



Application For Employment

Buchanan and Sons Inc

P.O. Box 123
Whittier, NC 28789
Phone: 828/497/9720
Fax: 828/497/9721

E-mail: service@bsi-construction.com
Web: www.bsi-construction.com

Date of Application _____

The following information is requested in order to help us make the best possible placement within Buchanan and Sons Inc. All portions of this application pertaining to you must be completed, failure to answer all questions may eliminate the applicant for consideration for employment. We appreciate the time you spend in filling out this application form. Buchanan and Sons Inc in accordance with state and federal laws, does not discriminate on the basis of age, race, religion, color, sex, national origin, marital status, physical or mental disability or arrest record.

Personal Information

Full Name (First, Middle, Last): _____

Social Security Number: _____

Date of Birth: _____

Present Address: _____

No. Street City State Zip

Telephone Number: _____ Mobile Number: _____

On what date are you available for work: _____

Position(s) Applied For _____ Pay Rate Requested _____

Have you previously been employed with this company? Yes No

Have you previously applied with this company? Yes No Dates: _____

Are you currently employed? Yes No

If yes, may we contact your current employer? Yes No

Are you now, or have you ever been a member of the Armed Forces? Yes No

How did you find out about this company? _____

Please list any relatives that are employed by this company? _____

Have you ever been convicted of a crime? Yes No

If yes, please provide details and dates: _____

Record of Education

School	Name and Address of School	Course of Study	Circle Last Year Completed				Did you graduate?
			5	6	7	8	
Elementary		NA					
High							
College							
Other (Specify)							

Previous Employment History (Last 3 Employers)

Name and address of Company and type of business	Estimated time at job	Reason for leaving	Salary
Describe the work you did:			
Contact:			
Telephone:			

Name and address of Company and type of business	Estimated time at job	Reason for leaving	Salary
Describe the work you did:			
Contact:			
Telephone:			

Name and address of Company and type of business	Estimated time at job	Reason for leaving	Salary
Describe the work you did:			
Contact:			
Telephone:			

Job Related Questions

Are there any other experiences, skills or qualifications, which you feel, would especially qualify you for work at Buchanan and Sons Inc? _____

Are there any skills or experience that you would like to learn or perform at Buchanan and Sons Inc? _____

Are you available to work on Saturdays? Yes No

Are you a citizen of the U.S.A. or legally eligible for employment in the U.S.A. ? Yes No

(Proof of citizenship or immigration status will be required upon employment)

Will you travel if this job requires it? Yes No

Do you have CPR certification? Yes No

Do you have First Aid Certification? Yes No

Do you have any OSHA training certifications? Yes No

If yes, please list: _____

Do you have experience flagging traffic? Yes No

What is your Shirt/Jacket Size? _____

Driver's 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.

Do you have a valid driver's license? Yes No

If yes, please complete the following:

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES FROM TO	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK			
DUMP TRUCK			

FAILURE TO ANSWER ALL QUESTIONS MAY ELIMINATE THE
APPLICANT FOR CONSIDERATION OF EMPLOYMENT

TRACTOR AND SEMI-TRAILER			
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

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? _____

If yes, explain _____

B. Has any license, permit or privilege ever been suspended or revoked? _____

If yes, explain _____



Please be aware that this last section may be mailed to the provider of information when seeking a reference by mail.

Authorization

I authorize Buchanan and Sons Inc to make investigations of all statements contained in this application. I understand that misrepresentation of omission of facts may be grounds for dismissal of this application. In consideration of Buchanan and Sons Inc review of this application, I release Buchanan and Sons Inc and all providers of information from any liability as a result of furnishing and receiving this information.

I understand and agree, as a condition of employment, I may be required to pass a drug and/or alcohol test. I understand that two valid identifications are required at the time of employment

I have read and understand the above statements.

Applicant's Signature

Social Security Number

Date