



**HOPE CONCRETE COMPANY
BONHAM CONCRETE COMPANY**

805 WEST SAM RAYBURN DRIVE
BONHAM, TEXAS 75418
(903) 583-2588 TELEPHONE
(903) 583-5061 FACSIMILE

**COMMERCIAL MOTOR VEHICLE
DRIVER'S
APPLICATION FOR EMPLOYMENT**

All qualified applicants are considered regardless of race, color, sex, age, national origin, religion, disability or any other protected status in accordance with state, federal and local law.

EQUAL OPPORTUNITY EMPLOYER



MIX WITH THE RIGHT COMPANY



Background Information

Name _____ Social Security No. _____
Last First Middle

Date of Birth _____ / _____ / _____
(Required by DOT)

List your addresses of residency for the past 3 years.

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

Previous Addresses _____
Street City State Zip Code How Long? _____
Street City State Zip Code How Long? _____
Street City State Zip Code How Long? _____

Are you legally eligible for employment in the United States? Yes No
[Documentation verifying eligibility will be required within three days of hire.]

Are you able to perform the essential functions of the job for which you have applied, with or without reasonable accommodation, as described on the attached job description? If no, please explain? _____

Have you ever been convicted of a felony? Yes No
If yes, give the nature of the offense, date of conviction, penalty imposed for the offense and date of release from prison, if applicable. A conviction record will not necessarily be a bar to employment and will be considered only as it relates to the job. _____

EMPLOYMENT DESIRED

Position _____ Date you can start _____

Wage rate desired _____
Are you employed now? _____ If so, may we inquire of your present employer? _____

Have you ever applied to this Company or any affiliated Company before _____ Where? _____ When? _____

Referred by _____

Have you ever worked for this Company or any affiliated Company before _____ Where? _____ When? _____

State any courses, training or other experience that will help you as a driver [example - Hazmat training]:

MOTOR VEHICLE ACCIDENT RECORD FOR PAST 3 YEARS OR MORE If none, write none

Dates	Nature of Accident (Head-on, Rear-end, upset, etc.)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

(Attach sheet if more space is needed)

TRAFFIC CONVICTIONS AND/OR BOND FORFEITURES DURING THE PAST 3 YEARS (Other than parking violations). If none, write none

Location	Date	Charge	Penalty

(Attach sheet if more space is needed)

WORK EXPERIENCE

For the last ten years. If necessary, provide an additional sheet. *List below, beginning with the most recent*

1. Employer Name _____ From _____ to _____
 Address _____ Telephone _____

Type of Business _____ Your Position _____
 Immediate Supervisor _____ Supervisor Position _____
 Person we may contact to verify employment _____

Work performed [Include whether you operated a commercial motor vehicle and the type of vehicle(s) operated]

_____ Current Last Salary _____

Reason for Leaving _____



2. Employer Name _____ From _____ to _____
Address _____ Telephone _____
Type of Business _____ Your Position _____
Immediate Supervisor _____ Supervisor Position _____
Person we may contact to verify employment _____

Work performed [Include whether you operated a commercial motor vehicle and the type of vehicle(s) operated]

_____ Current Last Salary _____

Reason for Leaving _____

3. Employer Name _____ From _____ to _____
Address _____ Telephone _____
Type of Business _____ Your Position _____
Immediate Supervisor _____ Supervisor Position _____
Person we may contact to verify employment _____

Work performed [Include whether you operated a commercial motor vehicle and the type of vehicle(s) operated]

_____ Current Last Salary _____

Reason for Leaving _____

4. Employer Name _____ From _____ to _____
Address _____ Telephone _____
Type of Business _____ Your Position _____
Immediate Supervisor _____ Supervisor Position _____
Person we may contact to verify employment _____

Work performed [Include whether you operated a commercial motor vehicle and the type of vehicle(s) operated]

_____ Current Last Salary _____

Reason for Leaving _____

(Attach sheet if more space is needed)

EDUCATION

	Name and Location of School	No. of Years Attended	Did you graduate?	Subjects Studied
High School				
College				
Trade, Business, Driving, or Correspondence School				

DRIVER EXPERIENCE AND QUALIFICATIONS

DRIVER LICENSES

State	License No.	Type	Expiration Date

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
- B. Has your license, permit or privilege ever been suspended, revoked or canceled? Yes No
- C. Have you ever been convicted of driving under the influence of alcohol or drugs or any related offense?
 Yes No

If the answer to either A, B or C is YES, please set forth in detail the acts, circumstances, and dates of such denial, revocation, suspension or conviction:

