



PO Box 230 | North Liberty, IA 52317
Phone: (319) 626-4600

APPLICATION FOR EMPLOYMENT

for applicants with a Commercial Driver's License

NOTE TO THE APPLICANT: This application is used to evaluate your qualifications for employment. Please answer all of the questions on your application accurately. If you fail to do so, you may lose employment opportunities or delay consideration of your employment. This application is not an employment contract. All qualified applicants will receive consideration for employment without regard to race, religion, color, national origin, disability, age, sex, or any other classification protected by federal, state, or local laws. Additional testing of job-related skills may be required. A post-offer pre-employment drug test is required.

APPLICANT INFORMATION					
FIRST NAME		MIDDLE NAME		LAST NAME	
PHONE		EMAIL			
DATE OF BIRTH		SOCIAL SECURITY #			
DATE OF APPLICATION		POSITION APPLIED FOR		DATE AVAILABLE FOR WORK	

Do you have legal right to work in the United States? ☐ YES ☐ NO

PREVIOUS THREE YEARS RESIDENCY					
Attach additional sheet if more space is needed					
	STREET	CITY	STATE	ZIP CODE	# OF YEARS AT ADDRESS
CURRENT					
MAILING					
PREVIOUS					
PREVIOUS					
PREVIOUS					

LICENSE INFORMATION				
No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years; attach additional sheets if needed.				
STATE	LICENSE #	TYPE/CLASS	ENDORSEMENTS	EXPIRATION DATE
PREVIOUSLY HELD LICENSES				

DRIVING EXPERIENCE				
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE FROM	DATE TO	APPROX # OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR & 2 TRAILERS				
TRACTOR & TANKER				
OTHER				

ACCIDENT RECORD FOR THE PAST 3 YEARS				
Attach additional sheet if more space is needed. Check this box if none <input type="checkbox"/>				
DATES (List most recent first)	NATURE OF ACCIDENT (Head-on, rear-end, upset, etc.)	# FATALITIES	# INJURIES	CHEMICAL SPILLS (Y/N)

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)			
Attach additional sheet if more space is needed. Check this box if none <input type="checkbox"/>			
DATE CONVICTED (Month/Year)	VIOLATION	STATE OF VIOLATION	PENALTY (Forfeited bond, collateral and/or points)

Have you ever been denied a license, permit, or privilege to operate a motor vehicle?

☐ YES ☐ NO

If yes, explain

Has any license, permit, or privilege ever been suspended or revoked?

☐ YES ☐ NO

If yes, explain

EMPLOYMENT HISTORY

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. ***In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.***

Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.

CURRENT (MOST RECENT) EMPLOYER					
NAME				PHONE	
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?					<input type="checkbox"/> YES <input type="checkbox"/> NO
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?					<input type="checkbox"/> YES <input type="checkbox"/> NO
SECOND (MOST RECENT) EMPLOYER					
NAME				PHONE	
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?					<input type="checkbox"/> YES <input type="checkbox"/> NO
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?					<input type="checkbox"/> YES <input type="checkbox"/> NO
THIRD (MOST RECENT) EMPLOYER					
NAME				PHONE	
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?					<input type="checkbox"/> YES <input type="checkbox"/> NO
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?					<input type="checkbox"/> YES <input type="checkbox"/> NO

ADDITIONAL QUESTIONS

Please answer the following questions with either "yes" or "no"

Yes No

Have you been charged with a DUI in the last 5 years?		
Are you able to work nights starting Sunday night to Friday morning?		
<p>Employees may be required to work on federal property, school grounds where minors may be present, retirement homes or places where elderly may be present. Will this be a problem for you? If yes, please explain.</p> <p><i>Note that answering "yes" does not automatically disqualify you from employment.</i></p>		

EDUCATION

SCHOOL	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED	GRADUATE		DETAILS
				Y	N	
High School				<input type="checkbox"/>	<input type="checkbox"/>	
College				<input type="checkbox"/>	<input type="checkbox"/>	
Other				<input type="checkbox"/>	<input type="checkbox"/>	

OTHER QUALIFICATIONS

Please list any other qualifications that you have and which you believe should be considered.

REFERENCES

Include only individuals familiar with your work ability. Do not include relatives.

NAME	PHONE	RELATIONSHIP	YRS KNOWN

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, health care providers, and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the Company.

I understand that the information I provide regarding my current and/or prior employers may be used, and those employer(s) will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23. I understand that I have the right to:

- Review information provided by current/prior employers;
- Have errors in the information corrected by previous employers, and for those previous employers to resend the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.

