

PLEASE CALL KIM DIEHL IF YOU NEED INFORMATION OR ASSISTANCE IN FILLING OUT THIS FORM.

THIS SPACE TO BE COMPLETED BY CORPORATE OFFICE		
	Date Employed _____	D/S Results _____
Reviewed By _____	Title _____	Date _____
Approved By _____	Title _____	Date _____

QUALIFICATION APPLICATION
SUPERIOR CONCRETE, INC.
 PLEASE PRINT ALL INFORMATION

DATE SUBMITTED

Please Note: The information on this application must be complete. Failure to complete this application in full is automatic disqualification. The Information requested is in compliance with Part 391 of the Motor Carrier Safety Regulation and your application will not be checked if any pertinent information is omitted.

1. SUBMITTING APPLICATION AS: COMPANY DRIVER OTHER

SOCIAL SECURITY NUMBER _____/_____/_____

2. NAME (print) _____
(Last) (First) (Middle)

PRESENT ADDRESS _____
(Street or Route) (City) (State) (Zip Code)

DATE OF BIRTH _____/_____/_____
(Mo.) (Day) (Yr.) PHONE NO. _____
(Area Code) (Number)

3. LIST ADDRESSES AT WHICH YOU HAVE RESIDED PAST 5 YEARS:

Previous Address _____

Previous Address _____

Previous Address _____

4. MARITAL STATUS: Single Married Widowed Separated

No. of Dependents _____ NAME OF SPOUSE _____

5. IN CASE OF EMERGENCY, NOTIFY: NAME _____ RELATIONSHIP _____
(Last) (First) (Middle)

ADDRESS _____ Telephone No. _____

NAME _____ RELATIONSHIP _____
(Last) (First) (Middle)

ADDRESS _____ Telephone No. _____

6. DO YOU KNOW ANYONE WHO CURRENTLY WORKS FOR OUR COMPANIES?

NAME _____ RELATIONSHIP _____

NAME _____ RELATIONSHIP _____

WHO REFERRED YOU _____

HAVE YOU EVER BEEN OR APPLIED AS A COMPANY DRIVER WITH OUR COMPANIES?

YES NO

FROM _____, 20____ TO _____, 20____

List below all employments, present and past, beginning with your most recent. Show ALL employments (not just driving jobs) at least seven years. In the event that you have had periods of unemployment during the past seven years, please show the dates of unemployment between jobs.

FAILURE TO COMPLETE THIS SECTION IN DETAIL IS AUTOMATIC DISQUALIFICATION. YOUR APPLICATION WILL NOT BE CHECKED. IF YOU LEAVE OUT ANY DATES OR NAMES WE CANNOT QUALIFY YOU. In the event that you have periods of unemployment, be sure that you list a name and phone number of someone who can verify that you were unemployed at these times.

YOUR MOST RECENT OR PRESENT JOB:

(Dates to run concurrently, if unemployed at any time, so state. Attach sheet if more space is needed.)

(1) Employer: Name _____ Area Code, Ph. No. _____

Address _____
(Street or Route) (City) (State) (Zip Code)

Position Held _____ Supervisor _____ From _____ TO _____
(Mo.) (Yr.) (Mo.) (Yr.)

Salary: Starting _____ Ending _____

Reason For Leaving _____

(2) Employer: Name _____ Area Code, Ph. No. _____

Address _____
(Street or Route) (City) (State) (Zip Code)

Position Held _____ Supervisor _____ From _____ TO _____
(Mo.) (Yr.) (Mo.) (Yr.)

Salary: Starting _____ Ending _____

Reason For Leaving _____

(3) Employer: Name _____ Area Code, Ph. No. _____

Address _____
(Street or Route) (City) (State) (Zip Code)

Position Held _____ Supervisor _____ From _____ TO _____
(Mo.) (Yr.) (Mo.) (Yr.)

Salary: Starting _____ Ending _____

Reason For Leaving _____

(4) Employer: Name _____ Area Code, Ph. No. _____

Address _____
(Street or Route) (City) (State) (Zip Code)

Position Held _____ Supervisor _____ From _____ TO _____
(Mo.) (Yr.) (Mo.) (Yr.)

Salary: Starting _____ Ending _____

Reason For Leaving _____

REFERENCES

List three (3) non-relatives who are familiar with your qualifications and actual work history and ability.

NAME	OCCUPATION	YEARS KNOWN	TELEPHONE
1.			
2.			
3.			

