

PLEASE NOTE:

ALL PREVIOUS EMPLOYMENT WILL BE VERIFIED PRIOR TO YOU BEING CALLED IN FOR AN INTERVIEW.

IT IS VERY IMPORTANT FOR YOU TO LIST CORRECT PHONE NUMBERS AND EMPLOYEE CODES (IF APPLICABLE) FOR US TO VERIFY YOUR INFORMATION. INCORRECT PHONE NUMBERS WILL NOT BE RESEARCHED; THEREFORE, YOU WILL NOT BE CALLED BACK FOR AN INTERVIEW. DO NOT LIST CELL PHONE NUMBERS UNLESS IT IS THE ONLY NUMBER THE COMPANY HAS.

SIGNATURE OF APPLICANT

DATE

Besco Steel Supply of Georgia Inc.
615 Patrick Industrial Drive
Winder, Georgia 30680

AN EQUAL OPPORTUNITY EMPLOYER

It is the policy of Besco Steel to provide employment opportunities without regard to race, color, religion, sex, national origin, age, handicap, or veteran status.

APPLICATION FOR EMPLOYMENT

IMPORTANT: Please fill in your response above each line unless otherwise indicated. All answers must be printed or typed. Answers that are illegible or incomplete may prevent us from considering your application.

NOTICE TO APPLICANT

Besco Steel Supply requires all applicants submit to a Controlled Substance Test, if offered a position with Besco Steel Supply. Applicant understands that if he or she tests positive for any controlled substance, Besco Steel Supply shall deny or terminate employment.

**PERSONAL DATA
TRUCK DRIVER APPLICATION**

_____/_____/_____
FIRST NAME MIDDLE LAST

_____/_____
SOCIAL SECURITY NUMBER ARE YOU OVER 21 YEARS OF AGE?

_____/_____/_____/_____/_____
PRESENT ADDRESS IN FULL CITY STATE ZIP HOME PHONE NUMBER

_____/_____/_____/_____/_____
PERMANENT ADDRESS (IF DIFFERENT FROM ABOVE) CITY STATE ZIP HOME PHONE NUMBER

_____/_____/_____
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? YOUR VISA TYPE IF AVAILABLE VISA NUMBER AND EXPIRATION DATE

ADDRESS FOR PAST THREE YEARS

_____/_____/_____/_____
CITY STATE ZIP HOW LONG (Months or Years)

_____/_____/_____/_____
CITY STATE ZIP HOW LONG (Months or Years)

_____/_____/_____/_____
CITY STATE ZIP HOW LONG (Months or Years)

POSITION INFORMATION

Position Applied For: _____ / _____ / _____
Class A Driver Class B Driver Class C Driver

Referral Source: _____

Are you willing to work any shift, including nights or weekends? _____

How soon, following notification, can you report for work? _____

Are you willing to relocate? _____

Do you have any objections to working overtime without advance notice? _____

Do you have any objections to working overtime? _____

Have you ever been employed by the company? _____

If so, when? _____. Where? _____. Position? _____.

Have you ever or previously applied for employment at the company? _____

If so, when? _____. Where? _____. Position? _____.

Have you ever or previously been interviewed by the company? _____

If so, when? _____. Where? _____. Position? _____.

Are any relatives, including In Laws, employed at the company? _____

If yes, give name, relationship, position and location: _____

If your application receives favorable consideration, what salary / hourly rate would you require? _____

EMPLOYMENT HISTORY

IMPORTANT: Starting with your present or most recent employer, list in consecutive order ALL EMPLOYMENT AND PERIODS OF UNEMPLOYMENT since you graduated from or last attended school. Additional employment may be listed on a separate page if necessary.

