

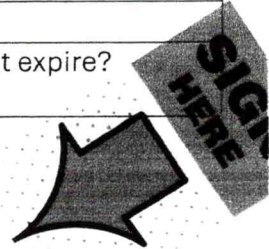
# READY MIX DRIVER EMPLOYMENT APPLICATION

## 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

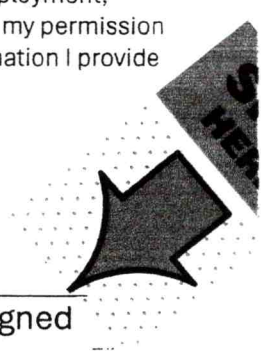
Accident Record for the past 3 years or more – If none, write none			
Dates(s)	Nature of Accident	Fatalities	Injuries

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

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**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.



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Applicant Signature

Date Signed

**FCRA Authorization to Obtain a Consumer Report (Motor Vehicle Report)**

Pursuant to the federal Fair Credit Reporting Act (FCRA), I hereby authorize **BMC Enterprises, Inc.** and its designated agents and representatives to conduct a comprehensive review of my motor vehicle record through a consumer report and/or an investigative consumer report to be generated so that I may continue to have use of a company-owned vehicle.

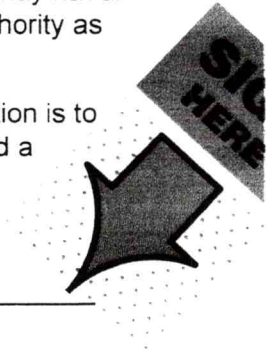
I understand that the scope of the consumer report/investigative consumer report will be limited to motor vehicle records, including but not limited to traffic violations and license registration.

I, \_\_\_\_\_, authorize the complete release of these records or data pertaining to me that an individual, company, firm, corporation or public agency may have. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the contents of the motor vehicle report, a copy of the report and a summary of the consumer's rights will be provided to me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



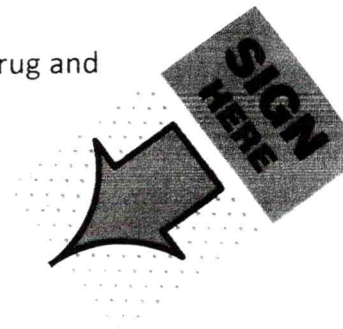
# General Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse

I hereby provide consent to MC MATERIALS to conduct a Limited Query of the FMCSA Commercial Driver's License.

Drug and Alcohol Clearinghouse to determine whether the drug or alcohol violation information about me exists in The Clearinghouse.

I understand that if the Limited Query conducted by MC MATERIALS indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to MC MATERIALS without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for MC MATERIALS to conduct a Limited Query of The Clearinghouse, MC MATERIALS must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.



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Applicants Name (Printed)

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Applicant Signature

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Date Signed

# Candidate Release Authorization

- I. In connection with my application for employment or continued employment at MC Materials (the Company), I understand that a consumer report and/or an investigative consumer report will be ordered that may include information as to my character, general reputation, personal characteristics, mode of living, work habits, performance, and experience, along with reasons for termination of past employment. I understand that in compliance with applicable law and as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about, but not limited to, my: workers' compensation injuries, driving record, court record, education, credentials, credit, and references. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.
- II. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Consumer Reporting Agency. If so, I will be notified and given the name and address of the agency or the source that provided the information.
- III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.
- IV. Massachusetts, Minnesota, Oklahoma, New York, Maine, Washington, New Jersey and California applicants only: if you want a free copy of the report(s) ordered, check this box . The report(s) will be sent to you by the consumer reporting agency listed here. The reports will be processed by: ADP Screening and Selection Services, 301 Remington Street, Fort Collins, Colorado 80524. See attached Candidate Disclosure / Authorization Form for other notices.
- V. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by MC Materials (the Company) or its agent, to furnish the information described in Section I.
- VI. I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer to MC Materials. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous employer, is limited to the following DOT-regulated items: alcohol tests with a result of 0.04 or higher, verified positive drug tests, refusals to be tested, other violations of DOT agency drug and alcohol testing regulations, information obtained from previous employers of a drug and alcohol rule violation and any documentation of completion of the return-to-duty process following a rule violation.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

Please print your full name LAST FIRST MIDDLE

Please print other names you have used

Home Address City State Zip Code

Social Security Number Date of Birth (FOR IDENTIFICATION PURPOSES ONLY)

The following states require sex and race to obtain information: AL, AR, FL, GA, IA, IL, IN, MI, OR, SC, TX, WI

Sex:  Male  Female Race:  Asian  Black/African American  Hispanic/Latino  White  Other

Driver's License Number State Issuing License Name as it appears on license

**I PROMISE THE INFORMATION THAT I PROVIDED ON THIS FORM IS TRUE AND CORRECT. I UNDERSTAND THAT DISHONESTY WILL DISQUALIFY ME FROM CONSIDERATION FOR EMPLOYMENT, OR IF I AM HIRED OR ALREADY WORK FOR THE COMPANY, THAT I MAY BE FIRED.**

**Signature**

**Today's Date**

If required, notarize here. When using an embossed seal, please shade with a pencil before faxing.

Subscribed and sworn before me:

Name

Date

Notary Public

My Commission Expires

**THIS PAGE CONTAINS SENSITIVE INFORMATION. KEEP ONLY IN SECURE FILES, SEPARATELY FROM PERSONNEL RECORDS!**

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