

# DRIVER'S APPLICATION FOR EMPLOYMENT

Company RAZORBACK CONCRETE COMPANY

Address \_\_\_\_\_

City \_\_\_\_\_ State AR Zip \_\_\_\_\_

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Position (s) Applied for \_\_\_\_\_ Date of application \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

List your addresses of residency for the past 3 years

Current Address	_____	_____	_____	_____
	Street	City	Phone	How Long?
	_____	_____	_____	_____
	State	Zip Code		
Previous Address	_____	_____	_____	_____
	Street	City	State & Zip Code	How Long?
	_____	_____	_____	_____
	Street	City	State & Zip Code	How Long?
	_____	_____	_____	_____
	Street	City	State & Zip Code	How Long?

Do you have the legal right to work in the United States? \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_  
(Required for Commercial Drivers)

Have you ever been convicted of a felony?  yes  no

Have you worked for this company before? \_\_\_\_\_ Where? \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)?

If yes, explain. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EMPLOYMENT HISTORY

All driver applicants to drive interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state, and zip code. Applicants to drive a commercial motor vehicle\* in intrastate or interstate commercial shall also provide an additional 7 years information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary)

EMPLOYER			DATE	
NAME:			From:	To:
ADDRESS			Mo.	Yr.
CITY	STATE	ZIP		
CONTACT PERSON	PHONE NUMBER (    )			
				Mo.    Yr.
				Position Held
				Salary/Wage
				Reason for Leaving

EMPLOYER			DATE	
NAME			From:	To:
ADDRESS			Mo.	Yr.
CITY	STATE	ZIP		
CONTACT PERSON	PHONE NUMBER (    )			
				Mo.    Yr.
				Position Held
				Salary/wage
				Reason for Leaving

EMPLOYER			DATE	
NAME			From:	To:
ADDRESS			Mo.	Yr.
CITY	STATE	ZIP		
CONTACT PERSON	PHONE NUMBER (    )			
				Mo.    Yr.
				Position Held
				Salary/Wage
				Reason for Leaving

EMPLOYER			DATE	
NAME			From:	To:
ADDRESS			Mo.	Yr.
CITY	STATE	ZIP		
CONTACT PERSON	PHONE NUMBER (    )			
				Mo.    Yr.
				Position Held
				Salary/Wage
				Reason for Leaving

EMPLOYER			DATE	
NAME			From:	To:
ADDRESS			Mo.	Yr.
CITY	STATE	ZIP		
CONTACT PERSON	PHONE NUMBER (    )			
				Mo.    Yr.
				Position Held
				Salary/Wage
				Reason for Leaving

EMPLOYER			DATE	
NAME			From:	To:
ADDRESS			Mo.	Yr.
CITY	STATE	ZIP		
CONTACT PERSON	PHONE NUMBER (    )			
				Mo.    Yr.
				Position Held
				Salary/Wage
				Reason for Leaving

EMPLOYER			DATE	
NAME			From:	To:
ADDRESS			Mo.	Yr.
CITY	STATE	ZIP		
CONTACT PERSON	PHONE NUMBER (    )			
				Mo.    Yr.
				Position Held
				Salary/Wage
				Reason for Leaving

\*Includes vehicles having a GVRW of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT _____			
NEXT ACCIDENT _____			
NEXT ACCIDENT _____			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

**EDUCATION**

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED \_\_\_\_\_ (NAME) \_\_\_\_\_ (CITY)

**EXPERIENCE AND QUALIFICATIONS - DRIVER**

STATE	LICENSE NO.	TYPE	EXPIRATION DATE
DRIVER _____			
LICENSES _____			

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES \_\_\_\_\_ NO \_\_\_\_\_
- B. Has any license, permit or privilege ever been suspended or revoked? YES \_\_\_\_\_ NO \_\_\_\_\_

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

**DRIVING EXPERIENCE IF NONE, WRITE NONE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK _____				
TRACTOR AND SEMI - TRAILER _____				
TRACTOR - TWO TRAILERS _____				
MOTORCOACH - SCHOOL BUS _____				
OTHER _____				

LIST STATES OPERATED IN FOR LAST FIVE YEARS \_\_\_\_\_

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER \_\_\_\_\_

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS — OTHER**

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING, OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

