

CENTURY READY MIX

DRIVERS APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied for _____ Date _____

Last Name	First Name	Middle Name
Address	Number	Street
	City	State
	Zip Code	
Telephone Number(s)		Social Security Number

Date of Birth ____/____/____ Can you provide proof of age? _____

Have you filed an application with us before? **Yes No**
If Yes, give date _____

Have you ever been employed by us before? **Yes No**
If Yes, give date _____

Are you currently employed? **Yes No**

Do you have the legal right to work in the United States? **Yes No**

On what date would you be available to work? _____

Rate of pay expected? _____

Who referred you? _____

Are you physically capable of heavy manual work? **Yes No**

Do you have any physical condition that may limit your ability to perform the job applied for? **Yes No**

If Yes, please explain _____

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)

Employment Experience “Previous 10 Years”

Employer	DATE
Name	From: To:
Address	Position Held
City	Salary Wage
Contact Person	Reason For Leaving

Employer	DATE
Name	From: To:
Address	Position Held
City	Salary Wage
Contact Person	Reason For Leaving

Employer	DATE
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<p><u>Other Qualifications</u></p> <p>State any additional information you feel may be helpful to us in considering your application.</p> <p>_____</p> <p>_____</p> <p>_____</p>

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE

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

DRIVERS LICENSE EXPERIENCE AND QUALIFICATIONS

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____

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE (VAN, TANK, FLAT, ETC.)	DATES		APPROX. MILES
		FROM:	TO:	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR-TWO TRAILERS				
OTHER				

LIST STATES OPERATED IN LAST FIVE YEARS: _____

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

WHICH SAFE DRIVING AWARDS TO YOU HOLD AND FROM WHO? _____

PRE-EMPLOYMENT URINALYSIS, DRUG TESTING AND DRIVING RECORDS

The Federal Motor Carrier Safety Regulations Title 49 United States Code of Federal Regulations, Section 391.103, and Section 391.23 for checking driving records apply to driver-applicants for Century Ready Mix.

391.103 Pre-employment testing requirements.

- (a) A motor carrier shall require a driver-applicant, whom the motor carrier intends to hire or use, to be tested for the use of controlled substances as a pre-qualification condition.
- (b) A driver-applicant shall submit to controlled substance testing as a pre-qualification condition.
- (c) Prior to collection of urine sample, under #391.107 of this subpart, a driver-applicant shall be notified that the sample will be tested for the presence of controlled substances.

As a condition of my Employment Application, I consent to the urine sample collection and controlled substance testing.

I understand a positive test for controlled substances, based on the urinalysis test, will medically disqualify me from the operation of a commercial motor vehicle for Century Ready Mix Corporation.

Our Medical Review Officer will maintain the results of the urinalysis test. Negative and positive results will be reported to the company.

My written authorization is required for the urinalysis test results to be given to other parties.

I have read and understand the above conditions for the urinalysis consent agreement.

APPLICANT'S NAME (print)

APPLICANT'S SIGNATURE

MONTH DAY YEAR

COMPANY REPRESENTATIVE

MONTH DAY YEAR

REQUEST FOR CHECK OF DRIVING RECORD

**FROM: CENTURY READY MIX
3250 ARMAND STREET
MONROE, LA 71201
FAX: 318-322-7299**

**MOTOR VEHICLE DRIVING
RECORD CHECKING CONSENT AGREEMENT**

CHECKING DRIVING RECORDS

Section 391.23 of the Federal Motor Carrier Safety Regulations requires Century Ready Mix to check the driving record of drivers from all states in which the driver held a motor vehicle license during the preceding three years. These states will report, for example,

- 1. Speeding tickets
- 2. Involvement in accidents. (At fault or not.)
- 3. Convictions for DWI, etc.

I have read and understand the above conditions for the pre-employment motor vehicle record checking.

APPLICANT'S NAME (print)

APPLICANT'S SIGNATURE

MONTH DAY YEAR

Address _____
(Number & Street) (City) (State) (Zip Code)

Date Of Birth _____ SSN _____

License NO. _____ EXP. _____

State of License _____

REQUESTED BY:

COMPANY REPRESENTATIVE REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

From: _____

To: _____ **Date:** _____

Social Security Number: _____

_____ has made application to this company for a position as _____
and states that he/she was employed by you as _____ from _____ to _____

Will you please reply to the inquiry below representing this applicant. Your reply will be held in strict confidence and will in no way involve you in any responsibility.

Very truly yours,

Safety Department

1. Is the employment record with your company correct as stated? _____
2. What kind(s) of work did the applicant do? _____
3. Did the applicant drive motor vehicles for you? Passenger car _____ Straight truck _____ Bus _____
Tractor-Semitrailer _____ Other _____
4. Was the applicant safe and efficient driver? _____
5. Give the dates of vehicle accidents in which he/she was involved. _____
6. Reason for leaving your employ: Discharge _____ Laid Off _____ Resigned _____
7. Was the applicant's general conduct satisfactory? _____
8. Is the applicant competent for the position sought? _____
9. Did the applicant drink any alcohol beverages while on duty? _____

	Excellent	Good	Fair	Poor	Very Poor
Quality of Work	_____	_____	_____	_____	_____
Cooperation with others	_____	_____	_____	_____	_____
Safety habits	_____	_____	_____	_____	_____
Personal habits	_____	_____	_____	_____	_____
Driving Skills	_____	_____	_____	_____	_____
Attitude	_____	_____	_____	_____	_____

Remarks: _____

Date: _____ **Signature:** _____

Name of Company: _____

(Detach here for your records)

(Name of Former Employer) **Date:** _____

You are hereby authorized to give to _____
(Name of Prospective Employer)

all information regarding my services, character, and conduct while in your employ, and you are released from any and all liability which may result from furnishing such information to the above named company.

(Signature)