Applicant Signature		Date	
Applicant Name (printed)			

**AN EQUAL EMPLOYMENT
OPPORTUNITY EMPLOYER**
Women, minorities, veterans and individuals with
disabilities are encouraged to apply.

PRE-QUALIFICATION QUESTIONNAIRE

As the motor carrier, **L.L. Pelling Co., Inc.** must ask whether you have tested positive or refused to be tested on any pre-employment drug or alcohol test per 49 CFR 40.25(j). Applicable tests would have been administered by a motor carrier to which you applied for, but did not obtain safety-sensitive transportation work (as covered by DOT agency drug and alcohol testing rules) during the past two years.

I, APPLICANT Print Name _____, ☐ have ☐ have not tested positive or refused any such test in the past three years. If I have, then I am including below the appropriate substance abuse provider (SAP) information.

SAP Name _____ Phone _____

City, State _____

Applicant Signature _____ Date _____

Requested in accordance with 49 CFR 40.25(j) for all applicants since August 1, 2001.



VOLUNTARY AFFIRMATIVE ACTION SURVEY

LL Pelling Co., Inc. is required by state and federal laws to furnish statistical data and to maintain records of certain population characteristics of those applying for jobs with us. The information you supply will be used for statistical purposes only. If you are offered employment with LL Pelling Co., Inc., it will not be used as employment criteria. LL Pelling Co., Inc., is an equal opportunity employer, supporting diversity in the workplace. Thank you for your voluntary cooperation in completing this form.

Position Applied For:		Date:	
Name:			
Street Address:		City:	State: Zip:
Gender			
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> I choose to not self-identify my gender.	
Referral Source			
<input type="checkbox"/> Iowa Workforce Development (list location)		<input type="checkbox"/> Internet search	
<input type="checkbox"/> Social Media (list source)		<input type="checkbox"/> Other - please list	
<input type="checkbox"/> Employee (name employee)			
<input type="checkbox"/> School (name school)			
<input type="checkbox"/> LL Pelling website			
<input type="checkbox"/> Walk In			
Ethnicity:			
<input type="checkbox"/> White (Not Hispanic or Latino)		<input type="checkbox"/> Asian (Not Hispanic or Latino)	
<input type="checkbox"/> Black or African American (Not Hispanic or Latino)		<input type="checkbox"/> American Indian or Alaska Native (Not Hispanic or Latino)	
<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> Two or More Races (Not Hispanic or Latino)	
<input type="checkbox"/> I choose to not self-identify my ethnicity.			

NOTICE FOR ALL EMPLOYEES & APPLICANTS

OPERATING STATEMENT

It is the policy of LL Pelling Co., Inc., 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, transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including: apprenticeship, preapprenticeship, or on-the-job training.

DESIGNATION OF EEO/AA OFFICER

LL Pelling Co., Inc., has designated Carrie Diaz, PO Box 230, North Liberty, IA 52317, phone 319-626-4600 as the EEO/AA Officer. Carrie has the responsibility to effectively administer and promote this Policy, and is assigned adequate authority and responsibility to do so. The Safety Director, Julie Maxfield, will assist with duties performed on job sites.

TRAINING LETTER

LL Pelling Co., Inc., is an Equal Opportunity Employer interested in training prospective employees and upgrading present employees through actual on-the-job training programs. Below are listed the job classifications for which training will be provided:

Equipment Operator

Quality

Control

Technician

Concrete Finisher

The qualification(s) to be considered for our company's training program, a prospective trainee must be an employee in good standing and/or have supervisory approval. For further information, copies of outlines of individual job classifications/area training program outlines, you must request them from Carrie Diaz, Human Resources Manager PO Box 230, North Liberty, IA 52317 at 319-626-4600.



PRE-OFFER VETERAN SELF ID FORM

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, [38 U.S.C. 4212](#) (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

A “**disabled veteran**” is one of the following:

- A veteran of the U.S. 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 Veterans Affairs; or
- A person who was discharged or released from active duty because of a service-connected disability.

A “**recently separated veteran**” means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

An “**active duty wartime or campaign badge veteran**” means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

An “**Armed forces service medal veteran**” means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to [Executive Order 12985](#).

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

Please select one of the following:

☐ I identify as one or more of the classifications of protected veteran listed above.

☐ I am not a protected veteran.

☐ I don't wish to answer.

Voluntary Self-Identification of Disability

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OMB Control Number 1250-0005
Expires 04/30/2026

Name: _____

Date: _____

(if applicable)

Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

Please check one of the boxes below:

Yes, I have a disability, or have had one in the past

No, I do not have a disability and have not had one in the past

I do not want to answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title:

Date of Hire: