

Employment Application for Drivers

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, veteran status, non-job related disability, or any other protected group status.

(please print)

Date of Application: _____ Position Applied for: _____

Location preferred (circle one): Tuscaloosa Woodstock Brent Bessemer DSG Muscle Shoals

Name: _____ Social Security No.: _____ - _____ - _____
Last First M.I.

Date of Birth: _____ / _____ / _____ Can you provide proof of age? _____
(required for commercial drivers)

Driver's License Number: _____ State of Issue: _____

Current Address: _____
Street
_____ How Long? _____
City State Zip Code Yr./Mo.

Home Phone: (____) _____ Mobile Phone: (____) _____ Other Phone: (____) _____

Previous Address: _____ How Long? _____
Street City State Zip Code Yr./Mo.

Previous Address: _____ How Long? _____
Street City State Zip Code Yr./Mo.

Emergency Contact: _____
Name Relationship
(____) (____) (____)
Home Phone Mobile Phone Work Phone

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

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? _____

How did you hear about us? _____ Rate of pay expected: _____

Have you ever been bonded? _____ Name of bonding company: _____
(answer only if a job requirement)

Have you ever been convicted of a felony? _____ If yes, please explain on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment. All circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied (as per job description)? _____ If yes, explain on a separate sheet of paper.

Employment History

All driver applicants to drive in 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 commerce shall also provide 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		DATES	
NAME:		FROM: MO. YR.	TO: MO. YR.
ADDRESS:		POSITION HELD:	
CITY:	STATE: ZIP:	SALARY/WAGE:	
CONTACT PERSON:		PHONE NUMBER:	
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO		REASON FOR LEAVING:	

EMPLOYER		DATES	
NAME:		FROM: MO. YR.	TO: MO. YR.
ADDRESS:		POSITION HELD:	
CITY:	STATE: ZIP:	SALARY/WAGE:	
CONTACT PERSON:		PHONE NUMBER:	
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO		REASON FOR LEAVING:	

EMPLOYER		DATES	
NAME:		FROM: MO. YR.	TO: MO. YR.
ADDRESS:		POSITION HELD:	
CITY:	STATE: ZIP:	SALARY/WAGE:	
CONTACT PERSON:		PHONE NUMBER:	
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO		REASON FOR LEAVING:	

EMPLOYER		DATES	
NAME:		FROM: MO. YR.	TO: MO. YR.
ADDRESS:		POSITION HELD:	
CITY:	STATE: ZIP:	SALARY/WAGE:	
CONTACT PERSON:		PHONE NUMBER:	
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO		REASON FOR LEAVING:	

EMPLOYER		DATES	
NAME:		FROM: MO. YR.	TO: MO. YR.
ADDRESS:		POSITION HELD:	
CITY:	STATE:	ZIP:	
CONTACT PERSON:		SALARY/WAGE:	
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO		PHONE NUMBER:	
		REASON FOR LEAVING:	

EMPLOYER		DATES	
NAME:		FROM: MO. YR.	TO: MO. YR.
ADDRESS:		POSITION HELD:	
CITY:	STATE:	ZIP:	
CONTACT PERSON:		SALARY/WAGE:	
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO		PHONE NUMBER:	
		REASON FOR LEAVING:	

EMPLOYER		DATES	
NAME:		FROM: MO. YR.	TO: MO. YR.
ADDRESS:		POSITION HELD:	
CITY:	STATE:	ZIP:	
CONTACT PERSON:		SALARY/WAGE:	
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO		PHONE NUMBER:	
		REASON FOR LEAVING:	

EMPLOYER		DATES	
NAME:		FROM: MO. YR.	TO: MO. YR.
ADDRESS:		POSITION HELD:	
CITY:	STATE:	ZIP:	
CONTACT PERSON:		SALARY/WAGE:	
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO		PHONE NUMBER:	
		REASON FOR LEAVING:	

EDUCATION (CIRCLE HIGHEST GRADE COMPLETED)

GRAMMAR SCHOOL: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED: _____
NAME _____ LOCATION _____

EXPERIENCE AND QUALIFICATIONS —DRIVER

ACCIDENT RECORD FOR THE PAST 5 YEARS OR MORE ATTACH SHEET IF MORE SPACE IS NEEDED. IF NONE, WRITE 'NONE' IN SPACE BELOW.

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

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST **5 YEARS** (OTHER THAN PARKING VIOLATIONS) ATTACH SHEET IF MORE SPACE IS NEEDED. IF NONE, WRITE 'NONE' IN SPACE BELOW.

LOCATION	DATE	CHARGES	PENALTY

DRIVER LICENCES	STATE	LICENCE NO.	TYPE	EXPIRATION DATE

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? (circle one) YES NO

B. Has any license, permit, or privilege ever been suspended or revoked? (circle one) YES NO

If the answer to either A or B is 'yes', give details: _____

DRIVING EXPERIENCE. IF NONE, WRITE 'NONE' IN SPACE BELOW.

