

2031 Middle Road
Eastover, NC 28312



Post Office Box 1843
Fayetteville, NC 28302

"Equal Opportunity Employer"
APPLICATION FOR EMPLOYMENT

Today's Date _____

Name _____ Social Security Number _____ - _____ - _____
(First) (Middle) (Last)

Address _____ How Long? _____
(Street) (City) (State & Zip Code)

Date of Birth _____ Home Phone Number _____ Mobile Phone Number _____

Address _____ How Long? _____
For (Street) (City) (State & Zip Code)

Past Three Years _____ How Long? _____
(Street) (City) (State & Zip Code)

(Attach sheet if more space is needed)

How did you hear about us? _____ Referred By _____

EXPERIENCE AND QUALIFICATIONS – DRIVER

DRIVER LICENSES	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT STRAIGHT TRUCK TRACTOR-SEMI TRAILER TRACTOR-TWO TRAILERS OTHER	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)	DATES		APPROXIMATE NUMBER OF MILES (TOTAL)
		FROM	TO	

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.)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

(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 _____

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

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS.

In case of emergency, please notify: _____
Name Phone Number

EMPLOYMENT RECORD (ATTACH SHEET IF MORE SPACE IS NEEDED)

NOTE: DOT requires that employment for at least 3 years and/or Commercial Driving Experience for the past 10 years be shown.

LAST EMPLOYER: NAME _____

ADDRESS _____

PHONE NUMBER _____ FAX NUMBER _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

NEXT EMPLOYER: NAME _____

ADDRESS _____

PHONE NUMBER _____ FAX NUMBER _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

NEXT EMPLOYER: NAME _____

ADDRESS _____

PHONE NUMBER _____ FAX NUMBER _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

TO BE READ AND SIGNED BY THE APPLICANT

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.

Date

Applicant's Signature

NOTE: A motor carrier may require an applicant to provide information required by the Federal Motor Carrier Safety Regulations.

FOR ADDITIONAL EMPLOYMENT INFORMATION

All driver applications to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: LIST EMPLOYERS IN REVERSE ORDER STARTING WITH THE MOST RECENT. ADD ANOTHER SHEET IF NECESSARY.)

			DATE	
EMPLOYER NAME			FROM	TO
ADDRESS			MO	YEAR
CITY	STATE	ZIP	MO	YEAR
CONTACT PERSON			POSITION HELD	
PHONE NUMBER			SALARY/WAGE	
			REASON FOR LEAVING	

			DATE	
EMPLOYER NAME			FROM	TO
ADDRESS			MO	YEAR
CITY	STATE	ZIP	MO	YEAR
CONTACT PERSON			POSITION HELD	
PHONE NUMBER			SALARY/WAGE	
			REASON FOR LEAVING	

			DATE	
EMPLOYER NAME			FROM	TO
ADDRESS			MO	YEAR
CITY	STATE	ZIP	MO	YEAR
CONTACT PERSON			POSITION HELD	
PHONE NUMBER			SALARY/WAGE	
			REASON FOR LEAVING	

			DATE	
EMPLOYER NAME			FROM	TO
ADDRESS			MO	YEAR
CITY	STATE	ZIP	MO	YEAR
CONTACT PERSON			POSITION HELD	
PHONE NUMBER			SALARY/WAGE	
			REASON FOR LEAVING	

			DATE	
EMPLOYER NAME			FROM	TO
ADDRESS			MO	YEAR
CITY	STATE	ZIP	MO	YEAR
CONTACT PERSON			POSITION HELD	
PHONE NUMBER			SALARY/WAGE	
			REASON FOR LEAVING	

"Equal Opportunity Employer"

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

As Required by Section 391.23 of the Motor Carrier Safety Regulation

Name of Former Employer

You are hereby authorized to give Highland Paving Co., LLC all information regarding my services, character, and conduct while in your employ, and you are released from any and all liability which may result from furnishing such information to the above named company.

Prospective Employee Signature _____ Date _____

Social Security Number _____

_____ has made application to this company for a position as _____ and states that he was employed by you as _____ from _____ to _____.

Will you kindly reply to the inquiry below respecting this applicant? Your reply will be held in strict confidence.

