



To All Job Applicants:

If you wish to be employed, the following criteria **must** be met:

- CDL License with a clear driving record, no DWI convictions
- Two years verifiable truck driving experience or proof of completion of truck driving school.
- Live close to town where you wish to work.
- All information on the application must be completely filled out, legibly and accurately. Any application with missing information (i.e. employers, addresses, dates, supervisors, phone numbers, etc...) will not be considered for employment. *If more room is needed for job experience, use a separate sheet of paper.*
- All questions should have an answer written. If the question does not apply to you, fill the blank in with N/A (Not Applicable).
- There should be no gaps in job history. If so, please include documentation (i.e. proof of unemployment, DD-214, copies of tax return if self-employed, etc...)
- Successfully complete the WORK STEPS physical ability testing, DOT physical and DOT drug screen.

All applications will be current for six (6) months. At the conclusion of this time, if you are still seeking employment by this Company, it will be necessary to complete a new application following the same guidelines as stated above.

TEXAS MOTOR CARRIER SAFETY REGULATIONS – 391

- (1) The prospective employer must expressly notify drivers with Department of Transportation regulated employment during the preceding three (3) years – via the application form or other written document prior to any hiring decision – that he or she has the following rights regarding the investigative information that will be provided to the prospective employer pursuant to the following sections:
 - (i) The right to review information provided by previous employers;
 - (ii) 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 the prospective employer.
 - (iii) 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.
- (2) Drivers who have previous Department of Transportation regulated employment history on the preceding three (3) years and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, 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. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not received the requested information from the previous employer(s), then the five (5)-business days deadline will begin when the prospective employer receives 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 the prospective employer making them available, the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

Applicants Signature

Date

6/16/10



4301 Danhil Drive
Brownwood, TX 76801
325-646-6518



APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.

(PLEASE PRINT)

Last Name	First Name	Middle Initial
Address	Number	Street
	City	State
Telephone Number		Social Security Number

Position(s) Applied For	Wage/Salary Expected
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How did you learn about us?

Advertisement	Friend	Walk In	
Employment Agency	Relative	Other	Name _____

Are you at least 18 years of age? (21 for applicants seeking a driving position) Yes No

Date of Birth _____

Have you been employed with us before? Yes No
If yes, what dates _____

Do we employ any of your relatives? Yes No
If yes, Name _____ Location _____ Relationship _____

Once employed, can you submit verification of your legal right to work in the U.S.? Yes No
(Such verification will be required upon employment)

Are you currently employed? Yes No

On what date will you be available for work? Date: ____ / ____ / ____

Can you travel if a job requires it? Yes No

Are you available to work:

Full Time	Part Time	Shift Work	Temporary
Overtime	Evening	24-Hour Call	Nights

Are you currently on lay-off status and subject to recall? Yes No

Have you ever been convicted of a felony? Yes No
(Conviction will not necessarily disqualify an applicant from employment)

If yes, please explain: _____

EMPLOYMENT EXPERIENCE

List jobs chronologically starting with your present or last job and end with your first job. Your employment history should be complete. Applicants applying for commercial vehicle operator positions must list all employers for the previous 10 years.

May we contact your present employer?

Yes No

Employer		Date Employed		Work Performed
		From	To	
Address				
Telephone Number		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for leaving				

Employer		Date Employed		Work Performed
		From	To	
Address				
Telephone Number		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for leaving				

Employer		Date Employed		Work Performed
		From	To	
Address				
Telephone Number		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for leaving				

Employer		Date Employed		Work Performed
		From	To	
Address				
Telephone Number		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for leaving				

If you need additional space, please continue on a separate sheet of paper.

EDUCATION, SKILLS AND MILITARY SERVICE

Schools	Name	Location	Years Completed	Graduate		Year	Degree	Major Subjects
				Yes	No			
High School								
College								
Graduate								
Other								

List any scholastic honors you received and/or professional organizations in which you are active.

Summarize special job-related skills, qualifications, training, and apprenticeships.

Specialized skills. Check all that apply.

