

# READY MIX DRIVER EMPLOYMENT APPLICATION

## MC MATERIALS

Name:		Social Security Number:	
Current Address:			
City:	State:	Zip:	
How long at current Address:			
Previous Address (If current address is less than 3 years)			
Address:			
City:	State:	Zip:	
Phone Number:	Date of Birth:	Email address:	
What position and plant are you applying for:			
How did you become aware of the opening:			
Are you 21 years or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Can you provide original documentation of your identity & eligibility to work in the US?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you worked for a DOT regulated Employer and were you covered under DOT regulated drug and alcohol testing during the last 3 years prior to this application? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Education			
	Graduated	Name of school & location	Degree
High School	<input type="checkbox"/> Yes <input type="checkbox"/> No		
College	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Trade or Driving School	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Driver's License & Medical Examiner's Certificate Information			
Do you hold a valid CDL License? <input type="checkbox"/> Yes <input type="checkbox"/> No		License Number:	
State Issued:	Expiration Date:	Class:	Endorsements:
Have you held a license in another state in the last 10 years?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes where?
Have you ever been denied a license or permit to operate a motor vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, please explain.
Has your license ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain.	
Do you know how to drive a commercial Class A or B 10-Speed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you hold a valid DOT Medical Exam Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, when does it expire?	

Applicant Signature

Date Signed



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### EMPLOYMENT HISTORY

Please completely list all prior employment during the past ten (10) years, beginning with the current or most recent employer. Where there are periods of unemployment or self-employment, please provide the name and number of a person that can verify that information.

Employer	Period of Employment		Name of Supervisor
	From Month/Year	To Month/Year	
Address, City, State Zip:			
Position Held:			
Reason for Leaving:			
If employed after 10/29/2004, were you subject to the FMCSR?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<small>If employed after 10/29/2004 was the job designated as a safety sensitive function in a DOT regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No</small>			

Employer	Period of Employment		Name of Supervisor
	From Month/Year	To Month/Year	
Address, City, State Zip:			
Position Held:			
Reason for Leaving:			
If employed after 10/29/2004, were you subject to the FMCSR?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<small>If employed after 10/29/2004 was the job designated as a safety sensitive function in a DOT regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No</small>			

Employer	Period of Employment		Name of Supervisor
	From Month/Year	To Month/Year	
Address, City, State Zip:			
Position Held:			
Reason for Leaving:			
If employed after 10/29/2004, were you subject to the FMCSR?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<small>If employed after 10/29/2004 was the job designated as a safety sensitive function in a DOT regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No</small>			

### DRIVING HISTORY

Accident Record for the past 3 years or more – If none, write none			
Dates(s)	Nature of Accident	Fatalities	Injuries

Traffic Convictions & Forfeitures for the past 3 Years – If none, write none			
Location	Date	Charge	Penalty

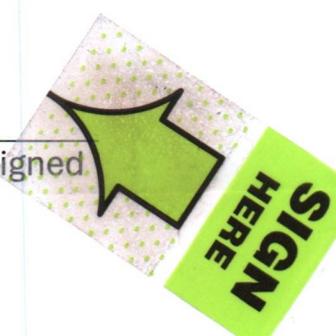
Driving Experience – If none, write none				
Class of Equipment	Type of Equipment	Dates		
		From		To

### EMPLOYMENT HISTORY

I understand consideration for employment with MC MATERIALS will be contingent upon the results of reference checks. I authorize MC MATERIALS to investigate all information I provide on this application for employment, including previous employment, experience and educational credentials. I also give MC MATERIALS my permission to contact my former employer(s), all listed references or any other person who can verify the information I provide on this application.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date Signed



**\*** Instructions for filling out Application for Employment

1. Sign and date all signature lines.
2. Provide the following documentation with your application (we can copy for you in the office).
  - a. Driver's License
  - b. DOT Medical Card (even if expired)
  - c. Social Security Card



**PLEASE READ EACH PARAGRAPH BELOW. IF YOU DO NOT UNDERSTAND ANY PART OF THE INFORMATION, PLEASE ASK THE INTERVIEWER BEFORE SIGNING.**

All employees are required to adhere to the MC MATERIALS drug and alcohol policy. The information provided below is intended to be a summary of this policy and is not inclusive. I understand that MC MATERIALS maintains a Drug and Alcohol-free workplace and requires a drug-screening test as a requirement for employment. If I do not complete the post-offer, pre-employment drug and alcohol testing or if I test positive, refuse to test or submit an adulterated specimen, I understand that any offer of employment to me will be withdrawn, or my employment will be terminated.

I further understand that if employed by MC MATERIALS I will be required to submit to random, post-accident and reasonable suspicion drug and alcohol testing during my employment. Testing positive, refusing to test within the designated time or submitting an altered specimen for a random, reasonable suspicion or post-accident drug and alcohol screening during my employment will be considered misconduct associated with work, and cause for termination.

I authorize the laboratories, facilities, physicians, nurses, and technicians contracted by MC MATERIALS to collect the necessary specimens for the purpose of determining the presence or absence of controlled substances. I authorize the disclosure of the results of such testing only to the appropriate MC Materials officials. I understand that MC MATERIALS will make good faith efforts to maintain the confidentiality of any testing results, consistent with the policy.

I understand that MC MATERIALS abides by an employment-at-will policy. Subject to the requirements of any applicable union collective bargaining agreement, either the MC Materials or the employee may terminate the employment relationship at any time, for any reason, with or without notice. Additionally, nothing contained in this application, and anything conveyed during an interview is intended to create an employment contract, implicit or implied. I also understand and agree that any future changes in my title, duties, compensation, working conditions, benefits or MC Materials policies and procedures will not alter the at-will agreement.

If I am applying for a position as a CDL driver, I am required to possess a current and valid driver's license, and I also understand that any offer of employment is contingent upon my ability to be covered by the MC Materials' vehicle insurance policy. I certify that I completed this application for employment and that all the information provided herein is true.

I understand that any omission, misstatement, or inclusion of false information on this application or any documents used to secure employment with MC MATERIALS shall be grounds for rejection of this application or immediate discharge if I am employed, regardless of the time that has elapsed before discovery.

My signature below certifies that this application was completed by me, and that all entries on it and information in it are true and correct to the best of my knowledge, furthermore I have read and fully understand the information included on this application and agree to the terms and conditions outlined in this document.

Applicant Signature

Date Signed

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