



EASTON
concrete
INCORPORATED

Employment Application

(Application Date)

Last

First

Middle

Social Security

() _____
Home Phone

() _____
Other Phone

Street Address

City

State

Zip Code

(Date Available)

Are you legally authorized to work in the U.S.? Yes ___ No ___

Have you ever been convicted of a crime? Yes ___ No ___ (answering no is not an absolute disqualification to employment)

If so explain: _____

Do you have any previous injuries that would impact the performance of this job? Yes ___ No ___

If so explain: _____

Education

Circle highest grade or # of years completed:

Grade School
4 5 6 7 8

High School
9 10 11 12

College
13 14 15 16

Graduate School
17 18 19 20

High School

City

State

Graduate?

College

City

State

Graduate?

Major?

Degree?

Trade School

City

State

Graduate?

Field of Study?

Certificate or Degree?

Summarize any experience, knowledge skills, abilities or specialized training, or military training you would like us to know about: _____

Historic Information

Past Addresses (Please list all addresses at which you have lived in the past three years).

| Dates | Street Address | City | State | ZIP |
|-------|----------------|------|-------|-----|
| | | | | |
| | | | | |
| | | | | |

REFERENCES

| Name | | Name | |
|----------------------|-------------|----------------------|-------------|
| How do you know them | | How do you know them | |
| Phone # | Years Known | Phone # | Years Known |
| Name | | Name | |
| How do you know them | | How do you know them | |
| Phone # | Years Known | Phone # | Years Known |

Employment History:(List most recent employer first. Attach other sheets if needed. This section must be completed even if a resume is attached)

From: _____ To: _____ Company Name: _____
 Phone #: _____ Reason for Leaving: _____
 Position Held: _____ Street Address: _____
 City, State, Zip _____ Supervisor Name: _____
 May we contact this employer? Yes ___ No ___ Ending Wage: \$ _____
 Were you subject to Federal Motor Carrier Safety Regulations while employed? Yes ___ No ___
 Were you subject to DOT required drug & alcohol testing? Yes ___ No ___

From: _____ To: _____ Company Name: _____
 Phone #: _____ Reason for Leaving: _____
 Position Held: _____ Street Address: _____
 City, State, Zip _____ Supervisor Name: _____
 May we contact this employer? Yes ___ No ___ Ending Wage: \$ _____
 Were you subject to Federal Motor Carrier Safety Regulations while employed? Yes ___ No ___
 Were you subject to DOT required drug & alcohol testing? Yes ___ No ___

From: _____ To: _____ Company Name: _____
 Phone #: _____ Reason for Leaving: _____
 Position Held: _____ Street Address: _____
 City, State, Zip _____ Supervisor Name: _____
 May we contact this employer? Yes ___ No ___ Ending Wage: \$ _____
 Were you subject to Federal Motor Carrier Safety Regulations while employed? Yes ___ No ___
 Were you subject to DOT required drug & alcohol testing? Yes ___ No ___

Please account for any periods of unemployment in the space below:

CDL/Driving Information

DRIVERS LICENSES (list all types held, use back of form if needed)

| State | License Number | Type | Expiration Date |
|-------|----------------|------|-----------------|
|-------|----------------|------|-----------------|

A. Have you ever been denied a license, permit, or privilege been to operate a motor vehicle? Yes__ No__

B. Has any license, permit, or privilege ever been suspended or revoked? Yes____ No____

C. Have you ever been disqualified subject to Section 391 of the Federal Motor Carrier Safety Regulations?
Yes ____ No ____

If the answer is yes to any of these, attach a statement giving details.

DRIVING EXPERIENCE:

Class **Type of Equipment** **Date From** **Date To** **Number of Miles**

| | | | | |
|-----------------|--|--|--|--|
| Straight Truck | | | | |
| With Trailer | | | | |
| Tractor/Trailer | | | | |
| Other | | | | |

List States operated in for the last 10 years

List special courses or training that will help you as a driver and the dates you took them

Which safe driving awards do you hold and from whom?

ACCIDENT RECORD FOR THE PAST 3 YEARS (if none, please state "None")

Dates Nature of Accident Fatalities/Injuries

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS

DATE LOCATION CHARGE PENALTY

Miscellaneous Information

PLEASE READ AND SIGN BELOW

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements on this on this application shall be grounds for my dismissal. I authorize investigation of all statements contained herein and references listed to give you any and all information concerning my previous employment and release all parties from liability for any damage that may result from furnishing same to you. I understand that this employment application does not constitute a contract of employment, and that, if hired, my employment is for no definite period and may be terminated at any time for any or no reason without notice. I authorize Easton Concrete to request and obtain my law enforcement and motor vehicle records fir considering my application for employment. I understand that as a DOT employer, Easton Concrete, Inc. is required to obtain specific past employment and drug and alcohol-testing information as outlined below. I acknowledge that any offer of employment is conditional upon my successful completion of a DOT physical examination and drug screen as part of Easton concretes pre-employment policy. I further understand that if employed I will be subject to alcohol and/or drug testing for random, post-accident, return to duty, and reasonable cause as part if Easton Concretes Substance Abuse Policy.

Easton Concrete complies with Federal Motor Carrier Safety Regulations and, therefore, must investigate, at minimum, information from all previous employers that employed you to operate a commercial motor vehicle within the previous three years. The investigation request will contain general driver identification and employment verification information and data for accidents as defined by the regulations in the three-year period preceding the date of the employment application. Easton Concrete must also request information from all previous DOT regulated employers that employed you within the previous three years from the date of the employment application in a safety sensitive function that required alcohol and controlled substance testing specified by 49 CFR part 40 of the regulations. The investigation request will include whether, within the previous three years, you had violated the alcohol and controlled substances prohibitions under the regulations and whether you failed to undertake or complete a rehabilitation program prescribed by a substance abuse professional (SAP) pursuant to the regulations. If the previous employer does not know this information, Easton Concrete must obtain documentation of your successful completion of the SAP's referral directly from you. For a driver who had successfully completed a SAP's rehabilitation referral, and remained in the employment of the referring employer, information on whether the driver had the following testing violations subsequent to a completion of a referral must be obtained: alcohol tests with a result of 0.04 of higher alcohol concentration; verified positive drug tests; refusals to be tested (including verified adulterated or substituted drug test result).

The following are your rights regarding the investigative information outlined above that is obtained by Eason Concrete:

- The right to review information provided by previous employers;
- The right to have errors in the information corrected by the previous employer and for that previous employer to resend the corrected information to the prospective employer;
- The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

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.

Applicant Signature: _____

Date: _____