**TO BE READ AND SIGNED BY APPLICANT**

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.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a 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 the Company.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

**PROCESS RECORD**

APPLICANT HIRED \_\_\_\_\_ REJECTED \_\_\_\_\_

DATE EMPLOYED \_\_\_\_\_ POINT EMPLOYED \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ CLASSIFICATION \_\_\_\_\_

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
1. APPLICATION	_____	_____	_____	_____	_____	_____
2. INTERVIEW	_____	_____	_____	_____	_____	_____
3. PAST EMPLOYMENT	_____	_____	_____	_____	_____	_____
4. WRITTEN EXAM	_____	_____	_____	_____	_____	_____
5. ROAD TEST	_____	_____	_____	_____	_____	_____
6. CRIMINAL AND TRAFFIC CONVICTIONS	_____	_____	_____	_____	_____	_____

\_\_\_\_\_  
SIGNATURE OF INTERVIEWING OFFICER

**TRANSFERS**

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

DATE: \_\_\_\_\_ DATE: \_\_\_\_\_

REASON FOR TRANSFER: \_\_\_\_\_ REASON FOR TRANSFER: \_\_\_\_\_

**TERMINATION OF EMPLOYMENT**

DATE TERMINATED \_\_\_\_\_ DEPARTMENT RELEASED FROM \_\_\_\_\_

DISMISSED \_\_\_\_\_ VOLUNTARILY QUIT \_\_\_\_\_ OTHER \_\_\_\_\_

TERMINATION REPORT PLACED IN FILE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

## JOB DESCRIPTION FOR MIXER DRIVER'S

- Pre-Trip Inspection
  - Pull hood over for inspection
  - Climb on truck (Three Point Rule)
    - Check in with Dispatcher
    - Get in proper loading order
    - Back truck under loading chute
      - Set parking brake
      - Fill water tank
      - Washdown
    - Climb up and down ladders (Three Point Rule)
      - Drive safely to the job site
      - Lift and hang chutes (40 lbs.)
      - Deliver concrete to customer
        - Keep dispatch informed
        - Get into the job site safely
      - Unload concrete per customer request
        - Add water per customer request
        - Record added water on trip ticket
        - Get ticket signed
      - Properly wash down after unloading
        - Lift and hang chutes (40 lbs.)
        - Keep dispatch informed
        - Drive safely back to the plant
      - Inform dispatch when back on the yard
        - Get in proper loading order
        - Turn in delivery ticket
        - Wash down at the end of day
        - Keep assigned vehicle clean
        - Fuel truck daily
        - Complete a post trip inspection
      - Report all problems to dispatch and maintenance
      - Climb in out of truck cab safely (Three Point Rule)
      - Climb up and down ladders safely (Three Point Rule)

Perform other duties not associated with driving that may require lifting, climbing, pulling, pushing, or prolonged periods of standing.

## FAIR CREDIT REPORTING DISCLOSURE STATEMENT

Company Name: RAZORBACK CONCRETE COMPANY

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, As amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 383.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security Number



211 North Sixth • P. O. Box 1028 • West Memphis, AR 72303-1028 • (870) 735-9580 • Fax (870) 735-5799

## REQUEST FOR CHECK OF MOTOR VEHICLE RECORD

I HEREBY AUTHORIZE THE RELEASE OF THE FOLLOWING INFORMATION TO RAZORBACK CONCRETE FOR PURPOSES OF INVESTIGATION AS REQUIRED BY SECTION 391.23 AND 391.25 OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS. RAZORBACK CONCRETE COMPANY IS RELEASED FROM ANY LIABILITY WHICH MAY RESULT FROM FURNISHING SUCH INFORMATION.

PURSUANT TO ARKANSAS CODE ANNOTATED 27-23-207 WHICH REQUIRES EMPLOYERS TO REQUEST INFORMATION FROM THE COMMERCIAL DRIVER ALCOHOL AND DRUG TESTING DATABASE FOR EACH EMPLOYEE WHO HAS SUBMITTED AN APPLICATION FOR EMPLOYMENT FOR A SAFETY SENSITIVE TRANSPORTATION JOB FOR WHICH DRUG AND ALCOHOL TESTS ARE REQUIRED UNDER THE FMCSA, 49 CFR 350-399, I HEREBY AUTHORIZE THE RELEASE OF THIS INFORMATION TO RAZORBACK CONCRETE COMPANY AND RAZORBACK CONCRETE COMPANY IS RELEASED FROM ANY LIABILITY WHICH MAY RESULT FROM FURNISHING SUCH INFORMATION.

