

DRIVER APPLICATION FORM



NAME: _____

Last First Middle

_____ () _____

Social Security Number Phone Number Date of Birth Hire Date

ADDRESS: _____

Street City State Zip Number of years

PAST 3 YEAR: _____

RESIDENCY _____

Street City State Zip Number of years

Street City State Zip Number of years

EXPERIENCE AND QUALIFICATION

Attach separate sheet if more space is needed

Driver Experience

If no driving experience within the last 3 years – check here

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Circle all that apply)	DATES		APPROXIMATE NUMBER OF MILES
		FROM	TO	
Straight Truck	Van, Reefer, Tank, Flat	_____	_____	_____
Tractor & Semi-Trailer	Van, Reefer, Tank, Flat	_____	_____	_____
Tractor – Two Trailers	Van, Reefer, Tank, Flat	_____	_____	_____
Other:	Van, Reefer, Tank, Flat, N/A	_____	_____	_____

OR

Accident History (3 years)

If no accidents within the last 3 years – check here

DATE (month/year)	NATURE OF ACCIDENT (Head-on, Rear-end, upset, etc)	NUMBER OF FATALITIES	NUMBER OF INJURIES	HAZARDOUS MATERIALS SPILL?
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Traffic Convictions and Forfeitures (3 years)

If no traffic convictions and/or forfeitures in the last 3 years – check here

DATE CONVICTED (month/year)	VIOLATION (Other than violations involving parking only)	STATE OF VIOLATION	PENALTY (Forfeited bond, collateral and/or points)
_____	_____	_____	_____
_____	_____	_____	_____

License Information

Section 383.21 FMCSR states “No person who operates a commercial motor vehicle shall at any time have more than one driver’s license”. I certify that I do not have more than one motor vehicle license, the information for which is listed below.

State License Number Expiration Date

- A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes No
If yes, give details _____
- B. Has any license, permit or privilege ever been suspended or revoked? Yes No
If yes, give details _____

Employment Record

(Attach sheet if more space is needed)

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record)

CURRENT OR LAST EMPLOYER: _____

Street Address _____ City _____ State _____ Zip _____

Phone Number (_____) _____ Supervisor _____

Position Held _____ From _____ To _____
(month/year) (month/year)

Reasons for Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations 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

ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____

SECOND LAST EMPLOYER: _____

Street Address _____ City _____ State _____ Zip _____

Phone Number (_____) _____ Supervisor _____

Position Held _____ From _____ To _____
(month/year) (month/year)

Reasons for Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations 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

ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____

THIRD LAST EMPLOYER: _____

Street Address _____ City _____ State _____ Zip _____

Phone Number (_____) _____ Supervisor _____

Position Held _____ From _____ To _____
(month/year) (month/year)

Reasons for Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations 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

ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____

TO BE READ AND SIGNED BY APPLICANT

Associated Redi-Mix Concrete, LLC is an Equal Opportunity Employer and fully subscribes to the principles of Equal Employment Opportunity. Applicants and/or employees are considered for hire, training, promotion, job status, and compensation of employment without regard to race, religion, color, age (over age 39), sex, national origin, or on the basis of disability if the employee can perform the essential functions of the job, with a reasonable accommodation if necessary.

I authorize you to make such investigations and inquires of my personal, employment, financial or medical history and other related matter as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after the 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 understand, also, that I am required to abide by all rules and regulations of Associated Redi-Mix Concrete, LLC. I 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 current/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: _____

This certifies that I completed this application, and that all entries on it and information on it are true and complete to the best of my knowledge.

Signature: _____ Date: _____

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.



**ASSOCIATED REDI-MIX CONCRETE, LLC
DRUG FREE WORKPLACE PRE-EMPLOYMENT
AGREEMENT TO SUBMIT TO DRUG SCREENING**

**READ THIS AGREEMENT TO THE APPLICANT AND OBTAIN
SIGNATURE BEFORE TESTING.**

Associated Redi-Mix Concrete, LLC is committed to providing its employees and customers with a Drug Free Workplace. Therefore, as part of this commitment, all applicants for employment will be required to take and pass a Urine Drug Screen test (UDS) for drugs and alcohol as a condition of employment.