Very truly yours,
Highland Paving Co., LLC

1. Is employment record with your company as stated above? _____
2. What kind(s) of work did he/she do? _____
3. Did they have custody of money or valuables? _____
4. Were their accounts properly kept? _____
5. Did they drive motor vehicles for you? Passenger Car? _____ Straight Truck? _____ Bus? _____
Tractor Semitrailer? _____ Other (Specify) _____
6. Were they a safe and efficient driver? _____
7. Give dates of vehicle accidents in which they were "involved"? _____
8. Did they receive Workman's Compensation at any time? _____
Give dates and nature of each injury _____
9. Reason for leaving your company: Discharged _____ Laid Off _____ Resigned _____
Remarks _____
10. Was their general conduct satisfactory? _____
11. Is he/she competent for the position he/she is seeking? _____
12. Did this subject drink any alcoholic beverages while on duty? _____
13. Did subject belong to any outside organizations (other than any the name or character of which indicates the race, color, religion, national origin or ancestry of its members)? _____

	Excellent	Good	Fair	Poor	Very Poor
Quality of Work	_____	_____	_____	_____	_____
Cooperation with others	_____	_____	_____	_____	_____
Safety habits	_____	_____	_____	_____	_____
Personal habits	_____	_____	_____	_____	_____
Driving skills	_____	_____	_____	_____	_____
Attitude	_____	_____	_____	_____	_____

Any other remarks _____

Date _____ For _____ By _____
Name of Company Signature of person supplying information

Previous Employer Alcohol and Drug Test Information

Section 1: To Be Completed by the Prospective Employee

I, (Print Name) _____
First, MI, Last _____ Social Security Number _____

Hereby authorize that

Previous Employer _____ Telephone _____
Street _____ Fax _____
City, State, Zip _____

may release and forward information requested in section 2 (below) of this document concerning my Alcohol and Controlled Substances Testing records to:

Prospective Employer Highland Paving Co., LLC
Attention: Human Resources Email: _____
Street: Post Office Box 64553 Telephone: 910-485-5790
City, State, Zip: Fayetteville, NC 28306 Fax: 910-323-4163

in compliance with Section 40.25(g), release of information must be made in a written form that ensure confidentially such as fax, email, or letter.

Applicant's Signature _____ Date _____
This information is being requested in compliance with Section 40.25 and Section 382.405(f) and (h).

Section 2: To Be Completed by Previous Employer

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here [] sign below, and return.

- Under Department of Transportation testing requirements: YES NO
1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? [] []
2. Has this person had a verified positive drug test? [] []
3. Has this person refused to be tested (including verified adulterated or substituted drug test results)? [] []
4. Has this person committed other violations of DOT agency drug and alcohol testing regulations? [] []
5. If this person has violated a DOT drug and alcohol regulation, do you have documentation of this employee's successful completion of DOT return to duty requirements, including follow up tests? (Please send this documentation back with this form, if applicable.) [] []

In answering these questions, include any drug or alcohol testing information obtained from previous employers under Section 40.25 or other applicable DOT agency requirements.

Name: _____ Company: _____
Street: _____ City, State, Zip: _____

Section 2 Completed by (Signature) _____ Date: _____

Section 3: To Be Completed by the Prospective Employee

This form was (check one): [] Faxed to previous employer [] Mailed [] Emailed [] Other Date _____

Complete below when information is obtained.

Information received from: _____

Recorded by: _____ Method: [] Fax [] Mail [] Email [] Telephone

Date: _____ [] Other _____



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Fair Credit Reporting Act Disclosure Statement

In accordance with the provisions of Section 604(b)(2)(A) 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 I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicant's Signature

Date

Print Name

Social Security Number



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Previous Pre-Employment Employee Alcohol and Drug Test Statement

PART 40.25(j) requires Employers to ask Applicant/Driver whether he/she has tested positive or refused to test on any pre-employment alcohol or drug test administered by an Employer to which the Applicant/Driver applied but did not obtain safety sensitive transportation work covered by DOT agency alcohol and drug testing rules during the past two (2) years.

Name: _____ Date: _____

Social Security Number: _____

Applicant/Driver to answer items listed below.

