

BELL CONSTRUCTION CO., INC.

GENERAL CONTRACTORS

PHONE: 704-873-6378

PO BOX 1102 • 2472 NORTHSIDE DRIVE

FAX: 704-873-1691

STATESVILLE, NC 28687 • 28625



CDL Driver Application for Employment

Bell Construction Co., Inc.

PO Box 1102 Statesville, NC 28687 | 2472 Northside Dr. Statesville, NC 28625

Personal Information

Date: _____

Position Applying For: _____ Phone Number: _____

Name: _____
(First) (Middle) (Last)

Date of Birth: _____ Social Security Number: _____

Current Address: _____
(street / city / state / zip code) (How long at this address)

Address for past three years:

Former Address: _____
(street / city / state / zip code) (How long at this address)

Former Address: _____
(street / city / state / zip code) (How long at this address)

Former Address: _____
(street / city / state / zip code) (How long at this address)

Experience and Driver Qualifications

Drivers Licenses	State	License Number	Type	Expiration Date

Driving Experience

Class of Equipment	Type (Van/Truck/Flat, etc.)	Dates (To / From)		Expiration Date
Straight Truck				
Tractor and Semi-Trailer				
Tractor – Two Trailers				
Other: _____				

Accident record for the past three years or more (attach additional sheets if more space is needed)

Date(s)	Nature of accident (Head-on, rear-end, etc.)	Fatalities (Yes / No)	Injuries (Type and severity)

Traffic convictions and forfeitures for the past three years (other than parking violations)

Location	Date	Charge	Convicted / Penalty

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? ____ (Yes ____ (No)

Has any license, permit, or privilege ever been suspended or revoked? ____ (Yes ____ (No)

If the answer to either of the two above question is yes, please attach additional statement of explanation.

Employment History

List employment history for last ten year, attach additional sheets if necessary

<u>Company Name</u>	<u>Address</u>	<u>Dates of Employment</u>	<u>Position</u>	<u>Reason for Leaving</u>
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Have you ever applied to or been employed by Bell Construction Co., Inc. before? _____ (Yes) _____ (No)

If so, dates of former employment with Bell Construction Co., Inc.: _____

If currently employed, why do you desire to change? _____

Salary or wage desired: \$ _____ Per _____ (Month) _____ (Week) _____ (Hour)

If hired, when can you begin working: _____

Education and Training

Highest level of education received: _____

List any education or training you have that helps qualify you for the position for which you are applying:

This application is considered current/active for only for thirty (30) days. After thirty (30) days' time, if you have not heard from us and still wish to be considered for employment, it will be necessary for you to fill out a new application. Bell Construction Co., Inc. will not reach out to inform you of expired applications.

By signing below; I Hereby Certify that the entries on this form and the statements made by me are true and correct without any mental reservation whatsoever. If employment is obtained as a result of this application, I will cheerfully comply with all orders, rules, and regulations of the employer. I agree to submit to physical examination should it be deemed necessary. I also authorize my former employers and other individuals to give any information concerning me, whether or not it is on their records, and I hereby release them and their companies from any liability whatsoever. I understand that I will be subject to dismissal if anything in this application is found to be untrue. I understand that my employment and compensation can be terminated with or without cause and with or without notice at any time at the option of either my employer or myself.

I understand that prior to being offered employment with Bell Construction Company, Inc., I may be required to take an employment examination. In the event I have a disability which will effect my ability to take the test, I will inform Bell Construction Company, Inc. prior to the administration of the test so that a reasonable accommodation can be made. Requested accommodations may include accessible testing sites, modified testing conditions, and accessible testing formats. Bell Construction Company, Inc. reserves the right to require medical documentation concerning the need for the accommodation. Pre-employment drug testing and background shall be required before hiring.

Date: _____ Signature of Applicant: _____

****DO NOT WRITE BELOW THIS LINE, Bell Construction Co., Inc. administration only****

Date Reviewed: _____ Reviewed By: _____ Contact for Interview: _____ (Yes) _____ (No)

Interview Date: _____ Interviewed By: _____ Reach out to References: _____ (Yes) _____ (No)

Approval to Hire: _____ (Yes) _____ (No) Approved By: _____ Pay Rate: \$ _____ per _____

Bell Construction Co., Inc. provides equal employment opportunities to all employees and applicants for employment and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws.

ATTACH TO THIS APPLICATION:

- Resume
- Copy of or Clear Picture of Driver's License (Front and Back)
- Letters of Reference if applicable



RELEASE AUTHORIZATION FORM

Bell Construction Co., Inc. Dwayne or Judy

P: 704.873.6378 F: 704.873.1691

Return Reports: EMAIL – [dwayne / judy @bellconstruction-nc.com](mailto:dwayne/judy@bellconstruction-nc.com)

To the extent permitted by applicable state law, I hereby consent to this investigation and authorize **Bell Construction Co., Inc.** (referenced as "company" throughout this document) to procure consumer reports, criminal background checks, investigative consumer reports (as defined by law), on my background from a consumer reporting agency (CRA) or from an investigative consumer reporting agency (ICRA), as described in the Background Check Disclosures, the State Disclosures, and the California State Law Disclosures (all of which I have received from the company). I have reviewed and understand the information, statements, and notices in all the disclosures provided to me as mentioned above by the company, as well as this Release Authorization Form. My authorization remains valid throughout my employment with the company, such that, to the extent permitted by applicable law, I agree company can procure additional consumer reports, criminal background checks, and/or investigative consumer reports (as defined by federal law) during my employment without providing additional disclosures or obtained additional authorizations. Except as otherwise prohibited by state law, I consent to and authorize the company to share this information with Company's current or prospective clients, customers, others with a need to know, and/or their agents for business reasons. Information is not limited and may include drug test results and personal verification history. Furthermore, I release any and all employers, bureaus, agencies, individuals, data organizations, or companies, including Before You Hire, Inc. from all liabilities of damages that might occur from information obtained. I understand that the information regarding sex, race, and date of birth are for the sole purpose of gathering the information accurately and will not be used to discriminate against me in violation of any law. A facsimile (FAX) or photocopy of this release form shall be as valid as the original.

Applicant/Employee Personal Information *please print CLEARLY*

Name (First) _____ (Middle) _____ (Last) _____
 List any other name used in the last 7 years (Maiden name) _____

Address: _____ City _____ State _____ Zip _____

County _____ Driver's License # _____ State _____

Gender: Male Female Race: _____ Phone (_____) _____ - _____

Social Security Number _____ - _____ - _____ Date of Birth _____ / _____ / _____
Month / Day / Year

List other cities or towns that you have lived in the last 7 years:

Dates _____ / _____ to _____ / _____

City _____ County _____ State _____ Zip _____

Dates _____ / _____ to _____ / _____

City _____ County _____ State _____ Zip _____

Applicant/Employee Signature _____ Date _____

****OFFICE USE ONLY**** Please Indicate Services Needed – If not marked, reports will NOT be processed!

	Statewide Criminal Report (Indicate States Needed) >>
	Motor Vehicle Report
	National Sex Offender Report
	SS#/Address Verification Report
	Nationwide Sweep Background Report
	Education Verification (Information Required > Institution Name/State, Name at Graduation, & Year of Graduation)
	Employment Verification (Application/Resume Required)
	NON DOT Drug Test >or< DOT Drug Test
	Reason for test: _____
	Other Services/Special Notes: _____

BEFORE YOU HIRE, INC.

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