



Supplemental Employment Questionnaire (Cuestionario de empleados suplementario)

If it doesn't apply, please indicate N/A

Applicant Name (please print):

(Nombre del solicitante [en letra de imprenta])

@ApplicantName

Date:

(Fecha)

@Date

Social Security Number:

(Numero de seguro social)

@SSN

Date of Birth

(Fecha de nacimiento)

@DOB

Complete these pages in full to satisfy the Department of Transportation requirements.

Complete las siguientes paginas para cumplir con los requisitos del Departamento de Transporte.

Driver Applicant Only - All Sections Must Be Fully Completed (Solo para solicitantes conductores: Todas las secciones deben llenarse por completo)					
DRIVING EXPERIENCE & QUALIFICATIONS (EXPERIENCIA DE MANEJO Y CALIFICACIONES)					
Provide all driver's license held in past 3 yrs., include any not yet expired. Proporcione toda la licencia de conducir mantenida en los últimos 3 años., incluya cualquier año caducado.	STATE (ESTADO)	LICENSE NO. (NUMERO DE LICENCIA)	CLASS/TYPE (CLASE/TIPO)	EXPIRATION DATE (FECHA DE VENCIMIENTO)	
	@State1	@License1	@ClassType1	@ExpirationDate1	
	@State2	@License2	@ClassType2	@ExpirationDate2	
	@State3	@License3	@ClassType3	@ExpirationDate3	
A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? (¿Alguna vez se le ha negado la licencia, el permiso o el privilegio para manejar un vehículo motorizado?)				Yes(Si) <input checked="" type="checkbox"/>	No(No) <input type="checkbox"/>
B. Has any license, permit or privilege ever been suspended or revoked? (¿Alguna vez se le ha suspendido o revocado la licencia, el permiso o el privilegio?)				Yes(Si) <input checked="" type="checkbox"/>	No(No) <input type="checkbox"/>
C. Have you been disqualified for violations of the Federal Motor Carrier Safety Regulations? (¿Alguna vez lo han descalificado por infringir el Reglamento Federal de Seguridad de Autotransportes [FMCSR]?)				Yes(Si) <input checked="" type="checkbox"/>	No(No) <input type="checkbox"/>
EQUIPMENT EXPERIENCE - Please be specific. If none write none. (EXPERIENCIA CON EL EQUIPO. Sea específico. En el caso de no tenerla, escriba "Ninguna").					
CLASS OF EQUIPMENT (CLASE DE EQUIPO)	TYPE OF EQUIPMENT (Boom, Dump, Flat, Tank, Van, etc.) (TIPO DE EQUIPO) (Pluma, camión volquete, camión de plataforma, tanque, furgoneta, etc.)	DATE From To (Desde Hasta)		FREQUENCY DRIVEN (Daily, Weekly, Once in while, etc.) (FRECUENCIA DE MANEJO) (Diaria, semanal, ocasional, etc.)	APPROX. NUMBER OF MILES
Straight Truck (Camión rígido)	@ClassType1	@From1	@To1	@FD1	@NoOfMiles1
Tractor and Semi-Trailer (Tractor y semirremolque)	@ClassType2	@From2	@To2	@FD2	@NoOfMiles2
Tractor - Two Trailers (Tractor, doble remolque)	@ClassType3	@From3	@To3	@FD3	@NoOfMiles3
Other (Otro)	@ClassType4	@From4	@To4	@FD4	@NoOfMiles4
ACCIDENT REVIEW FOR PAST (3) THREE YEARS (Attach separate sheet of paper if more space is needed) (REVISIÓN DE ACCIDENTES DE LOS ÚLTIMOS [3] TRES AÑOS) (Adjuntar una hoja adicional de ser necesario más espacio)					
DATE (FECHA)	NATURE OF ACCIDENT (Head-On, Rear-End, Upset, Etc.) (NATURALEZA DEL ACCIDENTE) (Choque de frente, en la parte trasera, vuelco, etc.)	INJURIES/FATALITIES (LESIONES/FALLECIMIENTOS)		PROPERTY DAMAGE (DANOS MATERIALES)	
@RVDate1	@NOA1	@IF1		@PD1	
@RVDate1	@NOA1	@IF1		@PD1	
@RVDate1	@NOA1	@IF1		@PD1	
TRAFFIC CONVICTIONS AND BOND FORFEITURES FOR PAST (3) THREE YEARS OTHER THAN PARKING VIOLATIONS (CONDENAS Y CADUCIDAD DE FIANZAS RELACIONADAS CON EL TRANSITO EN LOS ÚLTIMOS [3] TRES AÑOS [EXCEPTO INFRACCIONES DE ESTACIONAMIENTO])					
LOCATION (LUGAR)	DATE (FECHA)	CHARGE (CARGO)		PENALTY (SANCION)	
@Location1	@TCBDate1	@Charge1		@Penalty1	
@Location1	@TCBDate1	@Charge1		@Penalty1	
@Location1	@TCBDate1	@Charge1		@Penalty1	



Drivers- Regulated & CDL please complete

DRUG AND ALCOHOL PRE-EMPLOYMENT STATEMENT (DECLARACIÓN PREVIA AL EMPLEO EN RELACIÓN CON CONSUMO DE DROGAS Y ALCOHOL)

DRIVER'S RIGHTS-The Department of Transportation (FMCSR 391.23) gives all commercial drivers the following rights regarding investigative information (DERECHOS DEL CONDUCTOR. El Departamento de Transporte [FMCSR 391.23] otorga los siguientes derechos a los conductores comerciales respecto de la información relacionada con ellos que surja de investigaciones):

1. The right to review information provided by previous employers (El derecho de revisar información provista por empleadores anteriores)
2. The right to have errors in the information corrected by the previous employer and for that previous employer to resend the corrected information to the prospective employer (El derecho de que el empleador anterior corrija errores en la información y de que este vuelva a enviar la información corregida al empleador potencial)
3. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information (El derecho de adjuntar una refutación a la supuesta información errónea, si el empleador anterior y el conductor no concuerdan sobre la exactitud de la información)

In addition to the foregoing, you have the right to any negative information obtained regarding you in connection with any background check or drug screen. Any negative information obtained that prevents you from being offered employment will be provided to you. (Además de lo anterior, tiene derecho a acceder a toda información negativa que se obtenga sobre usted en relación con verificaciones de antecedentes o pruebas de detección de drogas. Se le proporcionará toda información negativa obtenida sobre usted que pueda impedir que le ofrezcan empleo).

