

NATIONAL READY MIXED CONCRETE CO.

APPLICATION FOR EMPLOYMENT

(TO BE COMPLETED BY THE APPLICANT ONLY)

<p>Check for which Company you are applying:</p> <p><input type="checkbox"/> National Ready Mixed Concrete Company</p> <p><input type="checkbox"/> United Hauling Corp.</p> <p><input type="checkbox"/> V Express</p>	<p><i>The Company is an equal opportunity employer. Prospective employees will receive consideration without discrimination because of race, creed, color, sex, gender, gender expression, gender identity, sexual orientation, age, religion, national origin, mental disability, physical disability, medical condition, genetic information, marital status, military and veteran status, or any other basis protected by law.</i></p>
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PERSONAL

Last Name	First	Middle	Date
Current Street Address			Home Telephone
City, State, Zip			Mobile Telephone
Position Desired:			Rate of pay expected
Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No			If offered employment, when will you be able to begin work?
If you are under 18 years of age, can you provide proof of eligibility to work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
How did you hear about us? Who referred you?			
This company complies with Federal Immigration laws and "The Immigration Reform and control Act of 1986. If offered employment, can you provide proof of eligibility to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No All offers of employment are conditioned upon satisfactory proof of the applicant's identity and legal ability to work in the United States.			
Have you ever been terminated or asked to resign from employment: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:			
State names of relatives and friends working for this Company or any of its subsidiaries:			
Can you perform the essential functions of the position for which you are applying with or without reasonable accommodation(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, what accommodations, if any, would you require to perform tasks?			



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EDUCATION

Level	Name & Location of School	Course of Study	Highest grade Completed	Did you Graduate?	Degree or Diploma
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade/Technical/ Business				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	

BACKGROUND

If at your current address less than three years, list all the residences for the past three years.
Street Address, City, Zip (include dates to/from at this address)
Street Address, City, Zip (include dates to/from at this address)
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month/Year and location _____
Have you ever worked for this Company or any of its subsidiaries? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Which Company _____ From Date: _____ To Date: _____ Where: _____ Rate of Pay: _____ Position: _____ Reason for leaving: _____



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EMPLOYMENT HISTORY

Please give an accurate and complete full-time and part-time employment record for the last ten (10) years. Begin with your present or most recent employer and work backwards. Include all gaps in employment and military experience. Attach a separate sheet if necessary

Current Employer:		Telephone :()
Address:		Employed (month/year) From: To:
Supervisor's Name:		
Job Title:		
Reason for Leaving:		
Were you subject to FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were you subject to DOT alcohol and controlled substances testing requirements as required by 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Company Name:		Telephone :()
Address:		Employed (month/year) From: To:
Supervisor's Name:		
Job Title:		
Reason for Leaving:		
Were you subject to FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were you subject to DOT alcohol and controlled substances testing requirements as required by 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Company Name:		Telephone :()
Address:		Employed (month/year) From: To:
Supervisor's Name:		
Job Title:		
Reason for Leaving:		
Were you subject to FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were you subject to DOT alcohol and controlled substances testing requirements as required by 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Company Name:		Telephone: ()
Address:		Employed (month/year) From: To:
Supervisor's Name:		
Job Title:		
Reason for Leaving:		
Were you subject to FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were you subject to DOT alcohol and controlled substances testing requirements as required by 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

We may contact the employers listed above unless you indicate those you do not want us to contact:

Employer(s) Name: _____
Reason(s): _____



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DRIVER EXPERIENCE AND QUALIFICATION

(COMPLETE WHEN APPLYING FOR COMMERCIAL DRIVING POSITIONS)

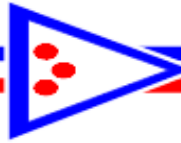
If hired, can you provide proof of age over 21 years? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Driver Licenses held in the past 3 years must be shown:	State	License number	Type	Expiration Date
Date of last Department of Transportation prescribed physical examination? _____				
Commercial Driver's License holders are required to submit a 10 year DMV report (H-6) with their application.				

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Has any license, permit or privilege to operate a motor vehicle ever been suspended or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered "yes" to A, B, or C, attach a statement providing details.	