IF YOU REQUEST PRESENT EMPLOYER NOT BE CHECKED, PLEASE INDICATE WHY: _____

EDUCATION

Circle highest grade completed 1 2 3 4 5 6 7 8 High School 1 2 3 4 College 1 2 3 4

MILITARY STATUS

Have you ever served in the Armed Forces? _____ Branch _____ From _____ To _____
Rank at discharge _____ Date of discharge and Type _____

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

Table with 4 columns: LOCATION, DATE, CHARGE, PENALTY

DRIVERS LICENSES HELD

(List all states in which you have been licensed)

Table with 4 columns: STATE, LICENSE NO., OPR. OR C.D.L., EXPIRATION DATE

A. Has any license or permit ever been suspended or revoked? _____ If the answer is yes, please explain. _____

TOTAL DRIVING EXPERIENCE

Table with 4 columns: CLASS OF EQUIPMENT, TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.), DATES (FROM, TO), APPROX. NO. OF MILES

Show special courses or training that will help you as a driver

Which safe driving awards do you hold and from whom

ACCIDENT RECORD FOR PAST 5 YEARS

(Attach sheet if more space is needed)

Table with 4 columns: DATES, NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.), FATALITIES, INJURIES

PLEASE PRINT

HAVE YOU EVER BEEN CONVICTED OF A FELONY? [] YES [] NO

If yes, explain _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME INVOLVING THE TRANSPORTATION, POSSESSION, SALE OR

HABITUAL USE OF DRUGS? [] YES [] NO

HAVE YOU EVER BEEN CONVICTED OF OPERATING A MOTOR VEHICLE UNDER THE INFLUENCE OF ALCOHOL OR DRUGS? [] YES [] NO

Have you ever been discharged from a job? [] YES [] NO If yes, explain _____

Have you ever been injured on the job? [] YES [] NO How many times? _____

IMPORTANT — PLEASE READ CAREFULLY

ALL QUESTIONS MUST BE ANSWERED. IF ANY QUESTION IS NOT APPLICABLE SO INDICATE. OTHERWISE YOUR APPLICATION CANNOT BE ACCEPTED.

TO BE READ AND SIGNED BY APPLICANT IN COMPLIANCE WITH PART 391.23 OF THE MOTOR CARRIER SAFETY REGULATIONS, U.S. DEPARTMENT OF TRANSPORTATION.

Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of, or if employed, termination of employment.

It is my understanding that Superior Concrete, Inc. will make a thorough investigation of my Department of Motor Vehicle Record (when applicable), entire work and personal history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by Superior Concrete, Inc. and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired may subject me to immediate dismissal.

I agree to voluntarily submit to a Drug/Alcohol Screen or other such similar examination if such an examination is requested or required. I agree to voluntarily submit to periodic and /or random Drug/Alcohol Screen or other such examination if such examinations are requested.

I agree that my employment may be terminated by Superior Concrete, Inc. at any time without liability for wages or salary except such as have been earned at the date of such termination. If requested by the management at any time, I agree to submit to search of my person or of any work area that may be assigned to me and hereby waive all claims for damages on account of such examination. I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of a job I am being considered for prior to employment or in the future during my employment with Superior Concrete, Inc.

I understand that if I am employed, such employment is an indefinite period of time and Superior Concrete, Inc. can change wages, benefits and conditions at any time.

Although management may make every effort to accommodate individual preferences, business needs may at time make the following conditions mandatory: overtime, a rotating work schedule or a work schedule other than Monday through Friday. I understand and accept these conditions of my continuing employment.

I understand and agree that the first sixty (60) days of employment shall be on a probationary basis, during which period my employer may terminate my employment without recourse on my part.

I further understand that this is an application for employment and that no employment contract is being offered and in no way obligates Superior Concrete, Inc.

Superior Concrete, Inc. is an equal opportunity employer, and selects the best matched individuals for the job based upon job related qualifications, regardless of race, color, creed, sex, national origin, handicap or other protected groups under State Federal or Local Equal Opportunity laws.

I certify that I have not been convicted or forfeited bond or collateral on account of any violations other than those I have listed on this application during the past twelve (12) months.

I further certify that this application was completed by me, and that all entries on it and information in it are true to the best of my knowledge. I agree that if employed, and it is found to be false in any respect, that I will be subject to dismissal without notice any time during my employment with Superior Concrete, Inc.

(Signed) _____

(Date) _____