

**DRIVER INFORMATION - Complete Driver Information if you are applying as a truck or other vehicle driver.
(Otherwise disregard and skip to next section.)**

List all motor vehicle accidents in which you were involved during the 10 years preceding the date on which the application is submitted.			
Date	Nature of Accident	Location	Fatalities / Injuries (If Any)
List all violations of motor vehicle laws or ordinances (other than violations involving only parking) of which you were convicted or forfeited bond or collateral during the 10 years preceding the date on which the application is submitted.			
Date	Violation	Location	
Nature and extent of your experience in operation of motor vehicles, including the type of equipment (such as buses, trucks, truck tractors, semitrailers, full trailers, and pole trailers) which you have operated. (Attach additional page if necessary).			
Type of Equipment	Dates (From - To)	Explanation / Nature of Extent	
List state, number and expiration date of each <u>unexpired</u> motor vehicle operator's license or permit issued to you..			
State	Number	Class	Expiration Date
Have you ever had a license, permit or privilege to operate a motor vehicle denied, revoked or suspended <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give facts and circumstances of each denial, revocation or suspension in detail. (Attach additional page if necessary).			
Date	Location	Explanation	
Date of Birth (Mo. - Day - Yr.)	Are you DOT certified? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, expiration date:		

MILITARY

Are you a Veteran of the Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Branch of Service	Dates of Active Military Service From: To:	Rank at time of Discharge
Are you now serving with a Reserve Unit? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Give Name of Organization		

CERTIFICATION

I certify that all the statements on this application form are made truthfully and to the best of my knowledge and understand that any misstatement or omission of information may be grounds for rejection of my application or dismissal from subsequent employment. I authorize a background/reference investigation to be conducted in regard to my application and understand that information may be requested regarding my motor vehicle record, criminal history, education, credit reports, along with information concerning me from my employers (past & present) regarding my character, work habits, performance, experience, and reasons for termination. I understand that I may be subject to drug testing as required by company policy. I understand that nothing in this application is intended to imply or create an employment relationship or contract for employment. I further understand that, if hired, my employment is "at-will" and can be terminated at anytime, with or without cause and with or without notice.

I HEREBY AUTHORIZE ANY LAW ENFORCEMENT AGENCY, ADMINISTRATOR, INSTITUTION, STATE AGENCY, FEDERAL AGENCY, INFORMATION SERVICE BUREAU, EMPLOYER, AND INSURANCE COMPANY TO FURNISH THE ABOVE-MENTIONED INFORMATION. I RELEASE ALL INFORMATION PROVIDERS FROM ALL LIABILITY FOR ANY DAMAGES WHATSOEVER FOR ISSUING AND RECEIVING THIS INFORMATION.

In accordance with the Fair Credit Reporting Act, if employment is denied due to information obtained from a consumer credit reporting agency, you will so advised and provided with the name of the agency and source of the information.

I certify that this application form was completed by me and understand and acknowledge that a facsimile or photocopy shall be valid as the original. I understand that this application will remain active for 30 days from application date.

SIGNATURE OF APPLICANT	Date
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It is the policy of Ready Mixed Concrete Company to consider all applicants equally without regard to race, color, national origin, religion, age, sex, veteran status, marital status, disability, or any other legally protected status.