

Essex Concrete Corporation

Application for Employment

Applicant Name _____ Date of Application _____
(print)

In compliance with Federal and State equal opportunity employment 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 disabilities, or any other protected group status.

Applicant must read and sign the following:

I authorize Essex Concrete Corporation and or it's agents to make such investigations and inquiries of my personal, employment, financial 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 acknowledge that false or misleading information given in my application or interview(s) may result in discharge. I also acknowledge that I am required to abide by all rules and regulations of the company.

I acknowledge 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 acknowledge 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

Applicant Hired _____ Rejected _____

Date Employed _____ Point Employed _____

Department _____ Classification _____

(if rejected, summary report of reasons should be placed in file)

Termination of employment

Date Terminated _____ Department Released From _____

Dismissed _____ Voluntary Resign _____ Other _____

Report placed in file _____ Supervisor _____

Applicant to Complete

(answer all questions - please print)

Position Applied for _____

Name _____ Social Security # _____

Last First Middle

List your current and previous addresses for the last 3 years

Current _____

Street City State Zip

Phone # _____ Resided how long _____

yr/ mo

Previous

How Long _____

Street City State Zip yr/ mo

How Long _____

Street City State Zip yr/ mo

How Long _____

Street City State Zip yr/ mo

Are you legally authorized to work in the United States? _____

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

(required Commercial Drivers)

Have you worked for this company before? _____

Dates: From _____ to _____ Position _____ Pay Rate _____

Reason for Leaving _____

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

How did you hear of this position? _____ Pay Rate Expected _____

Have you ever been convicted of a felony? _____ (if yes, explain fully on a separate sheet of paper.)

Conviction of a crime is not an automatic bar to employment. All circumstances will be considered

Is there any reason you cannot perform the functions of the job for which you have applied
(see job description for functions of specific job) _____

If yes, please explain which functions _____

Employment History

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

Applicants to drive commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

On the following page, list employers in reverse order, beginning with the most recent. Add sheets as necessary.

* Includes vehicles having a GVWR of 26,001 lbs. Or more, vehicles designed to transport 16 or more passengers, or any size vehicle used to transport more than 8 passengers OR is of any size and is 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 #	Reason for Leaving	
Were you subject to the FMCSR's* while employed <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			

EMPLOYER		DATE	
Name		From Mo Yr	To Mo Yr
Address		Position Held	
City	State Zip	Salary Wage	
Contact Person	Phone #	Reason for Leaving	
Were you subject to the FMCSR's* while employed <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			

EMPLOYER		DATE	
Name		From Mo Yr	To Mo Yr
Address		Position Held	
City	State Zip	Salary Wage	
Contact Person	Phone #	Reason for Leaving	
Were you subject to the FMCSR's* while employed <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			

EMPLOYER		DATE	
Name		From Mo Yr	To Mo Yr
Address		Position Held	
City	State Zip	Salary Wage	
Contact Person	Phone #	Reason for Leaving	
Were you subject to the FMCSR's* while employed <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			

* The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or properly when the vehicle: (1) weighs or has a GVWR of 10,001 lbs or more, (2) is designated or used to transport more than 8 passengers (including the driver), 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 (FRONT END, REAR END, UPSET, ETC)	FATALITIES	INJURIES	HAZARDOUS MATERIALS SPILL
Last Accident				
Next Previous				
Next Previous				

TRAFFIC CONVICTIONS and forfeitures for the past 3 years (other than parking violations) if none, write NONE

LOCATION	DATE	CHARGE	PENALTY

(Attach sheet if more space is needed)

EXPERIENCE AND QUALIFICATIONS—DRIVER

List all driver licenses or permits held in last 3 years

Driver Licenses	STATE	LICENSE #	TYPE	EXP DATE

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

Has any license, permit or privilege ever been suspended or revoked? Yes No

If either above questions is answered yes, give details. _____

DRIVING EXPERIENCE Check Yes or No

Class of Equipment	Circle Type of Equipment	Dates		Approx # of Miles
		From (M/Y)	To (M/Y)	
Straight Truck Yes <input type="checkbox"/> No <input type="checkbox"/>	Van, Tank, Flat, Dump, Refer			
Tractor and Semi Trailer Yes <input type="checkbox"/> No <input type="checkbox"/>	Van, Tank, Flat, Dump, Refer			
Tractor—Two Trailers Yes <input type="checkbox"/> No <input type="checkbox"/>	Van, Tank, Flat, Dump, Refer			
Tractor—Three Trailers Yes <input type="checkbox"/> No <input type="checkbox"/>	Van, Tank, Flat, Dump, Refer			
Motorcoach—school bus Yes <input type="checkbox"/> No <input type="checkbox"/>	More than 8 passengers			
Motorcoach—school bus Yes <input type="checkbox"/> No <input type="checkbox"/>	More than 15 passengers			
Other				

List states operated in for last 5 years _____

List special courses or training that will help you as a driver _____

Which safe driving awards do you hold and from whom? _____

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 _____

List special equipment or technical materials you can work with _____

Have you ever served in the armed forces of the United States? Yes No

If Yes, list Branch of Service _____ Served from _____ To _____

Rank _____ Job Title _____

EDUCATION

Circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4

This certifies that this application was completed by me, and that all entries contained herein are true, accurate, and complete to the best of my knowledge

Applicant Signature _____ Date _____