- A. Associated Redi-Mix Concrete, LLC will perform the drug testing for illegal drugs as indicated in the standard DOT and SAMHSA lab procedures. However, other illegal drugs and alcohol may also be tested.
- B. If any job applicant refuses to take, alters, tampers, or contaminates any drug test; or falsifies any application and/or consent form, the offer of employment will be withdrawn.
- C. All drug testing will be conducted at a designated collection site utilizing current SAMHSA collection and testing protocols.
- D. Any job applicant who fails to pass the UDS test will be removed from employment consideration.
- E. All positive UDS test results will be reported to the General Manager and Safety Director and maintained as a CONFIDENTIAL document by the General Manager and Safety Director.
- F. Associated Redi-Mix Concrete, LLC is required by law to answer truthfully all requests by government agencies for information regarding employment records. These requests are considered to be confidential by those agencies and Associated Redi-Mix Concrete, LLC is legally bound to cooperate with such requests.

FOR APPLICANT: I have read, or had read to me, and understand the PRE-EMPLOYMENT drug test requirement for job applicants. If my test returns as a “Diluted Sample,” I understand that I may retest one time at my own expense.

Employee Signature

Date

Print Name



**ASSOCIATED REDI-MIX CONCRETE, LLC
DRUG FREE WORKPLACE
DRUG SCREEN TEST CONSENT AND RELEASE FORM**

In consideration of my continued employment at Associated Redi-Mix Concrete, LLC, I, _____, hereby give my consent and authorize _____ (“Laboratory”) to collect a urine, breath, or blood sample from me for the purpose of determining whether I have any drugs or alcohol in my body. I hereby certify that upon request, I will give the Laboratory an unadulterated sample of my urine, breath, or blood and will cooperate fully with the testing procedure.

I understand a “positive” test result will affect my employment at Associated Redi-Mix Concrete, LLC by resulting in disciplinary action up to, and including termination.

I further give my consent to the Laboratory to release to Associated Redi-Mix Concrete, LLC, or its designated agents, the results of any tests performed pursuant to this consent form.

I realize that my refusal to sign this form constitutes a violation of the stated policy of Associated Redi-Mix Concrete, LLC, and that I will be terminated for refusing to sign this contract or to submit to testing, and I will not be eligible for continued employment at Associated Redi-Mix Concrete, LLC.

I certify that I have read, or have had read to me this agreement, and Associated Redi-Mix Concrete, LLC’ Drug Free Workplace Policy. This consent is valid until revoked in writing. A copy of this consent form shall be valid as an original.

Employee Signature

Print Name

Supervisor

Date



PAST EMPLOYMENT VERIFICATION – REFERENCE CHECK FORM

Sent to: _____

Email address: _____

Previous Employer

Requested by: Associated Redi-Mix Concrete, LLC
14136 Petroleum Park Drive
Williston, ND 58801

Phone: 701-572-7334
Email Address: hr@associatednd.com

Name of Applicant: _____ Social Security#: _____
Job Title: _____ Hire Date: _____

Termination Date: _____ Resigned: Yes No Discharged: Yes No

If Discharged, why? _____

Eligible for Rehire? Yes ___ No ___ Upon Review ___ If No, please explain: _____

Equipment: Type of Tractor/Truck: _____ Trailer Length: _____
Flatbeds _____ Tanker _____ Other _____

Commodities Hauled: _____

Areas of Operation: _____

Overall Performance: Poor ___ Fair ___ Good ___ Excellent ___

Accident information below requested in accordance with FMCSR Part 391.23. (Accidents within last 36 months)

Accidents: # Preventable: _____ Description: _____
Non-Preventable: _____ Description: _____

Drug/Alcohol information below requested in accordance with DOT 49 CFR Part 40. (Tests done in last 36 months)

Tested positive for controlled substance in last 3 years? Yes ___ No ___
Had a breath alcohol test result with a concentration of .04 or greater in the last 3 years? Yes ___ No ___
Ever refused a required test for drugs or alcohol in the last 3 years? Yes ___ No ___
Violated other D.O.T. drug/alcohol regulations? Yes ___ No ___
Have you received information from a previous employer that this individual has violated D.O.T. drug/alcohol regulations? Yes ___ No ___
If yes, please give type of test, date of test, and SAP information (if applicable): _____