Equipment Driving Experience			
Class of Equipment	Type of Equipment (van, tank, flat, mixer, doubles, etc.)	Dates From: To:	Approximate Total Miles
List special courses or training that helped you as a driver:			
List safe driving awards held and who presented the awards:			

Accident History for past three (3) years. Use additional sheets if more space is needed.			
Date	Nature of Accident (head-on, rear-end, rollover, etc.)	Fatalities	Injuries
Most recent:			
Next previous:			
Next previous:			

Traffic Conviction History for past three (3) years other than parking violations. Use additional sheets if needed			
Date	Location	Charge	Penalty



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MAINTENANCE EXPERIENCE AND QUALIFICATION

(COMPLETE WHEN APPLYING FOR MECHANIC, YARD, PLANT MAINTENANCE OR SUPERVISORY POSITIONS)

If applying for a maintenance type position and hold a commercial driver's license, please complete the Driving Experience page

Job Function					
Job Description	Formal Training	Years of Experience	Job Description	Formal Training	Years of Experience
Diesel Engine tune-up and rebuild			Electrical repair		
Hydraulics			Frame and wheel alignment		
Gas engine tune-up and rebuild			Brakes		
Tire Service			Cooling System		
Trailer Repair			Inspections		
Air Conditioning			Clutch/Transmission		
DPF/After treatment			Drive line components		
Suspension					

Equipment Operation Experience			
Equipment	Manufacturer/Model	Dates From: To:	Formal Training (check)
Loader			
Sweeper			
Forklift			
Crane			
Low bed			

Shop Equipment Experience					
Equipment Description	Formal Training	Years of Experience	Computer Diagnostic Programs (list)	Formal Training	Years of Experience
Electrical Diagnostic					
Electrical Welding					
Oxyacetylene Welding					
Air Conditioning					
Noise Measuring Equip.					
Emissions Measuring Equip.					

List special courses or training that helped you in your positions:	
List awards received and who presented the awards:	



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CLERICAL EXPERIENCE AND QUALIFICATION

(COMPLETE WHEN APPLYING FOR OFFICE, SUPERVISORY, SALES, QUALITY CONTROL POSITIONS)

If applicant holds a commercial driver's license, please complete the Driving Experience page					
Job Function					
Job Description	Formal Training	Years of Experience	Computer Software (List the Product)	Formal Training	Years of Experience
Typing (WPM)					
Data Entry (KPM)					
Billing					
Filing					
Adding machine					
Photocopier					

List courses and training in office work including year of completion
1.
2.
3.
4.

List special courses or training that helped you in your positions:	
List awards received and who presented the awards:	

Technical Certifications for Quality Control		
Type of Certification	Agency	Expiration Date



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APPLICANT MUST READ AND SIGN

Disclaimer, Authorization and Release

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. If employed, any misstatement or omission of fact on this application may result in my termination.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the Company to continue to employ me in the future. I understand that employment with the Company is at-will except as limited by any applicable union contract language, meaning that the terms and conditions of employment may be changed with or without notice, with or without cause, including, but not limited to, termination, demotion, promotion, compensation, benefits, duties and locations of work. I understand that no representative of the Company has the authority to make assurances to the contrary.

I understand that the information in this application will be used and that prior employers will be contacted for purposes of investigation. For commercial driver's license holders, this is required per section 391.23 of the Federal Motor Carrier Safety Regulations.

I hereby authorize all current and/or former employers, their employees and representatives to provide any and all information they deem appropriate regarding my employment and past job performance. This information may be provided either verbally or in writing. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against all current and/or former employers, and their agents, employees, and representatives. I release them, and their agents, employees, and representatives from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure or release of such information by any person.

I also authorize employer to request the release of school transcripts from any school, college, university, or any other educational institution I may have attended.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

Date

Signature



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APPLICANT MUST READ AND SIGN

Pre-Employment Physical, Controlled Substance and Alcohol Test Form

Any offer of employment that may be extended to all employees is conditioned upon successful completion of a pre-employment physical examination. As part of the pre-employment physical examination you will be required to submit a urine sample. The urine sample will be tested for the presence of controlled substances. It may also be tested for the presence of alcohol. Your failure to provide the requested sample will disqualify you for employment. A positive test result will also disqualify you for employment.

Commercial driver applicants are required per 49CFR382 and Company policy to submit to a controlled substance test.

I understand that if I test positive for use of controlled substances, I am disqualified from operating a commercial vehicle and as a result will not be employed by the Company.

The Medical Review Officer for the Company will maintain the results of the drug test. They will report whether the test results were negative or positive to the Company. The results of testing will not be released to any additional parties without a written authorization.

I hereby agree to submit to a drug screen analysis.

Print Name

Date

Applicant Signature

Company Representative Signature