



## **APPLICATION FOR EMPLOYMENT**

**ATTENTION APPLICANT: DICKERSON FLORIDA, INC. REQUIRES ALL APPLICANT TO BE WILLING TO SUBMIT TO A DRUG TEST**

DICKERSON FLORIDA, INC. is a corporation authorized to do business with the State of Florida, with its principle office in Fort Pierce, Florida. We consider applicants for all positions without regard to race, sex, gender, national origin, age, disability, or any other legally protected status. THIS APPLICATION WILL REMAIN ACTIVE FOR (30) DAYS. TO BE CONSIDERED FOR ANY VACANT POSTION AFTER (30) DAYS, YOU WILL BE REQUIRED TO COMPLETE ANOTHER APPLICATION.

NAME: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_  
(FIRST MIDDLE LAST)

CURRENT ADDRESS: \_\_\_\_\_ HOW LONG: \_\_\_\_\_  
(STREET ADDRESS CITY STATE ZIP)

PAST THREE YEARS  
CURRENT ADDRESS: \_\_\_\_\_ HOW LONG: \_\_\_\_\_  
(STREET ADDRESS CITY STATE ZIP)

PAST THREE YEARS  
CURRENT ADDRESS: \_\_\_\_\_ HOW LONG: \_\_\_\_\_  
(STREET ADDRESS CITY STATE ZIP)

HOME PHONE NUMBER: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_ DESIRED PAY RATE: \_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED? YES \_\_\_ No \_\_\_ DATE AVAILABLE FOR WORK: \_\_\_\_\_

Have you ever completed an application here before? YES \_\_\_ NO \_\_\_ Completed: \_\_\_\_\_  
Have you ever been employed here before? YES \_\_\_ NO \_\_\_ When: \_\_\_\_\_

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? (PROOF OF CITIZENSHIP WILL BE REQUIRED UPON EMPLOYMENT) YES \_\_\_ NO \_\_\_

DO YOU HAVE YOUR OWN, RELIABLE TRANSPORTATION TO AND FROM WORK? YES \_\_\_ NO \_\_\_

WERE YOU REFERRED TO OUR COMPANY? YES \_\_\_ NO \_\_\_ BY WHOM? \_\_\_\_\_

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

P.O. BOX 910  
FORT PIERCE, FLORIDA 34954-0910  
(772) 429-4444 FAX (772) 429-4445  
www.dickersonflorida.com



**REFERENCES:**

Give name, address and telephone number of three references who are **not** related to you and are **not** previous employers:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**EDUCATION:**

HIGHEST GRADE COMPLETED

HIGH SCHOOL: \_\_\_\_\_ COLLEGE: \_\_\_\_\_ Please check: Diploma \_\_\_ GED \_\_\_ Bachelor's \_\_\_ Master's \_\_\_

HIGH SCHOOL: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

COLLEGE: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

AREAS OF STUDY: \_\_\_\_\_

**MILITARY STATUS:**

HAVE YOU SERVED IN THE U.S. ARMED FORCES? YES \_\_\_ NO \_\_\_ BRANCH: \_\_\_\_\_

Have you had any job-related training in the United States Military? YES \_\_\_ NO \_\_\_

If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_

**SPECIAL SKILLS AND QUALIFICATIONS:**

Summarize special job-related and qualifications acquired from employment or other experience:

\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATIONS:**

Please list any related certifications you have obtained through training:

\_\_\_\_\_  
\_\_\_\_\_

**TO BE COMPLETED BY APPLICANTS FOR EQUIPMENT OPERATORS ONLY:**

Indicate **how many years** of experience you have using each listed piece of equipment for the position or positions for which you are applying:

Dozer \_\_\_ Paver \_\_\_ Roller, Finish \_\_\_ Crane \_\_\_ Screed \_\_\_ End Dump \_\_\_ Mixer \_\_\_

F/E Loader \_\_\_ Distributor \_\_\_ Roller, Rough \_\_\_ Motor Grader \_\_\_ Tractor \_\_\_ Broom Tractor \_\_\_

Backhoe \_\_\_ Dragline \_\_\_ Pan \_\_\_ Gradall \_\_\_ Trackhoe \_\_\_ Curb Machine \_\_\_ Skid Steer \_\_\_

OTHER: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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**WORK EXPERIENCE** – List below past and present employers for the last 10 years. Please start with the present or last job, include and job-related military service assignments and volunteer activities.