PRESENT OR MOST RECENT EMPLOYER

_____/_____/_____/_____
Full Name Of Company Phone Number Start Salary End Salary

_____/_____/_____/_____
Address City State Zip

_____/_____/_____
Employed From Employed To Reason for leaving employment?

_____/_____
Position Held Supervisor Name

PREVIOUS EMPLOYER

_____/_____/_____/_____
Full Name Of Company Phone Number Start Salary End Salary

_____/_____/_____/_____
Address City State Zip

_____/_____/_____
Employed From Employed To Reason for leaving employment?

_____/_____
Position Held Supervisor Name

PREVIOUS EMPLOYER

_____/_____/_____/_____
Full Name Of Company Phone Number Start Salary End Salary

_____/_____/_____/_____
Address City State Zip

_____/_____/_____
Employed From Employed To Reason for leaving employment?

_____/_____
Position Held Supervisor Name

PREVIOUS EMPLOYER

_____/_____/_____/_____
Full Name Of Company Phone Number Start Salary End Salary

_____/_____/_____/_____
Address City State Zip

_____/_____/_____
Employed From Employed To Reason for leaving employment?

_____/_____
Position Held Supervisor Name

Note: DOT REQUIRES THAT EMPLOYMENT FOR AT LEAST 3 YEARS AND OR COMMERCIAL DRIVING EXPERIENCE FOR THE PAST 10 YEARS BE SHOWN.

EXPERIENCE AND QUALIFICATIONS – DRIVER

Driver License Information

State	License Number	Type License	Expiration Date
State	License Number	Type License	Expiration Date
State	License Number	Type License	Expiration Date

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flatbed)	From	Dates To	Approx. Number of Miles Total
Straight Truck	_____	_____	_____	_____
Tractor or Semi	_____	_____	_____	_____
Tractor Two-Trailers	_____	_____	_____	_____
Other	_____	_____	_____	_____

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE. (Attach sheet if more space is required)

Dates	Nature of Accident	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 a license, permit, or privilege ever been suspended or revoked? Yes _____ No _____

If the answer to A or B is YES, attach statement giving details.

MISCELLANEOUS INFORMATION

Do you have a valid drivers license? _____ License Number: _____

State: _____ Expiration Date: _____ Type or Class: _____

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

MILITARY SERVICE AND STATUS

Branch of Service. (If none, state none) _____ Military Occupation: _____

Length of Active Duty _____ Rank at time of separation: _____

Date of Entry: _____ / _____
Month Year

Date of Separation: _____ / _____
Month Year

APPLICANT'S CERTIFICATION AND AGREEMENT

I HEREBY CERTIFY that my answers to the foregoing question are true and complete and that I have not knowingly withheld any facts, circumstances or other information, which would, if disclosed, affect my application. I further understand that any false or misleading statement or omission of pertinent information will result in the rejection of my application, or in dismissal if discovered subsequent to my employment.

I HEREBY AFFIRM that by execution of the application, I acknowledge that the Company may obtain an Investigative Consumer Report, to determine my eligibility for initial or continued employment. The term "consumer report" means any written, oral, or other communication of any information by a consumer reporting agency bearing on my creditworthiness, credit standing, credit capacity, character, general reputation, criminal history, personal characteristics, or mode of living. Examples of consumer reports include, but are not limited to: a credit report, a criminal background report, a report stating the result of a drug test, and a reference check report. I hereby authorize the Company to obtain consumer reports or investigative consumer reports on a continuing basis, as needed, and as it relates to my relationship with the Company. I hereby release the Company and all consumer reporting agencies of any and all liabilities, claims or lawsuits in regard to the information obtained.

I HEREBY AUTHORIZE the Company to request, and I **ALSO AUTHORIZE AND REQUEST** each former employer, school attended, and each person, firm, or corporation given as references above, to furnish at any time, any information which may be sought concerning me and my work habits, character or skill, and any other data required, whether in connection with this application or for the purposes of complying with surety company requirements or otherwise.

I HEREBY AFFIRM that by submitting this application I agree to submit to medical evaluations and/or examinations, including tests for the presence of illegal drugs or alcohol, prior to and during employment, within a time period prescribed by the Company and as often as directed during employment.

I HEREBY AUTHORIZE the medical examiner to disclose to the Company any and all findings and conclusions arrived at in any examination performed either prior to employment or during employment.

I UNDERSTAND that should I be given employment, such employment shall be for an indefinite period of time and may be terminated, at will, at anytime, for any reason, by me or by the Company without notice or without liability whatsoever, except for unpaid wages or salary earned by the date of termination. I further understand that only the President of the Company has the authority to enter into any agreement for employment for a specified period of time or to make any agreement contrary to this at will standard and that any such agreement must be in writing.