During the past two (2) years have you **tested positive** on a pre-employment alcohol or drug test administered by Employer to which you applied for but did not obtain a safety sensitive transportation work covered by Department of Transportation (DOT) drug and alcohol testing rules?

Circle One: YES NO

During the past two (2) years have you **refused to test** on a pre-employment alcohol or drug test administered by Employer to which you applied for but did not obtain a safety sensitive transportation work covered by Department of Transportation (DOT) drug and alcohol testing rules?

Circle One: YES NO

If you answered YES to either of the questions above, please provide documentation of your successful completion of the return to duty process required by Part 40, Subpart O.

Date: _____ Name (printed): _____

Signature of Applicant/Driver: _____

Witness: _____

VOLUNTARY EEO SELF-IDENTIFICATION FORM

As employers/government contractors, we comply with government regulations pertaining to equal employment opportunity, affirmative action, veteran status and disabilities. We would appreciate you completing this form to help us comply with our reporting requirements however it is not required for employment.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

Please Print: Name _____ Date _____
Position(s) Applied For _____

Referral Sources: Advertisement Friend/Relative Walk-In Current Employee
 Employment Agency Company Website _____ Other

Gender (Check One): Male Female

Race/Ethnicity (Check One)

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

White: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Black or African American: A person having origins in any of the Black racial groups of Africa.

American Indian/Alaskan Native: A person having origins in any of the original peoples of North American and South American (including Central America), and who maintains tribal affiliation or community attachment.

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Two or More Races: All persons who identify with more than one of the above five races.

Veteran Status/Disability (check all that apply):

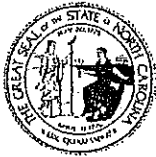
Disabled Veteran: A person who is (a) A Veteran of the US military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veteran Affairs, or (b) a person who was discharged or released from active duty because of service connected disability.

Recently Separated Veteran: Any veteran during the three-year period beginning on the date of such Veteran's discharge or release from active duty in the US military, ground, naval or air service.

Armed Forces Service Medal Veteran: Any Veteran who, while serving on active duty in the US military, ground, naval or air services, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Other Protected Veteran: A Veteran who served on active duty in the US military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized under laws administered by the Department of Defense.

Individual with a Disability: A qualified person who (a) Has a physical or mental impairment which substantially limits one or more of such person's major life activities; (b) Has a record of such impairment; (c) Is regarded as having such an impairment.



NORTH CAROLINA
DIVISION OF MOTOR VEHICLES
DRIVER LICENSE SECTION



Driver Privacy Protection Act Authorization
To Disclose Personal Information Form DL-DPPA-2

I understand that personal information contained in my Motor Vehicle Record is protected by the federal Driver Privacy Protection Act and N.C. General Statute 20-43.1. I hereby authorize the release of my personal information to the person named below.

Print your full name as it appears on your driver license

Your signature (MUST BE SIGNED)

Your N.C. driver license number, SSN or ITIN & date of birth

Date signed

Person to receive information:

Highland Paving Co., LLC

Mailing address:

Post Office Box 64553 Fayetteville NC 28306

Fees: Certified Complete History - \$11 Uncertified Complete History -\$8 Uncertified Limited History - \$8

Circle one of the above to indicate the type of MVR to be released. Make checks payable to "NCDMV".
Mail this form and fees to: NCDMV, Driver License Records, 3113 Mail Service Center, Raleigh, NC 27699, *please allow 10 business days processing time, this does not include US Postal service delivery time to or from the DMV.*

Form DL-DPPA-2, Revised Oct 2005
Previous editions are obsolete, DO NOT USE

"Equal Opportunity Employer"

CONTRACTOR'S EEO/AA POLICY STATEMENT

Note: The EEO/AA Policy statement must be posted at company offices and all job sites.

It is the policy of Highland Paving Co, LLC to assure that applicants are employed, and that employees are treated during employment, without regard to their race, religion, sex, color, national origin, age or disability. Such action shall include employment, upgrading, demotion, or transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship, pre-apprenticeship, and/or on-the-job training.

