

APPLICATION FOR EMPLOYEEMENT

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P.O. Box 1599, 775 E. 16th Street, Mt. Pleasant, TX 75455

Applicant Name: _____ Date of Application: _____

Position to Apply: **Batch Operator** **Hauler** **Mechanic** **Mixer Driver** **Loader** **Office** **Sales**

Circle around the position you are applying for. You make circle more than one.

Company: LMP READYMIX, LLC

Address: P.O BOX 1599

City: MT. PLEASANT State: TX Zip: 75456

AUTHORIZATION TO OBTAIN CONSUMER REPORT, AGREEMENTS, RELEASE, AND OTHER ACKNOWLEDGMENTS

I authorize you and/or its employees, directors, agents and officers to make an independent check 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 Employment purposes now and, if applicable, during the tenure of my employment . I hereby release employers, schools, health care providers and other person from all liability in responding to inquiries and releasing information in connection with my application .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. I release to the maximum extent permitted by law and any person or entity which provides information pursuant to this authorization from any and all liabilities, claims or law suits.

Signature: _____ Date: _____

APPLICANT

NOTE: Please attach a copy of the applicants CDL and Medical Examiners Card below. * Mandatory to be consider for employment . *49 C.F.R. 391.31 / *49 C.F.R. 391.41 (a)

*CDL

*MEDICAL EXAMINERS CARD

APPLICATION FOR EMPLOYMENT

answer all questions- please print legible

APPLICANT INFORMATION

Name: _____
(Last Name) (First Name) (Middle)
Date of birth: _____ Social Security No: _____
Phone: _____ Cell: _____ Email: _____

EACH ADDRESS FOR THE LAST THREE YEARS (attach sheet is more space is needed)

Address: _____ How Long? _____
(Street) (City) (State) (Zip Code)
Address: _____ How Long? _____
(Street) (City) (State) (Zip Code)
Address: _____ How Long? _____
(Street) (City) (State) (Zip Code)

EXPERIENCE AND QUALIFICATIONS (attach sheet is more space is needed)

DRIVERS LICENSES	STATE	LICENSE NUMBER	TYPE	EXPIRATION

DRIVING	CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN,TANK,FLAT,ETC)	DATES FROM TO	APPROXIMATE # OF MILES
	STRAIGHT TRUCK			
	TRACTOR AND SEMI-TRAILER			
	TRACTOR-MULTIPLE TRAILERS			
	MIXER			
	OTHER			

ACCIDENTS	DATES(LAST THREE YEARS) (LIST MOST RECENT FIRST)	NATURE OF ACCIDENT (HEAD-ON, REAR END, UPSET, ETC)	FATALITIES	INJURIES

TRAFFIC CONVICTIONS AND FORFEITURES	LOCATION	DATE	CHARGE	PENALTY

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OTHER QUALIFICATIONS

Three empty rectangular boxes for providing other qualifications.

ADVERSE LICENSING ACTIONS

- 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 to operate a motor vehicle been suspended or revoked? YES NO

Explain below (or attach sheet if more space is needed)

Five empty rectangular boxes for explaining adverse licensing actions.

EMPLOYMENT RECORD

NOTE: USDOT Requires that you list your employment history for at least the last 3 years and your Commercial Driving Experience for the Past 10 years. (attach sheet if more space is needed)

LAST EMPLOYER

Name: _____ From: _____

Address: _____ To: _____

Phone: _____ Fax: _____ HR Contact: _____

Position held: _____ Salary: \$ _____ Per: \$ _____

Subject to FMCSRs? YES NO Subject to DOT alcohol and drug testing? YES NO

Reason for leaving: _____

Name: _____ From: _____

Address: _____ To: _____

Phone: _____ Fax: _____ HR Contact: _____

Position held: _____ Salary: \$ _____ Per: \$ _____

Subject to FMCSRs? YES NO Subject to DOT alcohol and drug testing? YES NO

Reason for leaving: _____

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Address: _____ To: _____

Phone: _____ Fax: _____ HR Contact: _____

Position held: _____ Salary: \$ _____ Per: \$ _____

Subject to FMCSRs? YES NO Subject to DOT alcohol and drug testing? YES NO

Reason for leaving: _____

DISCLAIMER AND SIGNATURE

**APPLICANT MUST COMPLETE ALL OF APPLICATION TO BE CONSIDER FOR EMPLOYMENT.
APPLICANT'S ORIGINAL SIGNATURE MUST APPEAR BELOW.**

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. If this application leads to employment, I understand that false or misleading information in my application or interview may result in discharge.

Signature: _____ Date: _____

FOR COMPANY USE

DATE OF INTERVIEW: _____ HIRED: Yes No REJECTED: Yes No

DEPARTMENT: Batch Operator Hauler Mechanic Mixer Driver Loader Office Sales

DOT DRUG TEST: Yes No TEST DATE: _____ RESULTS: 391.53 FILE

DATE HIRED: _____ SALARY: \$ _____ PER: \$ _____

SIGNATURE OF INTERVIEWING OFFICER: _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED: _____ SUPERVISOR: _____

DISMISSED: _____ VOLUNTARILY QUIT: _____ OTHER: _____

EMPLOYEE ELEGIBLE FOR REHIRE: Yes No