Company Name: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ (Month/Year) (Month/Year)  
Street Address/City/ State/ Zip: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Position Held: \_\_\_\_\_ Rate: \_\_\_\_\_  
Description of Work: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Comments: \_\_\_\_\_  
Were you subject to Federal Motor Carrier Regulations? Yes \_\_\_ No \_\_\_  
Was this position a Safety Sensitive Function subject to Drug and Alcohol Testing as required by 49CFR Part 40? Yes \_\_\_ No \_\_\_

Company Name: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ (Month/Year) (Month/Year)  
Street Address/City/ State/ Zip: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Position Held: \_\_\_\_\_ Rate: \_\_\_\_\_  
Description of Work: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Comments: \_\_\_\_\_  
Were you subject to Federal Motor Carrier Regulations? Yes \_\_\_ No \_\_\_  
Was this position a Safety Sensitive Function subject to Drug and Alcohol Testing as required by 49CFR Part 40? Yes \_\_\_ No \_\_\_

Company Name: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ (Month/Year) (Month/Year)  
Street Address/City/ State/ Zip: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Position Held: \_\_\_\_\_ Rate: \_\_\_\_\_  
Description of Work: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Comments: \_\_\_\_\_  
Were you subject to Federal Motor Carrier Regulations? Yes \_\_\_ No \_\_\_  
Was this position a Safety Sensitive Function subject to Drug and Alcohol Testing as required by 49CFR Part 40? Yes \_\_\_ No \_\_\_

Company Name: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ (Month/Year) (Month/Year)  
Street Address/City/ State/ Zip: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Position Held: \_\_\_\_\_ Rate: \_\_\_\_\_  
Description of Work: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Comments: \_\_\_\_\_  
Were you subject to Federal Motor Carrier Regulations? Yes \_\_\_ No \_\_\_  
Was this position a Safety Sensitive Function subject to Drug and Alcohol Testing as required by 49CFR Part 40? Yes \_\_\_ No \_\_\_

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**WORK EXPERIENCE CONTINUED**

Company Name: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ (Month/Year) (Month/Year)  
 Street Address/City/ State/ Zip: \_\_\_\_\_  
 Name of Supervisor: \_\_\_\_\_ Position Held: \_\_\_\_\_ Rate: \_\_\_\_\_  
 Description of Work: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
 Comments: \_\_\_\_\_  
 Were you subject to Federal Motor Carrier Regulations? Yes \_\_\_ No \_\_\_  
 Was this position a Safety Sensitive Function subject to Drug and Alcohol Testing as required by 49CFR Part 40? Yes \_\_\_ No \_\_\_

Company Name: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ (Month/Year) (Month/Year)  
 Street Address/City/ State/ Zip: \_\_\_\_\_  
 Name of Supervisor: \_\_\_\_\_ Position Held: \_\_\_\_\_ Rate: \_\_\_\_\_  
 Description of Work: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
 Comments: \_\_\_\_\_  
 Were you subject to Federal Motor Carrier Regulations? Yes \_\_\_ No \_\_\_  
 Was this position a Safety Sensitive Function subject to Drug and Alcohol Testing as required by 49CFR Part 40? Yes \_\_\_ No \_\_\_

Company Name: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ (Month/Year) (Month/Year)  
 Street Address/City/ State/ Zip: \_\_\_\_\_  
 Name of Supervisor: \_\_\_\_\_ Position Held: \_\_\_\_\_ Rate: \_\_\_\_\_  
 Description of Work: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
 Comments: \_\_\_\_\_  
 Were you subject to Federal Motor Carrier Regulations? Yes \_\_\_ No \_\_\_  
 Was this position a Safety Sensitive Function subject to Drug and Alcohol Testing as required by 49CFR Part 40? Yes \_\_\_ No \_\_\_