I have read and understand these rights. I also understand that if I wish to view previous employer-provided investigative information, I must submit a written request to Foundation Building Materials. I may submit the request at any time, including when applying, or as late as (30) thirty days after being employed or being notified of denial of employment. (He leído y comprendido estos derechos. Asimismo, comprendo que, si deseo consultar la información surgida de investigaciones provista por el empleador anterior, debo presentar un pedido por escrito a Foundation Building Materials. Dicho pedido se puede realizar en cualquier momento desde el momento de la solicitud hasta (30) treinta días después de la contratación o de recibido el aviso de denegación de empleo).

@ApplicantSignature

@Date

Applicant Signature (Firma del solicitante)

Date (Fecha)

As an Applicant, applying to perform safety sensitive functions for our company, you are required by CFR part 40.25(j) to respond to the following questions (Como solicitante que se postula para llevar a cabo funciones de alto riesgo de seguridad en nuestra empresa, debe responder las siguientes preguntas en virtud del CFR, Parte 40.25U):

- a. Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past (2) two years? (En los últimos [2] dos años, alguna vez le dio positiva -o se negó a realizarse- la prueba de detección de drogas y alcohol previa al empleo efectuada por un empleador ante el que se había postulado para un empleo en transporte de alto riesgo de seguridad regulado por las normas de pruebas de detección de drogas y alcohol del Departamento de Transporte, pero que no obtuvo?).

Yes(Si) ☐ No(No) ☒

- b. If you answered yes, can you provide proof that you have successfully completed the DOT return-to-duty requirements? (En el caso de responder "Si", ¿puede proporcionar pruebas de que completó satisfactoriamente los requisitos del Departamento de Transporte para reincorporarse al trabajo?).

Yes(Si) ☒ No(No) ☐

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. (Con esto, certifico que yo mismo complete esta solicitud y que todos los datos e información contenidos en ella son verdaderos y están completos a mi mejor saber y entender).

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my immediate discharge. (En el caso de que esta solicitud tenga como resultado la obtención de un empleo, entiendo que la información falsa o engañosa aquí incluida o provista en la entrevista puede tener como consecuencia el despido inmediato).

@ApplicantSignature

@Date

Applicant Signature (Firma del solicitante)

Date (Fecha)

THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS

*****THIS FORM IS FOR CDL HOLDERS ONLY*****

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

In connection with your application for employment with **FBM** ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize **FBM** ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

@Date

Date

@Signature

Signature

@Name

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

RELEASE OF INFORMATION (Divulgación de información)

I certify and declare under penalty of perjury under relevant state and federal law that the information contained in my employment application is complete, true and accurate. I acknowledge that falsification or omission of information may result in immediate dismissal or retraction of any offer of employment. (Certifico y declaro bajo pena de perjurio de acuerdo con la ley estatal y federal pertinente que la información contenida en mi solicitud de empleo es completa, verdadera y precisa. Soy consciente de que la falsificación u omisión de información puede tener como consecuencia el despido inmediato o la retractación de cualquier oferta de empleo).

In consideration of Foundation Building Materials' review of my application for employment or to complete my driver file, I hereby voluntarily consent to and authorize Foundation Building Materials or Kelmar Safety Inc (authorized agent), to obtain consumer reports for employment purposes. This may include but not limited to Employment Verifications, Motor Vehicle Reports, References and Criminal reports. This release specifically covers verifying my Education-High Schools, GED, Colleges, Degrees or Technical Schools. Furthermore, this release hereby gives permission to same to order Motor Vehicle Reports for the duration of my employment (if hired) for the purpose of performing Annual Reviews per the Federal Motor Carrier Safety Regulations. (En vista de que Foundation Building Materials revisará mi solicitud de empleo o completará mi legajo de conductor, por el presente expreso mi consentimiento voluntario y autorizo a Foundation Building Materials o a Kelmar Safety Inc [representante autorizado] a obtener informes de consumidor con fines relacionados con el empleo. Esto puede incluir, entre otros, verificaciones de empleo, historial de manejo, referencias e informes de antecedentes penales. Este consentimiento cubre específicamente la verificación de mi educación: escuela secundaria, diploma de educación general básica [GED], universidades, títulos o escuelas técnicas. Además, mediante el presente se les otorga permiso a dichas empresas a pedir historiales de manejo a lo largo del empleo [si me contratan] con el fin de llevar a cabo revisiones anuales según el Reglamento Federal de Seguridad de Autotransportes [FMCSR]).

I understand that I have specific prescribed rights as a consumer under the Federal Fair Credit Reporting Act ('FCRA'), and may have additional rights under relevant state law. I hereby certify that I have been presented with a summary of my rights as a consumer under the Fair Credit Reporting Act. (Comprendo que tengo derechos específicos prescritos como consumidor de acuerdo con la Ley Federal sobre Información Crediticia Fidedigna [FCRA] y que puedo tener derechos adicionales en virtud de la legislación estatal pertinente. Por el presente certifico que me presentaron un resumen de mis derechos como consumidor de acuerdo con la FCRA).