



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

**A. PERSONAL INFORMATION**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Last First Middle

Email: \_\_\_\_\_

Driver's License No. \_\_\_\_\_ Issuing State: \_\_\_\_\_ Expiration: \_\_\_\_\_

Referred By: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street City State Zip Years

Former Address(s): \_\_\_\_\_  
(If less than 3 years) Street City State Zip Years

Address: \_\_\_\_\_  
Street City State Zip Years

Do you have a legal right to work in the U.S.? Yes No

**B. POSITION DESIRED**

1. \_\_\_\_\_ 2. \_\_\_\_\_

Date available for work: \_\_\_\_\_ Salary desired: \_\_\_\_\_ Per: \_\_\_\_\_

Ever applied to this company before? \_\_\_\_\_ Where? \_\_\_\_\_ When? \_\_\_\_\_

Are you a former employee? \_\_\_\_\_ Where? \_\_\_\_\_ When? \_\_\_\_\_

Relatives employed by this company? Name: \_\_\_\_\_ Location: \_\_\_\_\_

Are you employed now? \_\_\_\_\_ Do you wish to work:  Temporary  Part-time  Full-time

**C. REFERENCES** (excluding relatives)

Name	Address	Business	Year(s) Known	Phone Number
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

## D. EDUCATION

Languages - Please list: \_\_\_\_\_

Education	Name and Location	Years Attended	Subject(s) Studied	Highest level Completed
High School				
Jr. College / College / University				
Business/Trade School				
Other - explain				

## E. SKILLS

_____ Accounting	_____ Batch Plant	_____ Bookkeeping	_____ Carpentry
_____ Cement Finishing	_____ Cranes	_____ Crushers	_____ Data Processing
_____ Dispatching	_____ Driving (Truck)	_____ Electrical	_____ Engineering
_____ Grader	_____ Iron Work	_____ Laborer	_____ Loaders
_____ Management	_____ Mechanic	_____ Personal Computer	_____ Purchasing
_____ Quality Control	_____ Receptionist	_____ Sales	_____ Secretarial
_____ Vehicle Body Work	_____ Welding	_____ Word Processing	_____ Other

Have you received any safe driving awards?  Yes  No

If yes, from whom: \_\_\_\_\_

Have you had any specific job training? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## F. EMPLOYMENT HISTORY *(List present or most recent employer first)*

Please provide complete and accurate, full-time and part-time employment record

### NOTE TO THOSE APPLYING FOR A DRIVER POSITION:

Vehicle having GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in the quantity requiring placarding.

NOTE: The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway or 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 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.

1

Employer \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Position Title \_\_\_\_\_

Supervisor's Name and Title \_\_\_\_\_

Date of Employment (Month/Year) From \_\_\_\_\_ To \_\_\_\_\_

Describe your responsibilities: \_\_\_\_\_

Explain your reason for leaving: \_\_\_\_\_

May we contact your employer?  Yes  No (explain)

#### **Fill out the following only if applying for a Driving Position**

Were you subject to the FMCSRs 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

Employer \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Position Title \_\_\_\_\_

Supervisor's Name and Title \_\_\_\_\_

Date of Employment (Month/Year) From \_\_\_\_\_ To \_\_\_\_\_

Describe your responsibilities: \_\_\_\_\_

Explain your reason for leaving: \_\_\_\_\_

May we contact your employer?  Yes  No (explain)

#### **Fill out the following only if applying for a Driving Position**

Were you subject to the FMCSRs 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

3

Employer \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Position Title \_\_\_\_\_

Supervisor's Name and Title \_\_\_\_\_

Date of Employment (Month/Year) From \_\_\_\_\_ To \_\_\_\_\_

Describe your responsibilities: \_\_\_\_\_

Explain your reason for leaving: \_\_\_\_\_

May we contact your employer?  Yes  No (explain)

**Fill out the following only if applying for a Driving Position**

Were you subject to the FMCSRs 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

4

Employer \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Position Title \_\_\_\_\_

