

Employment Application

Home Address: City, State: Desition applied for: Full Time? Part-time? Part-time? Temporary? Part-time? Temporary? Are you lawfully authorized to work in the U.Snpyes Who referred you to MO-CON? If applying for a Laborer, Operator, or Driver position you must be able to lift up to 50 lbs. on a regular basis, must be able to seend, and work in extreme temperatures. Can you perform these essential job duties with or without an accommodation? noyes State	Name:				SS#			
City, State:								
Position applied for:								
Part-time? Part-time? Temporary? Rate of pay expected: Are you 18 years or older? yes no Are you lawfully authorized to work in the U.S no yes Are you 18 years or older? yes no Are you lawfully authorized to work in the U.S no yes Are you to MO-CON? fapplying for a Laborer, Operator, or Driver position you must be able to lift up to 50 lbs. on a regular basis, must be able to send, and work in extreme temperatures. Can you perform these essential job duties with or without an accommodation? no yes Yes No 1. Have you ever been denied a license or privilege to operate a motor vehicle? Yes No 1. Have you ever been disqualified to drive a Commercial Motor Vehicle under the Federal Motor Carrier Safety Regulations? Yes No 1. Have you ever been disqualified to drive a Commercial Motor Vehicle under the Federal Motor Carrier Safety Regulations? Yes No 1. This is the federal Motor Carrier Safety is your answer to 1, 2 or 3 above is yes, explain: 1. This is the federal Motor Type (dump, flat bed, etc.) From/to dates Approx. miles 1. The federal force is the federal federal force is the federal federa								
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State License No. Class Endorsements Expiration Date 1. Have you ever been denied a license or privilege to operate a motor vehicle? Yes								
State License No. Class Endorsements Expiration Date 1. Have you ever been denied a license or privilege to operate a motor vehicle? YesNo 2. Has any license, permit or privilege ever been suspended or revoked? YesNo 3. Have you ever been disqualified to drive a Commercial Motor Vehicle under the Federal Motor Carrier Safety Regulations? YesNo Your answer to 1, 2 or 3 above is yes, explain: Iniving Experience	f applying for a Labo	orer, Operator, or Driver p	osition you must be	able to lift up	to 50 lbs. c	on a regula	r basis, must be able	to s
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Fractor Trailer	2. Has any 3. Have yo Regulat Your answer to 1, 2	rlicense, permit or privileg ou ever been disqualified to ions? YesNo	e ever been suspend o drive a Commercia	ied or revoked i Motor Vehic	? Yes_No le under the	e Federal M	lotor Carrier Safety	
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afety Record: List ail accidents for the past 5 years Dates Describe accident Injuries or fatalities?	2. Has any 3. Have yo Regulat I your answer to 1, 2 Driving Experience Class of Equipment Straight Truck Tractor Trailer Other	license, permit or privileg to ever been disqualified to ions? YesNo or 3 above is yes, explain: Type (dump, flat bed)	e ever been suspend o drive a Commercia d, etc.)	led or revoked I Motor Vehic	i? Yes_No	e Federal M	Approx. miles	
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Name of School	Location	Dates Attended	Degree
imployment Record (Sho	w employment for past 10 ye	ears, if applicable. Attach addition	nal sheet if necessary.)
Current Employer:		Phone:	:()
Full Address:			Zip
Position Held:		From (mo./yr.)	To (mo./yr.)
Reason for Leaving:			_Ending Wage
			·
Who may we contact to t	erify your employments		
Previous Employer:		Phone	e: ()
Full Address:			Zip
Position Held:		From (mo./yr.)	To (mo./yr.)
Reason for Leaving:			_Ending Wage
Who may we contact to v	rerify your employment?		***************************************
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Next Previous Employer:		Phone	e: ()
Full Address:			Zip
Position Held:		From (mo./yr.)	To (mo./yr.)
Reason for Leaving:			Ending Wage

References – List three professional references (do not list relatives)

Name	Street address	City / State	Phone Number

APPLICANT – PLEASE READ AND SIGN: "I certify that I have read and understood the employment application, and I am submitting this application for the sole purpose of seeking employment with Franklin County Concrete, LLC. It is agreed and understood that Franklin County Concrete LLC or its agents may investigate my background and employment history, whether same is of record or not. I understand that this information will be used for the purpose of determining my eligibility for employment with Franklin County Concrete, LLC. I authorize, without reservation, any party or agency contacted by Franklin County Concrete LLC to furnish requested information concerning my work history and character. I release all employers, USIS, and other persons named herein from all liability for damages due to furnishing such information. I certify that this application was completed by me and all answers I have given are truthful to the best of my knowledge. I understand that any misrepresentations or omissions may result in my rejection for consideration or dismissal. Copies of this document carry the same authority as the original document. I agree to furnish additional information and complete examinations, and drug and alcohol tests as may be required."

APPLICANT'S SIGNATURE:	DATE:	
TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION:		
Applicant Name:		
Date of Birth:		
Social Security Number:		
Current Address (Street, City, State, Zip Code):		
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Release of Information Form – 49 CFR Part 40 Drug and Alcohol Testing

Section I. To be completed by the new employer, signed by the employee, and transmitted to the previous employer: Employee Printed or Typed Name: _____ Employee SS or ID Number: I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in Section I-B, to the employer listed in Section I-A. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in Section II-A by my previous employer, is limited to the following DOT-regulated testing items: 1. Alcohol tests with a result of 0.04 or higher; 2. Verified positive drug tests; 3. Refusal to be tested; 4. Other violations of DOT agency drug and alcohol testing regulations; Information obtained from previous employers of a drug and alcohol rule violation; Documentation, if any, of completion of the return-to-duty process following a rule violation. Employee Signature: New Employer Name: Phone #: _____ Fax #: _____ Designated Employer Representative: I-B. Previous Employer Name: Designated Employer Representative (if known): Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer: II-A. In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing: 1. Did the employee have alcohol tests with a result of 0.04 or higher? 2. Did the employee have verified positive drug tests? YES _____ NO ____ 3. Did the employee refuse to be tested? YES NO 4. Did the employee have other violations of DOT agency drug and YES _____ NO ____ alcohol testing regulations? 5. Did a previous employer report a drug and alcohol rule violation to you? YES ____ NO 6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? YES ____ NO ____ Note: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g. SAP report(s), follow-up testing record). II-B. Name of person providing the information in Section II-A: ______ Phone #: _____ Date: _____