Company Name: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ (Month/Year) (Month/Year)  
 Street Address/City/ State/ Zip: \_\_\_\_\_  
 Name of Supervisor: \_\_\_\_\_ Position Held: \_\_\_\_\_ Rate: \_\_\_\_\_  
 Description of Work: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
 Comments: \_\_\_\_\_  
 Were you subject to Federal Motor Carrier Regulations? Yes \_\_\_ No \_\_\_  
 Was this position a Safety Sensitive Function subject to Drug and Alcohol Testing as required by 49CFR Part 40? Yes \_\_\_ No \_\_\_

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**DRIVER LICENSE INFORMATION:**

License Number: \_\_\_\_\_ State \_\_\_\_\_ Expires \_\_\_\_\_  
 Type of D/L Holding: Operator \_\_\_ CDL Class A or B \_\_\_ Permit \_\_\_ (Month /Day/ Year)  
 Special Endorsements: \_\_\_\_\_

**TRAFFIC ACCIDENTS DURING THE PAST 4 YEARS**

Location /County	Description of Accident	Date	Fatalities/Injuries

**TRAFFIC CONVICTIONS DURING THE PAST 4 YEARS**

Location /County	Charge/Conviction	Date	Penalty

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes \_\_\_ No \_\_\_  
 Has your license, permit or privilege ever been suspended or revoked? Yes \_\_\_ No \_\_\_ If you answered "YES" please  
 give a detailed statement: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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**CRIMINAL BACKGROUND INFORMATION**

HAVE YOU EVER BEEN CONVICTED OF FOR ANY OF THE FOLLOWING:

- A FELONY OR MISDEMEANOR IN WHICH A MOTOR VEHICLE WAS USED? YES \_\_\_ NO \_\_\_
- DRIVING WHILE INTOXICATED OR DRIVING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS YES \_\_\_ NO \_\_\_
- LEAVING THE SCENE OF AN ACCIDENT RESULTING IN PERSONAL INJURY OR DEATH YES \_\_\_ NO \_\_\_
- ANY CONTROLLED OR NON CONTROLLED DRUG-RELATED OFFENSE YES \_\_\_ NO \_\_\_
- ANY OTHER FELONY OR MISDEMEANOR YES \_\_\_ NO \_\_\_

**CRIMINAL BACKGROUND INFORMATION CONTINUED**

IF YOU ANSWERED "YES" TO ANY OF THE ABOVE, EXPLAIN FULLY: \_\_\_\_\_

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I CERTIFY THAT I HAVE READ AND UNDERSTOOD ALL OF THIS APPLICATION AND THAT THE ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I ALSO CERTIFY THAT I HAVE BEEN INFORMED OF THE JOB DESCRIPTION(S) FOR THE POSTION(S) FOR WHICH I HAVE APPLIED. I ALSO CERTIFY THAT I UNDERSTAND THAT ALL EMPLOYEES OF DICKERSON FLORIDA, INC. ARE "AT WILL", WHICH MEANS THAT AN EMPLOYEE MAY RESIGN AT ANY TIME AND THAT DICKERSON FLORIDA, INC. MAY TERMINATE AN EMPLOYEE AT ANY TIME, FOR ANY REASON, EXCEPT AS OTHERWISE PROHIBITED BY LAW.

I HEREBY AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION AND HEREBY RELEASE ALL FORMER EMPLOYERS AS A RESULT OF ANY STATEMENTS THEY MAKE CONCERNING MY EMPLOYMENT WITH THEM. I UNDERSTAND THAT ANY MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IN THIS APPLICATION, IN ANY ATTACHED SUPPLEMENT TO THE APPLICATION, IN ANY CONDITIONAL OFFER QUESTIONNAIRE, OR IN ANY INTERVIEW WITH DICKERSON FLORIDA, INC. IS GROUNDS FOR DISMISSAL AT ANY TIME, REGARDLESS OF WHEN THE MISREPRESENTATION OR OMISSION IS DISCOVERED.

I UNDERSTAND AND AGREE THAT I MAY BE REQUESTED BY DICKERSON FLORIDA, INC. TO TAKE A TEST FOR DETECTION OF ILLEGAL DRUG USE (E.G., URINALYSIS) IN CONNECTION WITH MY APPLICATION FOR EMPLOYMENT. I FURTHER UNDERSTAND THAT MY FAILURE OR REFUSAL TO TAKE SUCH A TEST WILL RESULT IN DENIAL OF EMPLOYMENT APPLICATION.