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(APPLICANT'S PRINTED NAME)

DATE

DATE OF BIRTH: \_\_\_\_\_

SSN #: \_\_\_\_\_

DL #: \_\_\_\_\_

STATE: \_\_\_\_\_

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APPLICANT'S SIGNATURE

**Branch:**

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SIGNATURE OF REQUESTER

LOCATION

DATE

# SAFETY PERFORMANCE HISTORY RECORDS REQUEST

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## SECTION 1 TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

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I, (Print Name) \_\_\_\_\_  
First, MI, Last \_\_\_\_\_ Hereby authorize \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Date of Birth \_\_\_\_\_

Previous Employer: \_\_\_\_\_  
Street: \_\_\_\_\_ Email: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Fax No: \_\_\_\_\_

To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substance Testing records within the previous 3 years from \_\_\_\_\_  
(Date of employment application)

To  
Prospective Employer: \_\_\_\_\_  
Attention: \_\_\_\_\_ Telephone \_\_\_\_\_  
Street: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

In compliance with §40.25(g) and §391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.  
Prospective employer's confidential fax number: \_\_\_\_\_  
Prospective employer's confidential email address: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

This information is being requested in compliance with §40.25 and §391.23.

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## SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER ACCIDENT HISTORY

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The applicant named above was employed by us, Yes ? No ?  
Employed as \_\_\_\_\_ from (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_

1. Did he/she drive a motor vehicle for you? Yes ? No ? If yes, what type? Straight Truck ? Tractor-Semi-trailer ? Bus  Cargo   
Doubles/Triples ? Other (Specify) \_\_\_\_\_
2. Reason for leaving your employ: Discharge ? Resignation ? Lay Off ? Military Duty ?

If there is no safety performance history to report, check here , sign below and return.

**ACCIDENTS:** Complete the following for any accidents on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here  if there is no accident register data for this driver.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: \_\_\_\_\_

Any other remarks: \_\_\_\_\_



**SECTION 3: TO BE COMPLETED BY PREVIOUS EMPLOYER**

**DRUG AND ALCOHOL HISTORY**

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here , fill in the dates of employment from \_\_\_\_\_ to \_\_\_\_\_, complete bottom of Section 3, sign, and return.

Driver was subject to Department of Transportation testing requirements from \_\_\_\_\_ to \_\_\_\_\_

- |   | <b>YES</b>               | <b>NO</b>                |
|---|--------------------------|--------------------------|
| 1. Has this person had an alcohol test with a result of 0.04 or higher concentration?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this person committed other violations of Subpart B of Part 382, or Part 40?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?             | <input type="checkbox"/> | <input type="checkbox"/> |
- In answering these questions, include any DOT drug or alcohol testing information obtained from previous employer's in the previous 3 years prior to the application date shown on side 1.

Name: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Section 3 completed by (Signature) \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 4a: TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

This form was (check one)  Faxed to previous employer.  Mailed  Emailed  Other

By: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 4b: TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

Complete below when information is obtained.

Information received from: \_\_\_\_\_  
 Recorded by: \_\_\_\_\_ Method  Fax  Mail  Email  
 Date: \_\_\_\_\_

**INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST**

- SIDE 1 SECTION 1: Prospective Employee**
- . Complete the information required in this section
  - . Sign and date
  - . Submit to Prospective Employer

- SIDE 2 SECTION 3: Previous Employer**
- . Complete the information required in this section
  - . Sign and date
  - . Retain a copy
  - . Return original to Prospective Employer

- SIDE 2 SECTION 4a: Prospective Employer**
- . Complete the information
  - . Send a copy to the Previous Employer

- SIDE 2 SECTION 4b: Prospective Employer**
- . Record receipt of the information
  - . Retain a copy

- SIDE 1 SECTION 2: Previous Employer**
- . Complete the information required in this section
  - . Sign and date
  - . Complete SIDE 2 SECTION 3