I UNDERSTAND that if I am employed, this application and the Company's Terms of Employment and Policy and Procedures will govern the terms and conditions of my employment, as amended from time to time by the Company.

The Company operates under the principles of affording equal employment opportunity through affirmative action for qualified individuals with disabilities, qualified veterans of the Vietnam era and qualified disabled veterans.

All applicants and employees who believe themselves to be members of one or more of these groups, and who wish to identify themselves as such for the purpose of affirmative action consideration are invited to do so.

Submission of this information is voluntary and refusal to provide it will not subject you to discharge, disciplinary treatment, or any other form of adverse treatment. Information obtained concerning individuals shall be kept confidential, except that (1) supervisors and managers may be informed regarding disabled veterans and handicapped individuals, as necessary, (2) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment, and (3) governmental officials investigating compliance will be informed.

I wish to volunteer the following information. (Check One) _____ I do not qualify

I do qualify under the following. _____ Disabled
_____ Vietnam Era Veteran
_____ Disabled Veteran

I do not wish to participate in the voluntary disclosure and affirmative action program. _____

Signature: _____ **Date:** _____

*Thank you for completing this application. It will remain under consideration for three months.
It will not be necessary for you to reapply during this three-month period.
Your interest in Besco Steel Supply is appreciated.*

**Besco Steel Supply of GA, Inc.
615 Patrick Industrial Drive
Winder, Georgia 30680
Phone 678-963-9812 Fax 678-963-9816**

Authorization Form

Driver: _____ Date: _____

You are hereby authorized to furnish to Besco Steel Supply of GA, Inc. all information regarding my services, character and conduct while in your employ. You are released from any and all liability which may result from furnishing such information.

Further, I specifically request that you release all requested information about my alcohol and controlled substance testing in accordance with the federal motor carrier safety regulations.

A photocopy of this authorization is to be considered as valid as the original, if used within the next 30 days. Thank you for furnishing this information to my prospective employer.

Besco Steel Supply of GA, Inc.
615 Patrick Industrial Drive
Winder, Georgia 30680
Phone 678-963-9812 Fax 678-963-9816

PRE-EMPLOYMENT DRUG TESTING CONSENT AND RELEASE FORM

I hereby consent to submit to urinalysis and/or other tests as shall be determined by Besco Steel in the selection process of applicants for employment, for the purpose of determining the drug content thereof.

I agree that Concentra Medical Center, located at 1900 Riverside Parkway, Lawrenceville, Georgia, may collect these specimens for these tests and may test them or forward them to a testing laboratory designated by Besco Steel for analysis.

I further agree to and hereby authorize the release of the results of said tests to Besco Steel.

I understand that it is the current use of illegal drugs that prohibits me from being employed at Besco Steel.

I further agree to hold harmless Besco Steel and its agents (including the above named physician or clinic) from any liability arising in whole or part, out of the collection of specimens, testing, and use of the information from said testing in connection with Besco's consideration of my application of employment.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

APPLICANT: Print Name: _____ SS#: _____

Signature: _____ Date: _____

WITNESS: Print Name: _____

Signature: _____

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to Besco Steel Supply for purposes of investigation as required by Section 391.23 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: _____

1. In accordance with the provisions of Section 604 and Section 607 of the Fair Credit Reporting Act, Public Law No. 91-508, I hereby certify that the information requested below will be used for a "permissible purpose" as defined in the Act, and that the information received will be used for no other purpose.
2. I further certify that if the applicant named below is denied employment based on the information received, I will identify the source of the report in accordance with Section 615(a) of the Fair Credit Reporting Agency.

Besco Steel Supply
Representative's Signature: _____ Date: _____

TO: THE MACART GROUP
2405 Satellite Blvd., Suite 200
Duluth GA 30096

To Whom It May Concern:

The following named person has made application with our company for employment. As 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.

NAME OF APPLICANT: _____

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

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

DATE OF BIRTH: _____ SSN: _____

DRIVERS LICENSE STATE AND NUMBER: _____

REQUESTED BY: **Besco Steel Supply % The McCart Group**

Representative's Name & Title: _____
(Name) (Title)

Representative's Signature: _____ Date: _____