SIGNATURE OF APPLICANT: \_\_\_\_\_ Date: \_\_\_\_\_

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## Affirmative Action Voluntary Information

### COMPLETION OF INFORMATION BELOW IS VOLUNTARY

We consider all applicants for positions without regard to race, color, religion, sex, national origin, age, veteran/reserve/national guard or any other similarly protected status.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application. In an effort to comply with requirements regarding government recording, reporting and other legal obligations which may apply we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that the survey is not a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

Position(s) Applied For: \_\_\_\_\_ Date: \_\_\_\_\_

#### Referral Source:

Walk In \_\_\_ Government Employee Agency \_\_\_ Private Employment Agency \_\_\_ Employee \_\_\_  
Relative \_\_\_ School \_\_\_ Advertisement Source \_\_\_\_\_ Other \_\_\_\_\_  
Name of person who referred you if applicable: \_\_\_\_\_

#### Applicant Information

Name: \_\_\_\_\_ Telephone # \_\_\_\_\_  
Address/City/State/Zip: \_\_\_\_\_  
Male: \_\_\_ Female: \_\_\_

#### Please check one of the following Equal Employment Opportunity Identification Groups:

White (not of Hispanic origin) \_\_\_ Black (not of Hispanic origin) \_\_\_ Hispanic \_\_\_  
American Indian/Alaskan Native \_\_\_ Asian/Pacific Islander \_\_\_

#### FOR ADMINISTRATIVE USE ONLY

Position(s) applied for Available \_\_\_ Not Available \_\_\_ Other position(s) considered for: \_\_\_\_\_  
Hired Yes \_\_\_ No \_\_\_ Position Hired for: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

From the EEO job classification listed below which one best describes the position filled

Officials and Managers \_\_\_ Sales Workers \_\_\_ Operatives (semi-skilled) \_\_\_ Professionals \_\_\_  
Office and Clerical Workers \_\_\_ Laborers (unskilled) \_\_\_ Technicians \_\_\_ Craft Workers \_\_\_  
Server Workers \_\_\_

Notes: \_\_\_\_\_

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**TO BE COMPLETED BY DRIVER APPLICANTS ONLY:**

**EDUCATION**

HAVE YOU ATTENDED TRUCK DRIVING SCHOOL? YES \_\_\_ NO \_\_\_ START DATE \_\_\_\_\_ GRADUATION DATE \_\_\_\_\_  
 NAME OF SCHOOL: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

**DRIVING & RELATED EXPERIENCE** (Driver must complete this section)

	TYPE OF EQUIPMENT/SIZE	LENGTH OF EXPERIENCE	APPROXIMATE # OF MILES
TRACTOR & SEMI TRAILER			
STRAIGHT TRUCK			
DUMP TRUCK			
ROLL OFF			
FLATBED			
OTHER:			

IN WHAT STATES HAVE YOU DRIVEN REGULARLY? \_\_\_\_\_  
 WHAT AWARDS DO YOU HOLD FOR SAFE DRIVING? \_\_\_\_\_

**ACCIDENTS**

List all accidents that you have been involved in during the last (4) years, in any type of vehicle, and regardless of whether you feel they were chargeable or non-chargeable. If you have had no accidents in the past four years, write "NONE".

Date	Type of Vehicle	Who was at fault?	Fatalities YES/NO	Injuries YES/NO	\$ Amount of all Damage

Date	Type of Vehicle	Who was at fault?	Fatalities YES/NO	Injuries YES/NO	\$ Amount of all Damage

Date	Type of Vehicle	Who was at fault?	Fatalities YES/NO	Injuries YES/NO	\$ Amount of all Damage

Date	Type of Vehicle	Who was at fault?	Fatalities YES/NO	Injuries YES/NO	\$ Amount of all Damage

FAILURE TO LIST ALL ACCIDENTS MAY RESULT IN YOUR DISQUALIFICATION. IF YOU HAVE NOT HAD ANY ACCIDENTS IN THE LAST 4 YEARS, INDICATE NONE.

