

**DOT EMPLOYMENT APPLICATION (49CFR199.1 to 199.245)**

Answer ALL questions

**Pierce Construction and Maintenance Co., Inc.**  
1505 Hwy. 11  
Petal, MS 39465



PLEASE NOTE: IF YOU ARE HIRED AS A RIG WELDER WITH YOUR OWN RIG OR AS A MECHANIC/OPERATOR WITH YOUR OWN TRUCK WITH TOOLS PLEASE SEE NOTE ON PAGE 4

We are an Equal Opportunity Employer that does not discriminate in employment based on race, color, creed,

age, sex, national origin, physical or mental handicap, ancestry, religion, marital status, sexual orientation, military service, or any other characteristic protected by law. Pierce Construction & Maintenance Co., Inc. will endeavor to make a reasonable accommodation to the physical or mental limitations of a qualified applicant with a disability unless the accommodation would impose an undue hardship to the operation of the business or not meet federal requirements as set by the PHMSA. If you require assistance to complete this form or to participate in an interview, please let us know.

Name (First) \_\_\_\_\_ (Middle Initial) \_\_\_\_\_ (Last) \_\_\_\_\_

Current Address \_\_\_\_\_  
Street City State Zip

How long at current address? \_\_\_\_\_ Email Address: \_\_\_\_\_

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

List additional addresses of residency for the past three (3) years:

Address	City	State	Zip	How Long?

Have you been discharged, terminated or suspended from any position you have held? Yes No

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

Have you ever been convicted of a felony? Yes No

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

Have you tested positive or refused to test on any DOT drug or alcohol test during the past three (3) years, including any Pre-employment test for any company to which you applied, but did not obtain work? Yes No

Have you been convicted of driving under the influence of alcohol, narcotic drugs, amphetamines or derivatives there of during the past (3) years? Yes No

Are you a U.S. citizen? Yes No If no, do you have a legal right to remain in the U.S.? Yes No

Do you have a current legal work permit? Yes No

**EMERGENCY CONTACT INFORMATION:**

-----  
Name Relationship

-----  
Address City State Zip

-----  
Telephone #1 Telephone #2

Have you worked for this company before? Yes No If yes, where? \_\_\_\_\_

Dates: From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Who referred you? \_\_\_\_\_

# EMPLOYMENT HISTORY

List all employment, full and part time, for the **past 2 years**. Indicate any period of unemployment exceeding 30 days. Start with the most current or present position and work backwards.

**CURRENT POSITION** - Dates: From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Company _____		Telephone _____
Address _____		City, State, Zip _____
Supervisor _____		Position Held _____
Full Time	Part Time	Reason for Leaving _____
Work performed & Job responsibilities: _____		
Was employment designated as a "safety sensitive function" in regard to drug/alcohol testing required by DOT 49CFR Part 40?      Yes      No		

Dates: From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Company _____		Telephone _____
Address _____		City, State, Zip _____
Supervisor _____		Position Held _____
Full Time	Part Time	Reason for Leaving _____
Work performed & Job responsibilities: _____		
Was employment designated as a "safety sensitive function" in regard to drug/alcohol testing required by DOT 49CFR Part 40?      Yes      No		

Dates: From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Company _____		Telephone _____
Address _____		City, State, Zip _____
Supervisor _____		Position Held _____
Full Time	Part Time	Reason for Leaving _____
Work performed & Job responsibilities: _____		
Was employment designated as a "safety sensitive function" in regard to drug/alcohol testing required by DOT 49CFR Part 40?      Yes      No		

Dates: From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Company _____		Telephone _____
Address _____		City, State, Zip _____
Supervisor _____		Position Held _____
Full Time	Part Time	Reason for Leaving _____
Work performed & Job responsibilities: _____		
Was employment designated as a "safety sensitive function" in regard to drug/alcohol testing required by DOT 49CFR Part 40?      Yes      No		



## EMPLOYMENT HISTORY

List all employment, full and part time, for the **past 2 years**. Indicate any period of unemployment exceeding 30 days. Start with the most current or present position and work backwards.

**Dates:** From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Company _____	Telephone _____
Address _____ City, State, Zip _____	
Supervisor _____	Position Held _____
Full Time	Part Time
Reason for Leaving _____	
Work performed & Job responsibilities: _____	
Was employment designated as a "safety sensitive function" in regard to drug/alcohol testing required by DOT49CFR Part 40?      Yes      No	

**Dates:** From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Company _____	Telephone _____
Address _____ City, State, Zip _____	
Supervisor _____	Position Held _____
Full Time	Part Time
Reason for Leaving _____	
Work performed & Job responsibilities: _____	
Was employment designated as a "safety sensitive function" in regard to drug/alcohol testing required by DOT49CFR Part 40?      Yes      No	

### DRIVERS LICENSE INFORMATION - List ALL licenses held in past three (3) years

STATE	LICENSE #	CLASS	ENDORSEMENTS	EXPIRATION DATE

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?    Yes      No
- B. Has any license, permit or privilege ever been suspended or revoked?    Yes      No

