



<b>EDUCATION</b>		PRINT NAME, CITY AND STATE FOR EACH SCHOOL LISTED	DATES	TYPE OF COURSE OR MAJOR	GRAD- UATE?	DEGREE RECEIVED
HIGH SCHOOL						
COLLEGE			From _____ To _____			
TRADE, BUS., NIGHT, OR CORRES.			From _____ To _____			
OTHER			From _____ To _____			

Are you presently in school? Yes  No  If yes, give expected completion date \_\_\_\_\_

List courses you are taking \_\_\_\_\_

## DRIVER EXPERIENCE AND QUALIFICATIONS

### DRIVER LICENSES HELD IN PAST 3 YEARS MUST BE SHOWN

STATE	LICENSE NO.	TYPE	ENDORSEMENTS	EXPIRATION DATE

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

C. HAVE YOU EVER BEEN CONVICTED OF D.W.I. OR D.U.I.? Yes  No

D. HAVE YOU EVER BEEN DISQUALIFIED FOR VIOLATIONS OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? Yes  No

*(IF THE ANSWER TO ANY OF THE ABOVE IS YES, ATTACH A STATEMENT GIVING DETAILS)*

## DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
Straight Truck				
Tractor and Semi-Trailer				
Twin-Trailers				
Other				

HOW MANY TOTAL YEARS OVER-THE-ROAD DRIVING EXPERIENCE DO YOU HAVE? \_\_\_\_\_

LIST STATES OPERATED IN FOR THE 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? \_\_\_\_\_

\_\_\_\_\_

## ACCIDENT REVIEW FOR PAST THREE YEARS If you had no accidents, write "NONE"

DATE	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
Last Accident				
Next Previous				
Next Previous				

**TRAFFIC CONVICTIONS AND FORFEITURES FOR PAST 3 YEARS OTHER THAN PARKING VIOLATIONS**

If none, write "NONE"

DATE	LOCATION	OFFENSE	PENALTY

**EMPLOYMENT HISTORY**

D.O.T. requires that employment for at least 3 years be shown. Account for all your time for the last three years. Show **complete** mailing addresses and telephone numbers. Do not leave any time in the last three years unaccounted for. If you were unemployed for a period of time, indicate in the appropriate time period. If you were self-employed, show address and telephone number where you were self-employed and dates. **You must also list any employment as a commercial driver during the seven years preceding the above three years.** (Attach another sheet if needed.)

**What companies have you worked for? (List last employer first.)**

LAST EMPLOYER	COMPANY	Immediate Supervisor	Weekly Income	What type of work did you do?
FROM	Name	Name		
TO	Address	Position		
	City, State, Zip	Telephone w/Area Code		

Why did you leave? \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? YES  NO

Was this job designated as a D.O.T. safety sensitive function and subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? YES  NO

NEXT PREVIOUS EMPLOYER	COMPANY	Immediate Supervisor	Weekly Income	What type of work did you do?
FROM	Name	Name		
TO	Address	Position		
	City, State, Zip	Telephone w/Area Code		

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**CONVICTIONS:** A conviction does not automatically mean you will not be offered a job. What you were convicted of, the circumstances surrounding the conviction and how long ago the conviction occurred are important considerations in determining your eligibility. Give all the facts, so that a fair decision can be made.

## PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that the information provided on this application is accurate to the best of my knowledge and subject to verification by this company. I authorize the company, its affiliates and their representatives to investigate all information given and to secure additional job-related information, if necessary. I authorize an investigative report to be made whereby information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors or others with whom I am acquainted. I understand and consent to an inquiry that may include information as to my character, general reputation, and personal characteristics, whichever may be applicable. This information may include, but is not limited to, verification of previous employment and employment references, verification of education including requests for transcripts, credit reports, motor vehicle driving records and criminal reports, etc. I hereby release from all liability or responsibility all persons, companies, organizations or corporations furnishing such information.

I understand that the information I have provided regarding my previous employment may be used, and my prior employers may be contacted, for the purpose of investigating my background and safety performance history information as required by §391.23 (d) & (e) of the Federal Motor Carrier Safety Regulations.

### NOTICE OF DUE PROCESS RIGHTS UNDER THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS

Drivers with Department of Transportation regulated employment during the preceding three years have the following rights regarding the investigative information that will be provided to the prospective employer pursuant to paragraphs (d) and (e) of Sec. 391.23:

- (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.

Drivers who have previous Department of Transportation regulated employment history in the preceding three 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 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 yet received the requested information from the previous employer(s), then the five-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 motor carrier may consider the driver to have waived his/her request to review the records.

I understand that any misrepresentation or omission of a material fact on my application may be justification for refusal of employment, or if employed, dismissal without advance notice.

In the event I am employed, I understand that all employees are subject to termination at the discretion of the company. If, in the event I choose to voluntarily terminate my employment, I am free to do so at any time, and, if I choose to give proper notice of termination, the company may either permit me to continue my employment during the notice period or may accept my resignation immediately.

I understand that, in the event I am employed by the company, my compensation, hours of employment and all other terms and conditions of employment are subject to modification or change by the company at the company's discretion.

I authorize the company to supply my employment record, in whole or in part, and in confidence, to any prospective employer, government agency, or other party, with a legal and proper interest.

In the event of my employment, I will comply with all rules and regulations as set forth in the company's policy manual or other communications distributed to all employees.

I also understand that my employment is conditional upon my satisfactorily passing a physical examination and/or drug screening, if one is requested, to be given by a physician, clinic or other health care provider selected by the company.

I understand that completion of this form does not guarantee me status as an applicant or any consideration for employment unless I meet all stated minimum qualifications required of the position for which I am asking to be considered.