Supervisor's Name and Title \_\_\_\_\_

Date of Employment (Month/Year) From \_\_\_\_\_ To \_\_\_\_\_

Describe your responsibilities: \_\_\_\_\_

Explain your reason for leaving: \_\_\_\_\_

May we contact your employer?  Yes  No (explain)

**Fill out the following only if applying for a Driving Position**

Were you subject to the FMCSRs 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

Have you ever been discharged by an employer?  Yes  No

If yes, please explain all terminations: \_\_\_\_\_

List all periods in which you were unemployed: \_\_\_\_\_

How did you spend this time? \_\_\_\_\_

Do you have responsibilities, activities or commitments that may require time away from work? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Would you be able to work overtime or weekends? \_\_\_\_\_

If necessary, would you be willing to relocate? \_\_\_\_\_

What type of work do you enjoy most? \_\_\_\_\_

What are your career goals for the future? \_\_\_\_\_

Occasionally, an application form makes it difficult for an applicant to adequately summarize their complete background. To assist us in finding the proper position for you in our company, use the space below to summarize any additional information necessary to describe your full qualifications (special training, skills, hobbies, volunteer work, experience, etc.).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that I am not engaged in any outside activity or business that could be considered in conflict with the company's interest or those of its clients, nor will I become engaged in such activity or business if employed.

In the event of employment, I understand that false and misleading information given on my application or interview(s) may result in discharge. I also understand to abide by all rules and regulations of the company; as permitted by law.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Applicant

**IF APPLYING FOR A DRIVING POSITION, PLEASE COMPLETE.**

List below the employers, other than those listed in your employment history, you have worked for as a COMMERCIAL DRIVER for the past 10 years (DOT Requirement)

<b>From</b>				
<b>To</b>				
<b>From</b>				
<b>To</b>				
<b>From</b>				
<b>To</b>				
<b>From</b>				
<b>To</b>				

## G. DRIVING EXPERIENCE/QUALIFICATIONS

DATE OF BIRTH (Drivers only) \_\_\_\_\_

Fill out only if applying for a drivers position

Can you provide proof of age?

Yes  No

Do you possess more than one driver's license?

Yes  No

If yes, list state and expiration date \_\_\_\_\_

List all driver licenses or permits held in the past 3 years

State	License Number	Type	Exp. Date
DRIVER _____			

LICENSES \_\_\_\_\_

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 IS TO EITHER A OR B IS YES, EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you possess a DOT certified physical card?  Yes  No

Class of Equipment	Yes	No	Type of Equipment Van, Tank, Flat, Etc.	Dates		Approx. No. of Miles (Total)
				From	To	
Mixer Truck						
Straight Truck						
Tractor & Semi Trailer						
Tractor - 2 Trailer						
Tractor - 3 Trailers						
Other - explain						

**ACCIDENT RECORD** *(Fill out if applying for a driving position)*

For the past 3 years or more (attach sheet if more space is required). if none - write none

	Date	Nature of Accident	Fatalities	Injuries	Hazardous Material Spill
Last Accident					
Next Previous					
Next Previous					

**TRAFFIC CONVICTIONS** *(Fill out if applying for a driving position)*Include traffic convictions and forfeitures for the past 3 years (other than parking violations). if none - write none  
(attach sheet if more space is required)

Location	Date	Charge	Penalty

List states operated in for the last five years: \_\_\_\_\_

Show any training, transportation or other experience that may help in your work for this company

\_\_\_\_\_

List courses and training other than shown elsewhere in the application

\_\_\_\_\_

List special equipment or technical materials you can work with (other than already shown)

\_\_\_\_\_

# PRE-EMPLOYMENT DRUG AND ALCOHOL AUTHORIZATION FORM

I, \_\_\_\_\_, understand the Company requires a pre-employment drug screen test, which is at the companies expense, and if offered a position, my employment would be contingent upon passing such test. After accepting a position, I will adhere to company's drug and alcohol policy.

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

## AUTHORIZATION FOR RELEASE FORM

I authorize the company 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 understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the company.

If applicable, I also 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 rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on accuracy of the information

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Applicant

**EMAIL TO: [HR@riversedgeconcrete.com](mailto:HR@riversedgeconcrete.com)**