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**TRAFFIC VIOLATIONS**

List all traffic violations (other than parking violations) that you have been convicted or forfeited bond or collateral during that past (4) years. If you have had no traffic violations in the past four years, write "NONE".

DATE	CITY & STATE	CHARGE	PENALTY	Personal (POV) or Commercial (CMV)	
				POV	CMV
				POV	CMV
				POV	CMV
				POV	CMV
				POV	CMV

I certify that above is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past four years. FAILURE TO LIST ALL TRAFFIC VIOLATIONS MAY RESULT IN DISQUALIFICATION. If you have not had any violations in the last four years, indicate "NONE".

**CRIMINAL BACKGROUND INFORMATION**

Have you ever been convicted of DWI, DUI, Careless or Reckless Driving, 15 mph over the posted speed limit, leaving the scene, or using a commercial vehicle in commission of a felony?

YES \_\_\_ NO \_\_\_ Date: \_\_\_\_\_ Explain: \_\_\_\_\_

Has your license or privilege to drive ever been suspended or revoked for any reason\*?

YES \_\_\_ NO \_\_\_ Date: \_\_\_\_\_ Explain: \_\_\_\_\_

Have you ever been convicted of any misdemeanor other than a traffic violation\*?

YES \_\_\_ NO \_\_\_ Date: \_\_\_\_\_ Explain: \_\_\_\_\_

Have you ever been convicted of a felony\*?

YES \_\_\_ NO \_\_\_ Date: \_\_\_\_\_ Explain: \_\_\_\_\_

*\*Disclosure of this information does not necessarily disqualify you from consideration*

**DRIVER LICENSE STATUS**

List all driver licenses that you presently hold or have held in the past.

Circle One	State	License Number	Expiration Date	Endorsments
POV CMV				
POV CMV				
POV CMV				

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**ALCOHOL & CONTROLLED SUBSTANCE TESTING**

Have you tested positive for a controlled substance in the last two years\*? YES \_\_\_ NO \_\_\_

Have you had an alcohol test with a breath alcohol concentration of 0.04 to greater in the last 2 years\*? YES \_\_\_ NO \_\_\_

Have you refused a required test for alcohol or drugs in the last 2 years\*? YES \_\_\_ NO \_\_\_

If yes to any of the above questions, please give the substance abuse professional's name, address, and phone number for further reference?

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

*\*Disclosure of this information does not necessarily disqualify you from consideration*

**AGREEMENT – Please read the following statement carefully.**

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 also agree that falsified information or significant omissions may result in my disqualification now or at any time.

In connection with my application for qualification with Dickerson Florida, Inc., I understand that an investigative report will be obtained that will include information as to my character, work habits, performance, experience, drug and alcohol test results, driving record and experience, as well as any reason for termination of my qualification including any results from previous employers. Further, I understand that you will be requesting information concerning my driving record and/or information from various state agencies which maintain records concerning, criminal history, traffic offenses and accidents, as well as information concerning my previous driving record requests made by others from such state agencies. I hereby authorize Dickerson Florida, Inc. to obtain above described information, and agree that such information, and my employment history with you that I am qualified, will be supplied to other companies which subscribe to consumer reporting services.

In accordance with Section(s) 382.405, 382.413 and 391.23 of the Federal Motor Carrier Safety Regulations, I authorize any and all persons and/or institutions to provide any relevant information, including my alcohol and controlled substance training/testing, that may be required to complete my qualification and I agree to release them from any and all liability for supplying said information.

Finally, prospective employers are required to notify driver applicants of their due process rights as specified in 391.23(i) regarding the information received as part of the background investigation. In accordance with section (i) (1), I understand my right to be expressly notified with Department of Transportation regulated employment during preceding three years-via the application form or other written document prior to any hiring decision and that I have the following rights regarding the investigative information that will be provided

- (i)(1)(i) The right to review information provided by previous employers;
- (i)(1)(ii) The right to have errors in the information corrected by the previous employer and for that previous employer to resend the corrected information;
- (i)(1)(iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and driver cannot agree

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**AGREEMENT – Please read the following statement carefully CONTINUED.**

- (i)(2) Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information from the applicant within five business days of receiving the written request, If the prospective employer has not yet received the requested information from the previous employer(s), then the five business days deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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