Highland Paving Co, LLC will take affirmative action to ensure that the EEO/AA Policy is implemented with particular regard to: advertising, application procedures, compensation, demotion, employment, fringe benefits, job assignment, job classification, layoff, leave, promotion, recruitment, rehire, social activities, termination, transfer, upgrade, working conditions and selection for training to include apprenticeship, pre-apprenticeship and on-the-job training.

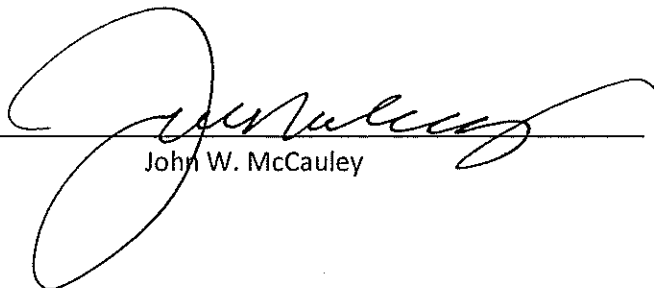
Highland Paving Co, LLC will continue to make it understood to the employment sources/agencies with which it deals, and in employment opportunity announcements/ads, the above mentioned EEO/AA Policy and that all of the company's employment decisions are based on individual merit only.

All current employees of Highland Paving Co, LLC are requested to encourage qualified disabled persons, minorities, females, special disabled veterans, and Vietnam Era veterans to apply for employment, on-the-job training or for union apprenticeship. It is the policy of Highland Paving Co, LLC to satisfy reasonable special accommodations for qualified disabled individuals.

It is the policy of Highland Paving Co, LLC that all company activities, facilities and job sites are non-segregated. Separate or single-user toilet and changing facilities are provided for privacy between genders. Disabled parking spaces may be assigned to accommodate accessibility needs.

It is the policy of Highland Paving Co, LLC to ensure and maintain a working environment free of coercion, harassment and intimidation at all job sites, and in all facilities at which employees are assigned to work. Any violation of the policy should be immediately reported to your supervisor or the Company EEO Officer identified below:

John W. McCauley
(910) 824-0996
2031 Middle Rd
Eastover NC 28312



John W. McCauley

4/20/18

Date

HIGHLAND PAVING CO., LLC DISCRIMINATION COMPLAINT PROCEDURE

Individuals desiring to submit a discrimination complaint are requested to follow the procedure below. If the employee feels for any reason that they do not want to make contact with their supervisor or if that person is not available to register the complaint with, the employee should then feel free to contact the EEO Officer. Discrimination complaints may be submitted verbally or in writing.

Step 1:

Contact your immediate supervisor. If you are uncomfortable contacting your immediate supervisor or you do not get satisfactory results at this level within ten working days, or desire to take the complaint further then,

Step 2:

Contact the EEO Officer, John W. McCauley, at:
(910) 485-5790 (910)824-0996
2031 Middle Rd Eastover, NC 28312

If you do not get satisfactory results with the company within ten working days, or desire to take the complaint further then,

Step 3:

Contact one of the following agencies:

**U. S. Department of Labor
Equal Employment Opportunity Commission
Charlotte District Office**
129 West Trade Street, Suite 400
Charlotte, NC 28202
Phone: 800-669-4000
Fax: 704-954-6410 and 704-344-6734
TTY: 800-669-6820

**Federal Highway Administration
Division Office**
310 New Bern Avenue, Suite 410
Raleigh, NC 27601-1418
Phone: 919-856-4336 ext. 126
Fax: 919-856-4353

**U. S. Department of Labor
Equal Employment Opportunity Commission
Raleigh Area Office**
1309 Annapolis Drive
Raleigh, NC 27608-2129
Phone: 800-669-4000
Fax: 919-856-4151
TTY: 800-669-6820

**North Carolina Department of Transportation
Office of Civil Rights**
1511 Mail Service Center
Raleigh, NC 27699-1511
Phone: 919-508-1830
Toll Free: 800-522-0453
Fax: 919-508-1814

**U. S. Department of Labor
Equal Employment Opportunity Commission
Greensboro Local Office**
2303 W. Meadowview Road, Suite 201
Greensboro, NC 27407
Phone: 800-669-4000
Fax: 336-547-4032
TTY: 800-669-6820