



Cummin Landscape Supply

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APPLICATION FOR EMPLOYMENT

NAME _____
 (FIRST) (MIDDLE) (Maiden Name, if any) (LAST)

ADDRESS _____
 (STREET) (CITY) (STATE & ZIP CODE)

HOW LONG HAVE YOU LIVED THERE? _____

DATE OF BIRTH _____ SOCIAL SECURITY NO. - - - - -

TELEPHONE NUMBER - - - - - E-MAIL ADDRESS - - - - -

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.

STATE OF ISSUE	NUMBER	EXPIRATION DATE	
DRIVING EXPERIENCE			
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES FROM / TO	APPROX. NO. OF MILES (TOTAL)
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
				YES D NO D
				YES D NO D
				YES D NO D

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 _____

8. Has any license, permit or privilege ever been suspended or revoked? YES NO

If yes, explain _____

If offered employment, you will be asked to provide a MVR Report issued by the State prior to official hire

EMPLOYMENT RECORD
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 3 EMPLOYERS

Last Employer Name: _____ Position Held: _____

Contact Person: _____ Position Held: _____

Address: _____ Phone: _____

Dates of Employment From: _____ To: _____ Salary: _____

Reason (s) for Leaving: _____

SECOND LAST EMPLOYER NAME: _____ Position Held: _____

Contact Person: _____ Position Held: _____

Address: _____ Phone: _____

Dates of Employment From: _____ To: _____ Salary: _____

Reason (s) for leaving: _____

THIRDLASTEMPLOYERNAME: _____ Position Held: _____

Contact Person: _____ Position Held: _____

Address: _____ Phone: _____

Dates of Employment From: _____ To: _____ Salary: _____

Reason (s) for leaving: _____

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

Any gaps in employment and/or unemployment must be explained. Include dates (month/ year) and reason.

Please read the following questions carefully before answering. Failure to answer truthfully and accurately will result in failing the background screening.

Answer "Yes" if any of the questions below apply to you:

When answering the following keep in mind that crimes include both misdemeanors and felonies. Some examples of crimes that must be disclosed include: Driving under the influence, minor in possession, reckless driving, negligent driving, reckless endangerment and disorderly conduct.

Do you have any criminal charges pending against you or open arrest warrants?

Are you under charges for a crime and ordered by a court to participate in a deferred prosecution program, such as accelerated rehabilitative diversion, stipulated order of continuance, alternative adjudication, suspended sentence, or any other court-created alternative sanction?

Under your current name or any other name, have you ever been convicted of a crime other than a minor infraction or moving violation?

Infraction 1

If yes, name used:

Date (mm/dd/yyyy):

Court location:

Nature of offense:

Disposition:

Infraction 2

If yes, name used:

Date (mm/dd/yyyy):

Court location:

Nature of offense:

Disposition:

Please keep in mind, if you are offered a position with Cummin Landscape Supply, you may be asked to provide proof of criminal background check to verify information. In addition, you will be asked to supply a MVR record as well as submit to a drug and health screen by employer selected providers.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquiries to my personal, employment, medical or criminal 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:

1. Review information provided by current and/or previous employers
2. Have errors in the information corrected by previous employers and for those previous employers to resend the corrected information to the prospective employer and have a rebuttal statement attached to the alleged erroneous information if the previous employer cannot agree on the accuracy of the information

DATE

Applicant's signature

This certifies that I completed this application and that all entries on it and information on 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.