DRIVING EXPERIENCE IF NONE, WRITE NONE

Class of Equipment	Type of Equipment (Front/Rear Load, Make, Model, etc.)	Dates From - To	Approx. No. of Total Years or Miles Driven
Ready-Mix Truck		—	
Bulk Cement, other Dry Bulk or other tank truck		—	
Tractor and Semi-Trailer		—	
Dump Truck		—	
Straight Truck		—	
Construction and/or off-road vehicle		—	
Other		—	

List states operated in for last five years _____

I understand in filling out this application that this company is in no way obligated to offer me employment. I certify that the facts set forth in my application for employment are true, correct and complete. I agree that any misrepresentation or false statement of this application shall be considered ground for rejecting this application, rescinding a tentative job offer or immediate discharge if discovered after hire. I authorize this company to investigate any of the information contained on this application, including the examination of past employment records, references and other facts stated on the application. I waive any rights which I may have to receive written notice from any former employer listed on this application regarding the release to this company of any information concerning any disciplinary action taken against me by said former employers. I understand that I will be required to successfully complete a post-offer medical examination as a condition of employment, including drug and alcohol testing, and I agree to take such examination.

I also recognize and accept the right of this company to unilaterally modify, amend, or eliminate any policies, handbooks, rules or procedures in its sole discretion at any time.

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.

Print Name

Signature

Date of Application



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**APPLICANT'S AUTHORIZATION TO OBTAIN
PAST DRUG AND ALCOHOL TEST RESULTS**

I, _____, understand that as a condition of hire with this company I must give the Company written authorization to obtain the results of all DOT-required drug and/or alcohol tests (including any refusals to be tested) from all of the companies for which I worked as a driver, or for which I took pre-employment drug tests and alcohol tests, during the past two (2) years. I have also been advised and understand that my signing of this authorization does not guarantee me a job or guarantee that I will be offered a position with this company.

Below, I have listed all of the companies for which I worked as a driver, or for which I took a pre-employment drug and a pre-employment alcohol test during the past two (2) years. I hereby authorize this company to obtain from those companies, and I hereby authorize those companies to furnish to this company, the following information concerning my drug and alcohol tests: (a) all positive drug test results during the past two (2) years; (b) all alcohol test results of 0.04 or greater during the past two (2) years; (c) all alcohol test results of 0.02 or greater but less than 0.04 during the past two (2) years; (d) all instances in which I refused to submit to a DOT-required drug and/or alcohol test during the past two (2) years.

The following is a list of all of the companies for which I worked as a driver, or to which I applied for work as a driver, during the past two (2) years:

<u>Company Name</u>	<u>Dates worked for/applied to</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

APPLICATION CERTIFICATION:

I have carefully read and fully understand this authorization to release my past drug and alcohol test results. In signing below, I certify that all of the information which I have furnished on this form is true and complete, and that I have all of the companies for which I have either worked for, or applied for work, as a driver the past two (2) years.

Signature Applicant

Print Name

Date



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REQUEST FOR DRUG/ALCOHOL RESULTS (Applicant Authorization Attached)

Date: _____
Company: _____
Attn: _____
Number of Pages (including cover sheet): _____

In compliance with 49 C.F.R Sections 382, 405, 382, 413 and 391.89, please fax the following information regarding the applicant listed below to us.

Applicant: _____

Social Security Number: _____

Based upon a review of your company's drug and alcohol test records:

	Yes	No
Has this individual had an alcohol test with a confirmed breath alcohol Concentration of 0.04 or greater in the past two years?	<input type="checkbox"/>	<input type="checkbox"/>
Has this individual had a controlled substance test with a positive result in the past two years?	<input type="checkbox"/>	<input type="checkbox"/>
Has this individual refused a controlled substance test and/or alcohol test within the past two years?	<input type="checkbox"/>	<input type="checkbox"/>

Comments _____

Print Your Name: _____ Date: _____

Authorized Signature: _____

If you answered "yes" to any of the above questions, please provide us with the name of the person within your company (if different than above-named) who can confirm dates and results of all positive and negative drug and alcohol tests for the above-name applicant.

Contact Name: _____ Phone: _(_____)_____

Note: Failure to furnish information as required by 49 C.F.R. 382.405 and 382.413 is a violation of DOT (Department of Transportation) regulations and may result in a fine and/or civil liability.