Person Providing Information

Title

- 1) I hereby authorize the above-mentioned employer/school to release all information as to my character, work habits, performance, experience, fitness, together with reason for termination concerning by employment to Associated Redi-Mix Concrete, LLC. (or their authorized agents) which may request such information in connection with my application for employment with Associated Redi-Mix Concrete, LLC.
2) In conformity with 49 CFR part 40, I hereby authorize the above-mentioned employer/school and their agents to furnish Associated Redi-Mix Concrete, LLC. The above-requested information concerning D.O.T. drug and alcohol tests including pre-employment tests during the previous 3 years; the dates when I tested positive; the dates when I tested .04 or greater; the dates when I refused (including a verified adulterated or substituted result) to be tested for drugs and alcohol; and any other violations of 49 CFR part 40 and any information the above-mentioned employer/school and/or their authorized agents have received regarding violations of 49 CFR part 40 from my previous employers covered by D.O.T.
3) I hereby release the above-mentioned employer/school and their authorized agents from any and all liability of any type as a result of providing the above-requested information to Associated Redi-Mix Concrete, LLC.

By signing below, I certify that I have read and fully understand Parts 1, 2, and 3 of this release and that I executed this release voluntarily, with the knowledge that any and all information released could affect my being employed with Associated Redi-Mix Concrete, LLC.

It is expressly acknowledged, understood and agreed that the information provided by the applicant regarding the applicant's employment during the previous three (3) years in accordance with Section 391.21(b)(10) of the Federal Motor Carrier Safety Regulations ("FMCSR") may be used, and the applicant's prior employers may be contacted, for the purpose of investigating the applicant's safety performance history information as required by paragraphs (d) and (e) of Section 391.23 of the FMCSR. The applicant has certain due process rights under the FMCSR regarding the information received as a result of these investigations, as described below.

Applicant's Due Process Rights: 1) The right to review information provided by previous employers. 2) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to Associated Redi-Mix Concrete, LLC.; and 3) The right to have the rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information, must submit a written request to the Safety Compliance Manager of Associated Redi-Mix Concrete, LLC., which may be done at any time, including when applying, or as late as thirty (30) days after being employed or being notified of denial of employment. Associated Redi-Mix Concrete, LLC. Will provide this information to the applicant within five (5) business days after receiving the written request. If, however, Associated Redi-Mix Concrete, LLC. has not received the requested information from the previous employer(s), then it will provide the information to the applicant within five (5) business days after it received the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of Associated Redi-Mix Concrete, LLC. Making them available, Associated Redi-Mix Concrete, LLC. will consider the driver to have waived the request to review the records.

Applicant's Signature

Date



PAST EMPLOYMENT VERIFICATION – REFERENCE CHECK FORM

Sent to: _____

Email address: _____

Previous Employer

Requested by: Associated Redi-Mix Concrete, LLC
14136 Petroleum Park Drive
Williston, ND 58801

Phone: 701-572-7334
Email Address: hr@associatednd.com

Name of Applicant: _____ Social Security#: _____
Job Title: _____ Hire Date: _____

Termination Date: _____ Resigned: Yes No Discharged: Yes No

If Discharged, why? _____

Eligible for Rehire? Yes ___ No ___ Upon Review ___ If No, please explain: _____

Equipment: Type of Tractor/Truck: _____ Trailer Length: _____
Flatbeds _____ Tanker _____ Other _____

Commodities Hauled: _____

Areas of Operation: _____

Overall Performance: Poor _____ Fair ___ Good _____ Excellent _____

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Violated other D.O.T. drug/alcohol regulations? Yes ___ No ___
Have you received information from a previous employer that this individual has violated D.O.T. drug/alcohol regulations? Yes ___ No ___
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Applicant's Signature

Date



**ASSOCIATED REDI-MIX CONCRETE, LLC
MOTOR VEHICLE RELEASE FORM**

I authorize the Associated Redi-Mix Concrete LLC and Century Insurance Services LLC to obtain a copy of my MOTOR VEHICLE RECORD to evaluate my insurability or for other permissible uses related to my employment.

By signing this disclosure, I hereby authorize Associated Redi-Mix Concrete LLC and Century Insurance Services LLC to procure these records on a periodic basis or as deemed necessary to evaluate my continuing insurability.

Information from current valid Driver's License (please print clearly)

Applicant or Employee Name: _____

Driver's License No: _____

State of Issuance: _____ Date of Birth: _____

Employee Signature

Date

Print Name