions, Agency clients, personal references, personal interviews and other information suppliers (collectively, "Suppliers"), and any report of an interview between the Agency and you.

PART I - AUTHORIZATION FOR RELEASE OF INFORMATION (FOR EMPLOYMENT PURPOSES)

I hereby authorize Agency to receive information and disclose such information to its customers for the purpose of making a determination as to my eligibility for employment, promotion, retention or other lawful purpose. If hired or contracted, I authorize Agency and to retain this document on file to act as ongoing authorization for the procurement and possession of Reports at any time during my employment or contract period. I fully release Agency and Suppliers from all claims of damages related to the investigation of my background and provision of information as set forth in this disclosure and authorization. I agree that information in Agency's possession may be supplied by Agency for legally permissible purposes; provided, such information will not include the Drug and Alcohol information set forth above, unless I have given a separate specific consent for Agency to share such information.

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this disclosure and authorization for release; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; (vi) I authorize Agency and any person or entity contacted by Agency to furnish the above mentioned information; and (vii) facsimile or photographic copies of this authorization are as valid as the original

I understand that if I do not consent, any offer of my employment or contract will be withdrawn. If hired failure to cooperate with you or Agency regarding a current or future report will be cause to terminate my employment or contract.

Date of Birth: _____ Social Security #: _____

LEGAL Printed Name: _____ Applicant Signature: _____

Address: _____

Driver's License STATE & #: _____

Today's Date: _____

REQUEST FOR INFORMATION From Previous Employer

I hereby authorize you to release the following information to

_____ for the purposes of investigation
(Prospective Employer)
as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

Date _____ Applicant's Signature _____

MAIL TO:

Dear Sir/Madam:

The below named individual has made application to this company for a position as _____
and states that he/she was employed by you as _____
from _____ to _____.

We appreciate your time in completing, in confidence, the information requested below. Enclosed is a business reply envelope for your convenience. Thank you for your courtesy.

Sincerely,

Name of Applicant: _____ Social Security No.: _____

1. Employed from _____ to _____ as _____ at wage or salary of _____.
2. Did he/she drive motor vehicle for you? _____, Straight Truck? _____, Tractor-Semitrailer? _____, Bus? _____. Other (Specify) _____
3. Was he/she a safe and efficient driver? _____
4. Reason for leaving your employ: Discharged _____; Resignation _____; Lay Off _____; Military Duty _____.
5. Was his/her general conduct satisfactory? _____
6. Please advise history of past driving record if available for past three years _____

(Over)

CONFIDENTIAL REPORT OF PERSONAL REFERENCE

Please indicate your opinion by placing a check (√) in the appropriate column.

CHARACTERISTICS	EXCELLENT	GOOD	FAIR	POOR
Disposition, Tact, Ability to get along with others				
Initiative, Resourcefulness				
Safety Habits				
Driving Skill				
Attitude				
Loyalty				

Any other remarks _____

SIGNATURE _____

TITLE _____

DATE _____

**FOR PROSPECTIVE EMPLOYER'S RECORD
 MAINTAIN THIS INFORMATION IN THE DRIVER QUALIFICATION FILE FOR
 3 YEARS AFTER THE PERSON'S EMPLOYMENT BY THE MOTOR CARRIER CEASES.**