

Driver's Application for Employment

Applicant Name: _____
(Print)

Date of Application: _____

**Advance Ready Mix
161 N. Shelby Street
Louisville, KY 40202**

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquire of my personal, employment, financial and/or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.)

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 understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous 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(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send 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.

Signature: _____

Date: _____

FOR COMPANY USE

PROCESS RECORD

Applicant Hired: _____

Rejected: _____

Date Employed: _____

Point Employed: _____

Department: _____

Classification: _____

(If Rejected, Summary Report of Reasons Should Be Placed in File)

Signature of Interviewing Officer: _____

TERMINATION OF EMPLOYMENT

Date Terminated: _____

Department Released From: _____

Dismissed: _____ Voluntary Quit: _____ Other: _____

Termination Report Placed in File: _____ Supervisor: _____

APPLICANT TO COMPLETE

(answer all questions - please print)

Position(s) Applied for: _____

Name: _____ Social Security No: _____
Last First Middle

List your addresses of residency for the past 3 years.

Current Address: _____
Street City
State Zip Code Phone: _____ How Long? _____
yr./mo.

Previous Address _____ How Long? _____
Street City State & Zip Code yr./mo.
_____ How Long? _____
Street City State & Zip Code yr./mo.
_____ How Long? _____
Street City State & Zip Code yr./mo.

Do you have the legal right to work in the United States? _____

Date of Birth: _____ Can you provide proof of age? _____
(Required for Commercial Drivers)

Have you worked for this company before: _____ Where? _____

Dates: From: _____ To: _____ Rate of Pay: _____ Position: _____

Reason for leaving: _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected: _____

Have you ever been bonded? _____ Name of bonding company: _____
(Answer only if a job requirement)

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description?)

If yes, explain if you wish.

EMPLOYMENT HISTORY

All applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle¹ in intrastate or interstate commerce shall also provide an additional 7 years of information on those employers for whom the applicant operated such vehicle. (NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

¹ Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

Employer		Date					
Name:		From	Mo	Yr	To	Mo	Yr
Address:		Position Held:					
City	State	Zip		Salary/Wage:			
Contact Person	Phone Number		Reason for Leaving:				
Were You Subject to the FMCSRs ² While Employed?		Yes	No				
Was Your Job designated as a safety - sensitive function in any DOT - Regulated Mode subject to the Drug and Alcohol Testing requirements of 49 CFR Part 40?		Yes	No				

Employer		Date					
Name:		From	Mo	Yr	To	Mo	Yr
Address:		Position Held:					
City	State	Zip		Salary/Wage:			
Contact Person	Phone Number		Reason for Leaving:				
Were You Subject to the FMCSRs ² While Employed?		Yes	No				
Was Your Job designated as a safety - sensitive function in any DOT - Regulated Mode subject to the Drug and Alcohol Testing requirements of 49 CFR Part 40?		Yes	No				

Employer		Date					
Name:		From	Mo	Yr	To	Mo	Yr
Address:		Position Held:					
City	State	Zip		Salary/Wage:			
Contact Person	Phone Number		Reason for Leaving:				
Were You Subject to the FMCSRs ² While Employed?		Yes	No				
Was Your Job designated as a safety - sensitive function in any DOT - Regulated Mode subject to the Drug and Alcohol Testing requirements of 49 CFR Part 40?		Yes	No				

Employer		Date					
Name:		From	Mo	Yr	To	Mo	Yr
Address:		Position Held:					
City	State	Zip		Salary/Wage:			
Contact Person	Phone Number		Reason for Leaving:				
Were You Subject to the FMCSRs ² While Employed?		Yes	No				
Was Your Job designated as a safety - sensitive function in any DOT - Regulated Mode subject to the Drug and Alcohol Testing requirements of 49 CFR Part 40?		Yes	No				

Employer		Date					
Name:		From	Mo	Yr	To	Mo	Yr
Address:		Position Held:					
City	State	Zip		Salary/Wage:			
Contact Person	Phone Number		Reason for Leaving:				
Were You Subject to the FMCSRs ² While Employed?		Yes	No				
Was Your Job designated as a safety - sensitive function in any DOT - Regulated Mode subject to the Drug and Alcohol Testing requirements of 49 CFR Part 40?		Yes	No				

² The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED). IF NONE, WRITE NONE.

DATES	NATURE OF ACCIDENT (Head-On, Rear-End, Upset, Etc.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
Last Accident				
Previous				
Next Previous				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS, OTHER THAN PARKING VIOLATIONS (ATTACH SHEET IF MORE SPACE IS NEEDED). IF NONE, WRITE NONE.

LOCATION	DATE	CHARGE	PENALTY

EXPERIENCE AND QUALIFICATIONS - DRIVER: LIST ALL DRIVER LICENSES OR PERMITS HELD IN THE PAST 3 YEARS (ATTACH SHEET IF MORE SPACE IS NEEDED).

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____

B. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____

IF THE ANSWER TO EITHER "A" OR "B" IS YES, GIVE DETAIL:

DRIVING EXPERIENCE CIRCLE YES OR NO

CLASS OF EQUIPMENT			CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES (TOTAL)
	YES	NO		FROM (M/Y)	TO (M/Y)	
STRAIGHT TRUCK	YES	NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR & SEMI-TRAILER	YES	NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR-TWO TRAILERS	YES	NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR-THREE TRAILERS	YES	NO	(VAN, TANK, FLAT, DUMP, REFER)			
MOTORCOACH-SCHOOL BUS	YES	NO	More than 8 passengers			
MOTORCOACH-SCHOOL BUS	YES	NO	More than 16 passengers			
OTHER						

LIST STATES OPERATED IN FOR LAST FIVE YEARS: _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

EXPERIENCE AND QUALIFICATIONS - OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY _____

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED - NAME _____ CITY, STATE _____

TO BE READ AND SIGNED BY APPLICANT

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.