I have read the above statements and accept them as conditions of my employment with the company.

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.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**TARRANT CONCRETE COMPANY**  
**CONTROLLED SUBSTANCE/ALCOHOL TESTING**  
**ACKNOWLEDGMENT**

I understand that as a condition of my employment with Tarrant Concrete Company, employees and prospective employees must submit to controlled substances and alcohol tests.

A urine sample will be collected and tested for controlled substances, and an alcohol test will be performed.

Tarrant Concrete Company utilizes drug and alcohol screening tests or other approved medical testing procedures to help in the control or detection of drug and alcohol usage. These tests may be utilized under the following circumstances:

1. Pre-employment
2. Re-entrance employee examination
3. Random employee testing
4. When a member of management has a reasonable suspicion that the employee is in violation of this policy
5. When an employee is found in possession of suspected illegal or unauthorized drugs or paraphernalia
6. Following a serious accident, or potentially serious accident, as part of any post-accident investigation

The results of the drug test will be maintained by an independent Medical Review Officer who will report to the company whether the results were negative or positive, and if positive, the identity of the controlled substance(s) for which the test was positive. Positive drug test results will also be conveyed directly to me by the Medical Review Officer. Results of the alcohol test will be reported directly to the company. Test results will not be released to any additional parties without my written authorization.

I understand that if I test positive for use of controlled substances or alcohol, I may not be qualified for employment. (Controlled substances include prescription medications. Prescription medications must be verified by the Medical Review Officer.)

\_\_\_\_\_  
Print Applicant's Name

\_\_\_\_\_  
Date

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

**TARRANT CONCRETE COMPANY**  
**PREVIOUS ALCOHOL AND DRUG TEST STATEMENT**

Name: \_\_\_\_\_

Please Print

Social Security No: \_\_\_\_\_

Please check yes or no in the appropriate box in response to the following questions concerning drug and alcohol tests in the last two years as required by D.O.T. *Federal Motor Carrier Safety Regulations Section 40.25.*

1. Have you had an alcohol test with a result of 0.04 or higher alcohol concentration in the past three years?  YES  NO
  
2. Have you tested positive, or adulterated or substituted a test specimen, for controlled substances in the past three years?  YES  NO
  
3. Have you refused to take any alcohol or controlled substance test (including verified adulterated or substituted drug test results) in the past three years?  YES  NO
  
4. Have you violated any other D.O.T. alcohol or controlled substance regulations in the past three years?  YES  NO
  
5. If "Yes," did you complete a SAP-prescribed rehabilitation program, including return to duty and follow up tests?  
(If "Yes," please provide documentation.)  YES  NO
  
6. If you completed a SAP rehabilitation program, did you have a subsequent alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?  YES  NO
  
7. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by D.O.T. agency drug and alcohol testing rules during the past three years?  YES  NO
  
8. If you answered YES to any of the above questions, can you provide or obtain proof that you have successfully completed the D.O.T. return to work requirements?  YES  NO

I certify that my responses to the above questions are true.

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

\_\_\_\_\_  
Date Signed



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

Was the named applicant employed by your company? YES  NO

Position Held: \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_.

Did the named applicant drive a motor vehicle while in your employ? YES  NO

If yes, what type(s):  
 Tractor Trailer       Straight Truck       Bus   
 Tanker       Twin Trailer       Other       Specify: \_\_\_\_\_

Why did the applicant leave your employ?  
 Discharged       Resignation   
 Lay off       Other       Specify: \_\_\_\_\_

Did the applicant pose either repeated or severe disciplinary problems? YES  NO  If yes, please explain: \_\_\_\_\_

Would you reemploy this person? YES  NO  If no, please explain: \_\_\_\_\_

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

Number of reportable accidents: \_\_\_\_\_;  
 Number of accidents where applicant was ticketed: \_\_\_\_\_;  
 Number of accidents in which applicant was at fault: \_\_\_\_\_;

Was applicant's license ever suspended? YES  NO

Complete the following for any accidents included in your accident register (Section 390.15(b)) that involved the applicant in the last three years.

If there is no accident register data for this applicant, check here .

Date	Location	No. Of Injuries	No. Of Fatalities	Haz Mat Spill

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

Please provide any other remarks you deem relative: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**COMPLETED BY (PREVIOUS EMPLOYER)**

Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 Date: \_\_\_\_\_



**TARRANT CONCRETE COMPANY**  
**PRE/POST-EMPLOYMENT INQUIRY RELEASE**

In connection with my application for employment (including contract services) with Tarrant Concrete Company, I understand that investigative background inquiries may be made on myself including consumer, criminal, driving and other reports. These reports will include information as to my character, work habits, performance and experience, along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences as well as claims involving me in the files of insurance companies.

In addition, I understand I have no guarantee of employment by Tarrant Concrete Company; however, if I am employed by this Company, I understand that post-employment investigative background inquiries including consumer, criminal, driving and other reports may be made on myself at the discretion of the Company.

I authorize , without reservation, any party or agency contacted by Tarrant Concrete Company to furnish the above mentioned information.

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

\_\_\_\_\_  
Social Security No.

\_\_\_\_\_  
\*Date of Birth

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
City/State/Zip Code

\_\_\_\_\_  
Driver's License No. & State

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

\_\_\_\_\_  
Date

\*Date of birth is being requested in order to obtain accurate retrieval of records.

**EMPLOYMENT HISTORY (Continued)**

NEXT PREVIOUS EMPLOYER	COMPANY	Immediate Supervisor	Weekly Income	What type of work did you do?
FROM	Name	Name		
	Address	Position		
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