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	

LIST STATES OPERATED IN FOR LAST FIVE YEARS: _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

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 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 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

MOTOR VEHICLE REPORT REQUEST FORM

My name is _____ . I am either an employee or a perspective employee of Bama Concrete Products, Inc. / BCI- Ready Mix / Davis Sand and Gravel / or Davis Hauling, LLC. My date of birth is _____ . My Drivers License Number is _____ in the state of _____ . My Social Security Number is _____ . I have had my CDL for _____ years.

I hereby authorize Bama Concrete Products, Inc. / BCI- Ready Mix / Davis Sand and Gravel / or Davis Hauling, LLC to obtain my Motor Vehicle Report. I understand that insurance companies use the motor Vehicle Report to determine whether or not a driver is suitable to operate a company-issued vehicle. By signing this letter, I hereby authorize Bama Concrete Products Co., etc. to obtain this Motor Vehicle Report and share the information with the insurance company.

Date

Signature

UNIFORMS

I, _____, understand that 3 months (90 days) after employment with Bama Concrete Products, Inc. / BCI- Ready Mix / Davis Sand and Gravel / or Davis Hauling, LLC I am required to obtain and wear uniforms. These uniforms will be payroll deducted each week from my pay check.

Date

Signature

MEDICAL EXAM AND DRUG SCREEN

I, _____, understand that I will have to pay all expenses for any medical exam and drug screen (test) performed by Bama Concrete's company doctor if I quit, leave, or am terminated within a three (3) month period from my hire date.

Date

Signature

Date

Witness Signature

ACKNOWLEDGMENT OF RECEIPT OF BAMA CONCRETE PRODUCTS EMPLOYEE HANDBOOK AND EMPLOYMENT AT-WILL STATUS

I have received a copy of Bama Concrete Products Company's *Employee Handbook* this date. I understand that Bama Concrete's *Employee Handbook* was prepared for informational purposes only and describes in general terms the policies of Bama Concrete and my responsibilities as an employee of Bama Concrete.

I understand that the information contained in the Bama Concrete *Employee Handbook* is intended to serve only as a broad statement of Bama Concrete policy and that the policies set forth in the *Employee Handbook* are subject to addition, modification, or deletion at any time, at the discretion of Bama Concrete. I understand that all fringe benefit programs and plans may be amended or terminated by Bama Concrete in its discretion, without prior notice.

I further recognize that nothing contained in the *Employee Handbook* is part of the employment relationship between Bama Concrete and any of its employees. I understand that my relationship with Bama Concrete is that of an **employee-at-will**, meaning that I am not employed for any specific duration of time and that my employment may be terminated by me or by Bama Concrete at any time for any reason. This *Employee Handbook* and the policies contained therein are guidelines only and do not in any way constitute, and should not be construed as, a contract of employment between Bama Concrete and me.

I further understand that no agent or representative of Bama Concrete, other than the President, has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, and any such agreement to the contrary must be in a written agreement signed by the President of Bama Concrete and me.

I understand that, as a condition of my employment and continued employment, I may be required, from time to time, as allowed under state law, to submit specimens of blood, urine, or other bodily fluids for testing to determine the presence of alcohol and controlled substances. I hereby authorize and consent to such testing and authorize the testing agency to release the results of any such tests to Bama Concrete or its designees. I understand that if I fail to furnish the appropriate samples, as allowed under state law, when and as requested I will be subject to immediate termination.

I further understand that personal items brought onto Bama Concrete property, including lunch boxes, purses, and packages, are subject to searches at any time. I understand that my work area, vehicle, and locker are subject to search at any time. I consent to such search and agree to cooperate with Bama Concrete if requested. Failure to cooperate in Bama Concrete's authorized search shall be grounds for my immediate termination.

AGREED UPON AND ACCEPTED

(Employee's Signature)

(Please Print or Type Name)

Dated: _____

**IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS
FROM THE *PSP Online Service***

In connection with your application for employment with _____ (“Prospective Employer”), it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). If the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report. The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing. If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize _____ (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

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 & TRAFFIC CONVICTIONS						

SIGNATURE OF INTERVIEWING OFFICER: _____

TRANSFERS

FROM: _____	TO: _____	FROM: _____	TO: _____
DATE: _____		DATE: _____	
REASON FOR TRANSFER: _____		REASON FOR TRANSFER: _____	
FROM: _____	TO: _____	FROM: _____	TO: _____
DATE: _____		DATE: _____	
REASON FOR TRANSFER: _____		REASON FOR TRANSFER: _____	

TERMINATION OF EMPLOYMENT

DATE TERMINATED: _____ DEPARTMENT RELEASED FROM: _____

REASON FOR TERMINATION: _____