Signature: _____ **Date:** _____

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to ADVANCE READY MIX CONCRETE, INC. for the 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 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 upon the information received, I will identify the source of the report in accordance with Section 615(a) of the Fair Credit Reporting Act.

(Signature of Requester)

(Date)

TO: KY STATE TREASURER
DIV OF DRIVER LICENSING
501 HIGH STREET
FRANKFORT, KY 40622

TO WHOM IT MAY CONCERN:

The following named person has made application with our company for the position of **ready-mix concrete truck driver**. 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 Code)

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

DATE OF BIRTH _____

SOCIAL SECURITY NUMBER _____ LICENSE NUMBER _____

REQUESTED BY

ADVANCE READY MIX CONCRETE, INC.
161 N. SHELBY ST
LOUISVILLE, KY 40202

TRACY CRAVENS
HUMAN RESOURCES

(Signature)

SAFETY PERFORMANCE HISTORY RECORDS REQUEST TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

SIDE 1 - SECTION 1:

I, (Print Name) _____
First, M.I., Last _____ Social Security Number _____

Hereby authorize _____

Date of Birth _____

Previous Employer: _____ Email: _____

Street: _____ Telephone: _____

City, State, Zip _____ Fax No: _____

to release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____
(Date of Employment Application)

To:

Prospective Employer: **Advance Ready Mix Concrete** Attention: **Tracy Cravens** Phone: **(502) 587-1881**

Street: **161 Shelby Street** City, State, And Zip: **Louisville, KY 40202**

In compliance with S40.25 (g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

Prospective employer's confidential fax number: (502) 587-1886

Prospective employer's confidential email address: _____

Applicant's Signature

Date

This information is being requested in compliance with S40.25 and S391.23.

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

ACCIDENT HISTORY

The applicant named above was employed by us. Yes ___ No ___

Employed as _____ from (m/y) _____ to (m/y) _____

1. Did he/she a drive motor vehicle for you? Yes ___ No ___ If yes, what type? Straight Truck ___ Tractor-Semitrailer ___ Bus ___ Cargo Tank ___ Doubles/Triples ___ Other (Specify) _____
2. Reason for leaving your employ: Discharged ___ Resignation ___ Lay Off ___ Military Duty ___

If there is no safety performance history to report, check here ____, sign below and return.

ACCIDENTS: Complete the following for any accidents included on your accident register (S390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here ___ if there is no accident register data for this driver.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____

3. _____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____

Any other remarks: _____

Signature: _____

Title: _____ Date: _____

PREVIOUS EMPLOYER - COMPLETE SIDE 2 SECTION 3

Please complete and submit the attached Application Background Questionnaire, OMB No. 1225-0072, with your application. Submission of this form is optional. Data collected will be used only in the aggregate, to assess the effectiveness of outreach efforts. Consideration for this job will not be affected by failure to submit the form.

U.S. DEPARTMENT OF LABOR APPROVED FORM APPROVED

OMB No. 1225-0072

APPLICANT BACKGROUND QUESTIONNAIRE (Exp. 11-30-2003)

<p>The U.S. Department of Labor is requesting your completion of this form to assist the agency in evaluating and improving its efforts to publicize job openings and to encourage applications for employment from a diverse group of qualified candidates, including minorities and persons with disabilities. The department will use the data you supply to determine how many applicants are from different groups and how many of these applicants are qualified for the job in question. The Department will then assess the effectiveness of specific outreach efforts and means of communicating information on job vacancies in light of this information.</p> <p>EFFECTS OF NONDISCLOSURE: Providing the information requested on this form is voluntary. This information will have no effect on hiring decisions.</p> <p>Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.</p>	<p>Information provided on this form will be used for program evaluation. Personal identifying information will not be included in the tabulation of data in the DOL database.</p> <p>The public reporting burden for this collection of information is estimated to average 5 minutes per response including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the U.S. Department of Labor, Human Resource Services Center, FPB, Washington, D.C. 20210, and the Office of Management and Budget, Paperwork Reduction Project, Washington, D.C. 20503</p> <p>Solicitation of this information is in accordance with 5 CFR Section 720, "Federal Equal Opportunity Recruitment Program" (FEORP)</p>
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PLEASE COMPLETE THE FOLLOWING:

<p>Name:</p> <p>Address:</p>	<p>Do you have a Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If You Checked "Yes" above, is our disability one of the targeted disabilities listed below <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Blind Deaf Missing Extremity(s) Partial Paralysis Complete Paralysis Convulsive Disorder Mental Retardation Mental Illness Genetic or physical condition affecting limbs or spine</p>
<p>Sex:</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p>Today's Date:</p>
<p>Specific position applying for:</p>	

ETHNIC SELF-IDENTIFICATION

Are you Hispanic, Latino, or of Spanish origin? (Definition: a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) Yes No

RACE SELF-IDENTIFICATION

Please read the descriptions, then mark one or more races to indicate what you consider yourself to be.

American Indian or Alaskan Native --- A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian --- A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American --- A person having origins in any of the black racial groups of Africa.

Native Hawaiian, --- A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Other Pacific Islander Islands.

White --- A person having origins in any of the original peoples of Europe, the Middle East, or North Africa

SOURCE OF INFORMATION ABOUT THIS VACANCY: (Check all that apply)

1. Magazine

2. Newspaper

3. Radio/Television Broadcast

4. Agency Personnel Office

5. State Employment Office

6. Government Recruitment at School

7. Federal, State, or Local Job Info. Center

8. Friend or Relative Working for the Company

9. Internet

10. Federal/DOL Jobsline

11. Other