Telephone inquiries may be made to (903) 583-5061

RETURN FAX NUMBER: (903) 583-5061

**HOPE CONCRETE COMPANY
BONHAM CONCRETE COMPANY**

REFERENCE REQUEST

DATE _____

Attention _____

Company Name		Name	Position Held
Street Address		Social Security Number	Dept. or Supervisor
City	State	Zip Code	Employment Dates
		From. / / To / /	Salary

Are employment dates correct? If not, please supply correct dates <input type="checkbox"/> Yes <input type="checkbox"/> No From / / To / /		Last Wage	Nature of Applicant's Work
If a driver, did applicant drive: <input type="checkbox"/> Locally <input type="checkbox"/> Over the Road	Was applicant a safe and efficient driver? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did applicant take good care of equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was General Conduct Satisfactory <input type="checkbox"/> Yes <input type="checkbox"/> No
Did applicant have any vehicle accidents while in your employ? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe		
Was applicant's operator license ever <input type="checkbox"/> Suspended <input type="checkbox"/> Revoked	Did applicant's position entail paperwork? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, was it <input type="checkbox"/> Complete <input type="checkbox"/> Accurate <input type="checkbox"/> Neat	
Did applicant have custody of <input type="checkbox"/> Money <input type="checkbox"/> Merchandise <input type="checkbox"/> Valuables	Were all properly accounted for? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, please explain	
Was applicant tardy? <input type="checkbox"/> Never or Rarely <input type="checkbox"/> Occasionally <input type="checkbox"/> Repeatedly	Was applicant absent? <input type="checkbox"/> Never or Rarely <input type="checkbox"/> Occasionally <input type="checkbox"/> Repeatedly		
Reason for termination <input type="checkbox"/> Laid Off <input type="checkbox"/> Resigned <input type="checkbox"/> Discharged <input type="checkbox"/> Other		Please explain	
Would you re-employ? <input type="checkbox"/> Yes <input type="checkbox"/> No		Please explain	
Did he/she drive a motor vehicle for you? <input type="checkbox"/> Straight Truck <input type="checkbox"/> Tractor/Semi Trailer <input type="checkbox"/> Bus <input type="checkbox"/> Other _____			

	Excellent	Good	Fair	Poor
Honesty	_____	_____	_____	_____
Quality of Work	_____	_____	_____	_____
Cooperation	_____	_____	_____	_____
Dependability	_____	_____	_____	_____
Safety Habits	_____	_____	_____	_____
Personal Habits	_____	_____	_____	_____
Driving Skills	_____	_____	_____	_____
Attitude Towards	_____	_____	_____	_____
Company/Customers	_____	_____	_____	_____

For _____
Name of Company

Date ____/____/____

By _____
Signature & Title

I have applied to this company for employment, and I desire that they be fully advised of my record with former employers. I, therefore, respectfully request that you furnish the necessary information concerning my employment with your organization as required by Section 391.23 and allowed by Section 383.35 of the Federal Motor Carrier Safety Regulations and I hereby release you from any and all liability of damages for providing the information requested.

SIGNATURE OF APPLICANT (To be signed in ink)

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POST OFFICE BOX 489
BONHAM, TEXAS 75418

NOTIFICATION AND RELEASE

1. The information contained in this application is true to the best of my knowledge and belief and I understand that any misrepresentation or false statement by me in connection with the application or any related documents which is deemed material by this company shall result in this company not employing me or, if employed, terminating my employment.
2. I understand and agree that all information furnished in this application and all attachments may be verified by this company or its authorized representative. I hereby authorize all individuals and organizations named or referred to in this application and any law enforcement organization to give this company all information relative to such verification and hereby release such individuals, organizations, and this company from any and all liability for any claim or damage resulting there from.
3. I hereby acknowledge that I have been informed by this company that this company may seek to obtain a consumer report and/or an investigative report that will include personal information regarding me, including but not limited to education history, work references and criminal convictions, in order to assist this company in making certain employment decisions. I further acknowledge notification by this company that reports may be provided to this company by other firms sub-contracted for that purpose.
4. I, my heirs, assigns and legal representatives, hereby release and fully discharge this company, its affiliated companies and the respective officers, director, shareholders, employees, agents of each, including subcontractors from any and all claims, monetary or investigative consumer report.

PLEASE PRINT THE FOLLOWING:

First Name:

Middle Name:

Last Name:

Maiden Name:

- -

Date of Birth (Required by D.O.T.)

- -

Social Security Number

- -

***Driver's License**

State

Street Address

Applicant Signature

City County

Today's Date

State Zip Code

City Concrete, Inc. Representative

*Required for background verification only