### EDUCATIONAL BACKGROUND:

#### HIGH SCHOOL:

NAME AND LOCATION: \_\_\_\_\_

YEARS COMPLETED: \_\_\_\_\_ YEAR GRADUATED: \_\_\_\_\_

#### COLLEGE:

NAME AND LOCATION: \_\_\_\_\_

YEARS COMPLETED: \_\_\_\_\_ YEAR GRADUATED: \_\_\_\_\_

COURSE OF STUDY: \_\_\_\_\_

OTHER: \_\_\_\_\_

**REFERENCES:**

NAME:

TELEPHONE

YEARS KNOWN

---



---



---

Do you have transportation to and from work?     YES     No

Are you willing to work for extended periods of time at out of town job locations?     YES     No

IT IS UNDERSTOOD AND AGREED UPON THAT ANY MISREPRESENTATION BY ME IN THIS APPLICATION WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF THIS APPLICATION AND/OR SEPARATION FROM THE EMPLOYER'S SERVICE IF I HAVE BEEN EMPLOYED.

I GIVE THE EMPLOYER THE RIGHT TO INVESTIGATE ALL REFERENCES AND TO SECURE ADDITIONAL INFORMATION ABOUT ME, IF JOB RELATED. I HEREBY RELEASE FROM LIABILITY THE EMPLOYER AND ITS REPRESENTATIVES FOR SEEKING SUCH INFORMATION, AND ALL OTHER PERSONS, CORPORATIONS OR ORGANIZATIONS FOR FURNISHING SUCH INFORMATION.

THE EMPLOYER IS AN EQUAL OPPORTUNITY EMPLOYER. THE EMPLOYER DOES NOT DISCRIMINATE IN EMPLOYMENT AND NO QUESTION ON THIS APPLICATION IS USED FOR THE PURPOSE OF LIMITING OR EXCUSING ANY APPLICANTS CONSIDERATION FOR EMPLOYMENT ON A BASIS PROHIBITED BY LOCAL, STATE OR FEDERAL LAW.

THIS APPLICATION IS CURRENT FOR ONLY 60 DAYS. AT THE CONCLUSION OF THIS TIME, IF I HAVE NOT HEARD FROM THE EMPLOYER AND STILL WISH TO BE CONSIDERED FOR EMPLOYMENT, IT WILL BE NECESSARY TO FILL OUT A NEW APPLICATION.

I UNDERSTAND THAT JUST AS I AM FREE TO RESIGN AT ANY TIME, THE EMPLOYER RESERVES THE RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE AND PRIOR NOTICE. I UNDERSTAND THAT NO REPRESENTATIVE OF THE EMPLOYER HAS THE AUTHORITY TO MAKE ANY ASSURANCES TO THE CONTRARY.

**Rig Welders and Mechanic/Operators with Trucks:**

It is the policy of Pierce Construction and Maintenance Co., Inc. to work only with individuals and companies that are adequately insured.

A copy of your certificate of Insurance must be provided with this application for employment. Minimum insurance requirements for liability insurance are \$100,000/per incident and \$300,000 combined limit.

Insurance Carrier \_\_\_\_\_

Expiration Date of Current Policy \_\_\_\_\_

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



PIERCE CONSTRUCTION AND MAINTENANCE Co., INC.

INDUSTRIAL DIVISION

POST OFFICE BOX 485

PETAL, MS 39465

PHONE 601-544-1321

FAX 601-544-3371

PIERCEPCM.COM

"Release of Information Form -- 49 CFR Part 40 Drug and Alcohol Testing"

Section I. To be completed by the new employee, signed by the employee, and transmitted to the previous employer:

Employee Printed Name: \_\_\_\_\_

Employee SS or ID Number: \_\_\_\_\_

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in Section I-B, to the employer listed in Section I-A. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in Section II-A by my previous employer, is limited to the following DOT-regulated testing items:

- 1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STOP STOP STOP

New Employer Name: Pierce Construction & Maintenance Co., Inc.
P. O. Box 485, Petal, MS 39465
Phone: 601-544-1321 Fax: 601-544-3371

Designated Employer Representative: \_\_\_\_\_

Previous Employer Name: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:

In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing

Section II-A:

- 1. Did the employee have alcohol tests with a result of 0.04 or higher? YES \_\_\_ NO \_\_\_
2. Did the employee have verified positive drug tests? YES \_\_\_ NO \_\_\_
3. Did the employee refuse to be tested? YES \_\_\_ NO \_\_\_
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? YES \_\_\_ NO \_\_\_
5. Did a previous employer report a drug and alcohol rule violation to you? YES \_\_\_ NO \_\_\_
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? N/A \_\_\_ YES \_\_\_ NO \_\_\_

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

Name of person providing information in Section II-A: \_\_\_\_\_

Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

Date: \_\_\_\_\_