

**PRE-EMPLOYMENT
APPLICATION PACKET
XL CONTRACTING, INC.**

APPLICATION FOR EMPLOYMENT

COMPANY NAME	XL Contracting, Inc.
STREET ADDRESS	#20 MID RIVERS TRADE COURT
CITY, STATE, ZIP CODE	ST. PETERS, MO 63376

SIGNATURE OF APPLICANT _____ DATE _____

NAME _____ HOME PHONE _____
FIRST MIDDLE LAST CELL PHONE _____
CURRENT ADDRESS _____
STREET CITY STATE ZIP CODE

*IF AT THE ABOVE RESIDENCE LESS THAN THREE YEARS, LIST BELOW ALL RESIDENCES FOR THE PAST THREE YEARS. ATTACH A SEPARATE SHEET IF NECESSARY.

STREET CITY STATE ZIP CODE

STREET CITY STATE ZIP CODE

POSITION APPLYING FOR: _____ TEMPORARY _____ PART TIME _____ FULL TIME _____

WHO REFERRED YOU? _____ RATE OF PAY EXPECTED? _____

HAVE YOU WORKED FOR THIS COMPANY BEFORE? _____ DATES: FROM: _____ TO: _____
MONTH/YEAR MONTH/YEAR

PREVIOUS EMPLOYER: _____ RATE OF PAY _____ POSITION _____

REASON FOR LEAVING: _____

PREVIOUS EMPLOYER: _____ RATE OF PAY _____ POSITION _____

REASON FOR LEAVING: _____

NAMES OF ANY RELATIVES EMPLOYED BY THIS COMPANY: _____

ARE YOU CURRENTLY EMPLOYED? _____ IF NOT, HOW LONG SINCE LEAVING LAST EMPLOYMENT? _____

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED: _____
NAME ADDRESS

GENERAL

HAVE YOU EVER BEEN BONDED? _____ NAME OF BONDING COMPANY? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____

IF YES, PLEASE EXPLAIN FULLY. USE A SEPARATE SHEET OF PAPER IF NECESSARY. CONVICTION OF A CRIME IS NOT AN AUTOMATIC BAR TO EMPLOYMENT - ALL CIRCUMSTANCES WILL BE CONSIDERED.

HAVE YOU EVER WORKED FOR THIS COMPANY UNDER ANOTHER NAME? _____

IF YES, UNDER WHAT NAME? _____

*All job offers are conditional upon passing a background check.

Union Dues

Please fill out the following questionnaire, and answer honestly.

I, _____, who resides at _____

Is currently in Local# _____ and to my knowledge am current with my dues. I do hereby authorize XL Contracting, Inc. to verify my statement above, stating I am in the mentioned Local Hall and dues are paid to date. I understand if above mentioned statement is false: XL Contracting, Inc. will not hire me or consider me for hire within the next year.

Signature: _____ Date: _____

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to

XL Contracting, Inc.

(Prospective Employer)

for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

(Applicant's Signature)

(Date)

In accordance with the provisions of Sections 604 and 607 of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1 of Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e. information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the Driver's Privacy Protection Act of 1994 (Public Law 103-322, Title XXX, Sections 300002(a)).

(Signature of Requester)

(Date)

TO:

DEAR SIR/MADAM:

The following named person has made application with our company for the position of _____ . In accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.

The following named person is employed with our company in the position of _____ . In accordance with Section 391.25, Federal Department of Transportation Regulations, please furnish the undersigned with the employee's driving record for the past year.

NAME OF APPLICANT/DRIVER: _____

EMPLOYMENT DATES FROM (m/y) _____ TO (m/y) _____

ADDRESS: _____
(Number & Street) (City) (State) (Zipcode)

FORMER ADDRESS: _____
(Number & Street) (City) (State) (Zipcode)

DATE OF BIRTH: _____ SSN _____ LICENSE NO. _____

REQUESTED BY

_____ (Name of Company)	_____ (Typed Name)
_____ (Address)	_____ (Title)
_____ (City) (State) (Zipcode)	_____ (Signature)

DRIVER MANDATORY NOTIFICATION

Please print.

Name – In Full – First – Middle – Last	
License Number	State
Violation / Conviction Date	
Violation Type	
Vehicle Type Operated <div style="text-align: center;"> <input type="checkbox"/> Commercial <input type="checkbox"/> Noncommercial </div>	
Offense Location – State	

Please read information below before signing.

(Driver Signature)

(Date)

Please read carefully before signing.

Federal Motor Carrier Safety Administration - Regulations

Notification of convictions for driver violations.

(a) Each person who operates a commercial motor vehicle, who has a commercial driver's license issued by a State or jurisdiction, and who is convicted of violating, in any type of motor vehicle, a State or local law relating to motor vehicle traffic control (other than a parking violation) in a State or jurisdiction other than the one which issued his/her license, shall notify an official designated by the State or jurisdiction which issued such license, of such conviction. The notification **must be made within 30 days** after the date that person has been convicted.

(b) Each person who operates a commercial motor vehicle, who has a commercial driver's license issued by a State or jurisdiction, and who is convicted of violating, in any type of motor vehicle, a State or local law relating to motor vehicle traffic control (other than a parking violation), shall **notify his/her current employer of such conviction**. The notification must be made **within 30 days after the date** that the person has been convicted. If the driver is not currently employed, he/she must notify the State or jurisdiction, which issued the license.

(c) **Notification.** The notification to the State official and employer **must be made in writing and contain the following information:**

- (1) Driver's full name;
- (2) Driver's license number;
- (3) Date of conviction;
- (4) The specific criminal or other offense(s), serious traffic violation(s), and other violation(s) of State or local law relating to motor vehicle traffic control, for which the person was convicted and any suspension, revocation, or cancellation of certain driving privileges which resulted from such conviction(s);
- (5) Indication whether the violation was in a commercial motor vehicle;
- (6) Location of offense; and
- (7) Driver's signature.

Notification of driver's license suspensions.

Each employee who has a driver's license suspended, revoked, or canceled by a State or jurisdiction, who loses the right to operate a commercial motor vehicle in a State or jurisdiction for any period, or who is disqualified from operating a commercial motor vehicle for any period, shall notify his/her current employer of such suspension, revocation, cancellation, lost privilege, or disqualification. The notification must be made before the end of the business day following the day the employee received notice of suspension, revocation, cancellation, lost privilege, or disqualification.

**NOTIFICATION OF PHYSICAL EXAMINATION REQUIREMENT, PERIODIC RANDOM
DRUG SCREENING AND MISSOURI DIVISION OF WORKERS' COMPENSATION
RELEASE OF INFORMATION**

I, _____ understand that X-L Contracting, Inc., and its' affiliated companies, require a physical examination of each new employee. Prior to hire, I agree to this physical to be conducted at Healthlink Services (or any medical facility designated by X-L Contracting, Inc.) at the date and time scheduled. There will be no charge to me for this service.

Signature Date

I, _____ understand that X-L Contracting, Inc., and its' affiliated companies, require random drug screening of each employee. If hired, I agree to random drug screening to be conducted at Healthlink Services (or any medical facility designated by X-L Contracting, Inc.) at the times and dates scheduled. There will be no charge to me for this service.

Signature Date

I, _____ understand that X-L Contracting, Inc., and its' affiliated companies, upon offer of employment, will request from the Missouri Division of Workers' Compensation the release of information covering both pending and closed cases involving any work related injuries on file with the Division.

Signature Date