

Capitol Materials inc

464 bishop st.nw  
atlanta,ga.30318

(404) 351-3746  
(Please Print In Ink)

EMPLOYMENT APPLICATION

If for driver position, this application must be completed by the applicant.

This company is AN EQUAL OPPORTUNITY EMPLOYER and does not discriminate against any applicant because of his or her race, color, religion, national origin, sex, age, marital status or disability.

Position Applying For \_\_\_\_\_  Full-time  Part-time  Temporary  
Date Available For Work \_\_\_\_\_

PERSONAL INFORMATION

Name \_\_\_\_\_  
Last First Middle Social Security Number

Present Address \_\_\_\_\_  
Number, Apt. # and Street

\_\_\_\_\_ ( ) \_\_\_\_\_  
City State Zip How Long? Home Phone Number

If hired, can you furnish proof of age?  Yes  No

Previous Residence Address(es) for past 3 years:  
\_\_\_\_\_  
\_\_\_\_\_

What days and hours are you available to work? \_\_\_\_\_  
Any objection to overnight travel?  Yes  No  
Have you ever been employed by this company or any company primarily selling or manufacturing drywall products?  Yes  No If yes, when? \_\_\_\_\_  
Company Name \_\_\_\_\_ City, State \_\_\_\_\_

(The next question does not include those convictions that have been sealed or expunged.)  
Have you ever been convicted of a crime, had the adjudication of a crime withheld or pled *nolo contendere* to a crime involving theft, violence or drugs in the past 10 years?  Yes  No If yes, please specify: \_\_\_\_\_

Referred by:  Employee  Newspaper  Employment Agency  State Employment Service  
 Other \_\_\_\_\_

EDUCATION & TRAINING

Circle last grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College 13 14 15 16 17 18 19  
 Associate Degree  Bachelor's Degree  Master's Degree  Ph.D.

Are you currently attending school?  Yes  No Name of School: \_\_\_\_\_

List machines, work appliances, etc., on which you have had experience. \_\_\_\_\_

Describe experience, education, or training applicable to position for which you are applying. \_\_\_\_\_

W.P.M. Accuracy: Typing \_\_\_\_\_ Shorthand \_\_\_\_\_

I hereby authorize **Capitol Materials inc**, or its agents, to make a thorough investigation of my past employment and activities, including driver investigations required by 49 CFR 391.23.

I do hereby release said company and its agents - and all persons, companies and corporations supplying such information to the said company and its agents - from any claims and all liability that might arise from this investigation into my application for employment.

I understand that any false answers or statements made by me on this application or other required documents may be considered sufficient cause for denial of employment or discharge.

On entering employment, I agree to observe all the work rules of my employer, and to perform satisfactorily such duties as may be assigned to me from time to time. I understand and agree that either I or the Company may terminate my employment with or without cause at any time and that my employment is not for any definite period of time. In addition, I understand and agree that these terms of employment may not be modified or waived except by the company president in a written document bearing his signature.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I understand that this application will remain active for a period of thirty (30) days, unless I renew it personally and in writing.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Witness \_\_\_\_\_

Thank you for your interest in employment with our company.

| Begin with present or last employer  | Dates of Employment                        | Kind of Work Performed and Supervisors   | Earnings                          | Reason(s) for Leaving | Were you subject to the Federal Motor Carrier Safety Regulations while working for this employer? | Was your job designated as a "safety sensitive function" subject to DOT drug and alcohol testing? |
|--|--|--|-----------------------------------|-----------------------|---|---|
| Company Name _____<br>Address _____<br>City, State, Zip _____<br>Phone No. _____ | From _____ to _____<br>From _____ to _____ | Job(s) Held _____<br>Supervisor(s) _____ | \$ _____ per hour/week/month/year |                       | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A             | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A             |
| Company Name _____<br>Address _____<br>City, State, Zip _____<br>Phone No. _____ | From _____ to _____<br>From _____ to _____ | Job(s) Held _____<br>Supervisor(s) _____ | \$ _____ per hour/week/month/year |                       | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A             | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A             |
| Company Name _____<br>Address _____<br>City, State, Zip _____<br>Phone No. _____ | From _____ to _____<br>From _____ to _____ | Job(s) Held _____<br>Supervisor(s) _____ | \$ _____ per hour/week/month/year |                       | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A             | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A             |

Place an "X" next to the name(s) of the employers above you DON'T want us to contact.

\*Continue on page 4, if necessary.

**PERSONAL REFERENCES - DO NOT LIST RELATIVES - LIST AT LEAST TWO REFERENCES KNOWN AT LEAST ONE YEAR - LIST ADDITIONAL REFERENCES ON PAGE 4.**

|                        |                        |
|------------------------|------------------------|
| Name _____             | Name _____             |
| Address _____          | Address _____          |
| City, State, Zip _____ | City, State, Zip _____ |
| Phone No. _____        | Phone No. _____        |

**DRIVING HISTORY**

**Current Unexpired Driver's Licenses or Permits:**

| State | License Number | Type | Expiration Date |
|-------|----------------|------|-----------------|
|       |                |      |                 |
|       |                |      |                 |

**Commercial Vehicle Driving Experience for Past 3 Years (List additional on Page 4):**

| Class of Equipment   | Type of Equipment (Van, Tank, Flat, etc.) | Total Miles of Operation | Dates of Operation From To | Employer Name (Must be filled out) |
|----------------------|---|--------------------------|----------------------------|------------------------------------|
| Bus                  |   |                          |                            |                                    |
| Straight Truck       |   |                          |                            |                                    |
| Tractor/Semi-Trailer |   |                          |                            |                                    |
| Other                |   |                          |                            |                                    |

\*\*\*Please note that your previous employment information may be used and your prior employers may be contacted for the purposes of investigating your safety performance history as required by law.

**Accident record for past 3 years (List additional on Page 4):**

| Date of Accident | Nature of Accident (head-on, rear-end, upset, etc.) | Number of Fatalities | Number of Injuries |
|------------------|---|----------------------|--------------------|
| Last Accident    |   |                      |                    |
| Next Previous    |   |                      |                    |
| Next Previous    |   |                      |                    |
| Next Previous    |   |                      |                    |

**Traffic convictions and forfeitures for the past 3 years (Other than parking violations):**

| Location (City, State) | Date | Charge | Penalty |
|------------------------|------|--------|---------|
|                        |      |        |         |
|                        |      |        |         |

- A. Are you at least 21 years of age?  Yes  No
- B. Have you ever been denied a license, permit or privilege to operate a motor vehicle?  Yes  No  
If "Yes," explain below.
- C. Has any license, permit or privilege ever been suspended or revoked?  Yes  No  
If "Yes," explain below.
- D. Have you been driving at least 3 years?  Yes  No

**Details of Driver's License/Permit/Privileges Denials, Suspensions and Revocations (List additional on Page 4):**

| State | License Number | Reason for Denial or Loss of Privilege | Dates of Denial or Loss of Privilege From To |
|-------|----------------|--|--|
|       |                |  |  |