



2601 South Federal Ave.
 Mason City, IA 50401
 Phone (641) 424-1733
 Fax (641) 424-0334

APPLICATION FOR EMPLOYMENT

If you need help filling out this application form for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

1. Please read "APPLICANT NOTE" below.
2. If more space is needed to complete any questions, use the other side of this application.
3. Print clearly.
4. 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 applicant's consideration for employment on a basis prohibited by local, state or federal law.
5. This application is current for only 6 months. 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.
6. 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 without prior notice. I understand that no representatives of the employer has the authority to make any assurances to the contrary.
7. I understand it is the company's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.

Today's Date: _____

Name: _____
Last First Middle (Maiden, if any)

Home Telephone: _____

Cell Telephone: _____

E-mail Address: _____

Current Address: _____
Street

City State Zip

Time at this Residence: _____
Years Months
 (If less than three years – complete the following)

Previous Three Years Residency:

Street	City	State	Zip	# of Years
Street	City	State	Zip	# of Years
Street	City	State	Zip	# of Years

APPLICANT NOTE

This application form is intended or used in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completed and accurately.

Please do not fill out any part of this section you believe to be non-job related.

False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills and for the presence of drugs in your body will be required prior to employment. After an offer of employment, and prior to reporting to work, you are required to submit to a medical review. Depending on the needs of the job, you will be required to complete a medical history form and be required to be examined by a medical professional designated by the Company.

AVAILABILITY

For which position(s) are you applying? Flagger Laborer Truck Driver Equipment Operator Office

Date available? _____ What category would you prefer? Full-Time Part-Time Temporary Labor PoolFor which schedules are you available? Weekdays Weekends Evenings Nights Overtime Other**JOB RELATED SKILLS**

NOTE: DO NOT fill out any part of this section you believe to be non-job related.

 Yes No If the job requires, do you have the appropriate valid driver's license?**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.* Class C (car) Class B (CDL) Class A (CDL & air brakes)
 Other Endorsements _____ Yes No Have you had any moving violations? Please describe. _____
Please list any other skills, licenses or certificates that may be job-related or that you feel would be of value to this job or company. _____ Yes No Have you been given a job description or have the requirements of the job been explained to you? Yes No Do you understand these requirements? Yes No Can you perform the requirements of this job with or without reasonable accommodation?
List languages in which you are fluent? _____**SECURITY**

List states and counties of residence for the past seven years. _____

 Yes No Have you used any names or social security numbers other than given above? If so, please list in comments below.**COMMENTS**

REFERENCES

Include only individuals familiar with your work ability. DO NOT include relatives.

Name	Address/Telephone	Years Known/Relationship
1. _____	_____	_____
2. _____	_____	_____

EDUCATION

If your school records are under a different name than above, please enter that name: _____

Name	City/State	Graduate	Title of Degree
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
HIGH SCHOOL	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
COLLEGE	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
OTHER	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Approx. # of Miles (Total)
		From	To	
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
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

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 _____

PREVIOUS EMPLOYERS

PLEASE NOTE: DO NOT FILL OUT ANY PART OF THIS SECTION YOU BELIEVE TO BE NON-JOB RELATED. Since we will make every effort to contact previous employers to verify your qualifications, the *correct telephone numbers of past employers is critical.* Ask for telephone book or call information if needed.

MOST RECENT EMPLOYER Yes No Are you currently working for this employer?
 Yes No If yes, may we contact?

(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 _____ Fax _____
From _____ To _____ Position _____ Supervisors Name _____
Duties _____
Salary _____ Reason 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 _____ Fax _____
From _____ To _____ Position _____ Supervisors Name _____
Duties _____
Salary _____ Reason 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 _____ Fax _____
From _____ To _____ Position _____ Supervisors Name _____
Duties _____
Salary _____ Reason 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.”

CERTIFICATION AND RELEASE

I certify that I understand and have read, or someone has read to me, the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information or misrepresentations of facts in this application may result in rejection of my application or discharge at any time during my employment. I authorize Heartland Asphalt, Inc. and/or its agents, including consumer reporting bureaus, to verify any of this information. I authorize all former employers, persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment. I understand that a pre-employment physical may be required and submit to this pre-employment physical.

Signature _____ **Date** _____

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



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Voluntary Survey

Heartland Asphalt, Inc. is required by state and federal laws to furnish statistical data and to maintain records of certain population characteristics of those applying for jobs with us. The information you supply will be used for statistical purposes only. If you are offered employment with Heartland Asphalt, Inc., It will not be used as employment criteria. Heartland Asphalt, Inc. is an equal employment opportunity employer supporting diversity in the workplace. Thank you for your cooperation in completing this form.

Name: _____

Date: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Position(s) Applied for:

Flagger Laborer Truck Driver

Equipment Operator Office

Referral Source: How did you learn of this position?

_____ Friend _____ Relative _____ Walk In

_____ Advertisement (list newspaper) _____

_____ Employee Referral (list Employee name) _____

_____ Employment Agency (give name) _____

_____ Other (list source) _____

Sex: _____ Male _____ Female

Ethnic Origin:

_____ White _____ Hispanic _____ American Indian/Alaskan Native

_____ Black _____ Asian/Pacific Islander _____ Other

Please Check Any of the Following that are Applicable:

_____ Vietnam Era Veteran _____ Disabled Veteran _____ Disabled Individual

For office use only:

First contact attempt date: _____ Second attempt: _____

Interview Date: _____ Time: _____

Rescheduled Date: _____ Time: _____ Reason: _____

Interviewer Name: _____ Second Interviewer Name: _____