- CRT
 Dictaphone
 Calculator
 Lotus
 WordPerfect
 List other software: _____
 PC
 Typing Speed
 Excel
 Access
 Word

Military Service

Branch: _____ From: ____/____/____ To: ____/____/____

Type of Discharge
 Honorable
 Dishonorable
 General and Other

If applying for a position requiring the use of a company vehicle, complete the following:

Type of Driver's License currently held _____ Issuing State _____

Driver's License Number _____ Expiration Date ____/____/____

Have you ever had your driver's license suspended, revoked or been denied a driver's license?
 Yes
 No

List any traffic citations, other than parking, that you have received during the previous three years. _____

Equipment operated, check all that apply.

- Forklift
 Tractor Trailer
 Straight Truck
 Dump
 Crane
 Bulk Van
 Tanker
 Mixer

DRIVER EXPERIENCE AND QUALIFICATIONS

Answer these questions only if you are applying for a commercial driving position. (U.S. Department of Transportation. 49 CFR 391.21 requires questions contained in this section)

Driver's License Information

Do you currently hold a valid commercial vehicle operator's license? Yes No Class: A B C

List all unexpired driver's licenses that you have been issued

License Number	Issuing State	Expiration Date	License Class

Have you ever been denied a license, permit or privilege to operate a vehicle? Yes No

Has any license, permit or privilege ever been suspended, restricted or revoked? Yes No

Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes No

If you answered "yes", please explain: _____

List any violation of motor vehicle laws or ordinances (other than parking) for which you have been convicted or forfeited bond or collateral during the preceding 3 years.

Violation	Date	State

List all motor vehicle accidents in which you have been involved during the preceding 3 years.

Nature of Accident	Date	Injuries	Fatalities
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

List the type of equipment (straight truck, truck tractors, semi-trailer, full trailers, etc) and the dates operated.

Type of Equipment	Date
	From ___ / ___ To ___ / ___
	From ___ / ___ To ___ / ___
	From ___ / ___ To ___ / ___

MAINTENANCE EXPERIENCE AND QUALIFICATIONS

List formal training and years of experience in the following areas:

Area	Formal Training	Years of Experience	Area	Formal Training	Years of Experience
Drive Line Components			Air Conditioning		
Diesel Tune-up / Rebuild			Frame and Wheel Alignment		
Gasoline Tune-up / Rebuild			Hydraulics		
Brakes			Trailer Repair		
Electrical Repair			Body Work		
Cooling System			Mechanical Inspections		

List formal training and years of experience with the following equipment:

Equipment	Formal Training	Years of Experience	Equipment	Formal Training	Years of Experience
Electrical Diagnostic Equipment			Electric Welder		
Frame/Axle Straightening Equipment			Oxy / Acetylene Welder		
Engine Rebuilding Equipment			Wheel Balancing Equipment		
Diesel Injection Equipment			Air Conditioning Equipment		

List additional maintenance training or certifications: _____

List any business references

Name	Address and Telephone Number	Occupation

ADDITIONAL INFORMATION

State additional information you feel may be helpful to us in considering your application.

List references familiar with your employment history.

Name	Position
Address	Phone #

Name	Position
Address	Phone #

Name	Position
Address	Phone #

Applicants Statement

I hereby certify that answers given herein are true and complete to the best of knowledge. I understand and agree that any falsified answer or omission may disqualify me from consideration for employment.

I hereby authorize investigation of all answers, statements or other information contained in this application as may be deemed necessary in arriving at an employment decision. I also authorize each and every person named in this application to provide any information deemed relevant by The Company and its subsidiaries in arriving at an employment decision. Furthermore, I hereby release The Company and its subsidiaries and such other persons and organizations named in this application from all liability and for any damage whatsoever incurred in providing, receiving, or investigating such information. I further agree that The Company may obtain my credit report in accordance with 1681(b)(2) of Title 15 of the United States Code, commonly known as the Fair Credit.

I understand that this application shall be considered active for a period of time not to exceed 60 days from the date indicated below. I understand that if I wish to be considered for employment beyond this time period, I must inquire as to whether applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with The Company and/or its subsidiaries is of an "at will" nature, which means the employee may resign at any time and the employer may discharge employee at any time with or without cause or reason. I further understand that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the President and Chief Executive Officer of The Company.

I agree that before being employed, I am to submit to and must pass a controlled substance test to be conducted in accordance with The Company's policy. I agree that any offer of employment is contingent upon successful completion of a post offer medical examination by a physician designated by The Company. I further agree to take physical exams and controlled substance and alcohol testing when required during my employment.

In the event of employment, I fully understand that this application will become a part of my personnel record and that false and misleading information given in my application or interview(s) may result in discharge. I agree to abide by all policies, rules and regulations of The Company and/or its subsidiaries and, if requested, to sign the company's agreements relating to discoveries, inventions, and confidential information.

I have read the paragraphs above and fully understand their importance and effect upon my employment. I also acknowledge the same as a condition of my employment with The Company and/or its subsidiaries.

Signature of Applicant

Date



FORMER EMPLOYER VERIFICATION

SECTION 1: Previous Employee Information and Release

** APPLICANTS PLEASE COMPLETE SECTION 1 ONLY **

Name: _____ Social Security #: _____ - _____ - _____
(Print Full Name)

I hereby authorize the following companies (list previous employers) _____

to release the below requested information to Ingram Concrete L.L.C. for the purposes of investigation and qualifying me to drive a commercial motor vehicle including any pre-employment drug test results. You are now required by the U.S. DOT and Federal Motor Carrier Safety Regulations 49 CFR Parts 40, 382, and 391 to furnish this information. Your quick response to this request will be greatly appreciated.

Signature: _____ Date: _____

SECTION 2: Previous Employee Work History

Dates of Employment From: _____ to _____ Job Duties _____
(month) (year) (month) (year)

Did employee drive a motor vehicle? Yes No

Types of equipment operated: Tractor/Trailer Straight Truck Other

SECTION 3: Safety Performance History Per 49 C.F.R. 391.23(2)

Was this employee a safe and efficient driver? Yes No

Was this employee involved in any accidents in the last three years? Yes No

If yes, were any accidents preventable? Yes No

If yes, please provide details, including dates: _____

Reason for Leaving: Discharged Resigned Laid Off Other, list: _____

SECTION 4: Previous Drug and Alcohol Results Per 49 C.F.R. 40.25

Was this person in a DOT controlled substance testing program with your company? Yes No

- 1. Did the employee have alcohol tests with a result of 0.04 or higher? Yes No
2. Did the employee have verified positive drug test? Yes No
3. Did the employee refuse to be tested? Yes No
4. Did the employee have other violations of DOT agency drug and alcohol testing Regulations? Yes No
5. Did any previous employers report any drug or alcohol rule violations to you? Yes No

Name of person completing form: _____ Title: _____
Company Name _____
Phone #: _____ Date: _____

U.S. CONCRETE

BACKGROUND INVESTIGATION CONSENT

I, _____, hereby authorize *U.S. Concrete* and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for employment now and, if applicable, during the tenure of my employment with U.S. Concrete.

I release *U.S. Concrete* and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information contained herein is true and correct to the best of my knowledge:

Applicant/Employee Name and Signature

Date

Social Security Number *

Date of Birth *

*NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for employment. *U.S. Concrete* is an Equal Opportunity Employer, and does not discriminate on the basis of Sex, Race, Religion, Age (40 and over), Handicap or National Origin.

CA, MN & Oklahoma Residents please note: In connection with your application for employment, your credit report will be obtained and reviewed. Under CA & MN law, you have a right to receive a free copy of your credit report by checking the appropriate box below. Your credit report will be mailed to you by the credit bureau. Under Oklahoma law, you have the right to receive a free copy of your consumer report.

YES, I am a California resident and would like a free copy of my credit report.

YES, I am a Minnesota resident and would like a free copy of my credit report.

YES, I am an Oklahoma resident and would like a free copy of my consumer report.

Printed Name _____

Street Address _____

City, State, Zip _____

