



STRONG READY MIX, LTD D.O.T./CDL APPLICATIONS

To All Job Applicants: Please Read The Following Carefully Before Completing Application

To be considered for employment with Strong Ready Mix, LTD you **must** have:

- Valid Texas CDL License with a clear driving record.
- Strong Ready Mix, LTD is proud to be an Equal Opportunity Employer and a Drug Free Workplace.
- At least one year verifiable truck driving experience.
- All information on the application must be complete, legible and accurate. Any application with missing information (i.e. employers, addresses, dates, supervisors, phone numbers, etc...) will be disqualified.
- All questions should have a written answer. If the question does not apply to you, fill the blank in with N/A (Not Applicable).
- Any employment gap must be explained.
- Resumes may be attached to the completed application.
- Submitting false information on your application will be reason for disqualification.
- Acceptance of an application is not an offer of employment.
- If offered employment you must successfully complete the SAFETY program, DOT physical and DOT drug screen.

TEXAS MOTOR CARRIER SAFETY REGULATIONS – 391

- (1) The prospective employer must expressly notify drivers with Department of Transportation regulated employment during the preceding three (3) years – via the application form or other written document prior to any hiring decision – that he or she has the following rights regarding the investigative information that will be provided to the prospective employer pursuant to the following sections:
 - (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.
- (2) Drivers who have previous Department of Transportation regulated employment history on the preceding three (3) 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 thirty (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 received the requested information from the previous employer(s), then the five (5)-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 employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

Applicants Signature

Date



STRONG
R E A D Y M I X

108 CR 583
Abilene, TX 79606

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.

(PLEASE PRINT CLEARLY)

Last Name		First Name			Middle Initial
Address	Number	Street	City	State	Zip Code
Telephone Number		E-mail Address		Social Security Number	

Position(s) Applied For	Wage/Salary Expected
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How did you learn about us? Please check one and include the **Name**.

Advertisement	Friend	Walk In	
Employment Agency	Relative	Other	Name _____

Are you at least 18 years of age? (21 for applicants seeking a driving position) Yes No

Date of Birth _____

Have you been employed with us before? Yes No
If yes, what dates _____

Do we employ any of your relatives? Yes No
If yes, Name _____ Relationship _____

Once employed, can you submit verification of your legal right to work in the U.S.?
(verification will be required upon employment) Yes No

Are you currently employed? Yes No

On what date will you be available for work? Date: ____/____/____

Can you travel if a job requires it? Yes No

Are you available to work:

Full Time	Part Time	Shift Work	Temporary
Overtime	Evening	24-Hour Call	Nights

Have you ever had a conviction, deferred adjudication, or placement on probation for a felony or crime other than traffic violations: Yes No

If yes, please explain. (Disclosure of a criminal record does not automatically disqualify you for employment. Consideration of your case will be judged on its own merit) _____

EMPLOYMENT EXPERIENCE

List jobs chronologically starting with your present or last job and end with your first job. Your employment history should be complete. Applicants applying for commercial vehicle operator positions must list all employers for the previous 10 years.

May we contact your present employer?

Yes No

**NOTICE: Include the Employer's full name, address and telephone number.
If not complete your application will not be considered.**

Employer	Date Employed		Job Title and Describe Duties Performed: Air Brakes Straight Truck Standard Transmission Commodity Hauled _____
	From	To	
City	State	Zip	
Telephone Number	Hourly Rate/Salary		
	Starting	Final	
Reason for leaving			Mixer Tractor Trailer Automatic Transmission
Were you subject to the FMCSRs** while employed? YES NO			
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? YES NO			

Employer	Date Employed		Job Title and Describe Duties Performed: Air Brakes Straight Truck Standard Transmission Commodity Hauled _____
	From	To	
City	State	Zip	
Telephone Number	Hourly Rate/Salary		
	Starting	Final	
Reason for leaving			Mixer Tractor Trailer Automatic Transmission
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Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? YES NO			

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	From	To	
City	State	Zip	
Telephone Number	Hourly Rate/Salary		
	Starting	Final	
Reason for leaving			Mixer Tractor Trailer Automatic Transmission
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Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? YES NO			

Employer	Date Employed		Job Title and Describe Duties Performed: Air Brakes Straight Truck Standard Transmission Commodity Hauled _____
	From	To	
City	State	Zip	
Telephone Number	Hourly Rate/Salary		
	Starting	Final	
Reason for leaving			Mixer Tractor Trailer Automatic Transmission
Were you subject to the FMCSRs** while employed? YES NO			
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? YES NO			

Employer	Date Employed		Job Title and Describe Duties Performed:	
	From	To		
City	State	Zip		
Telephone Number	Hourly Rate/Salary		Air Brakes	Mixer
	Starting	Final		
Reason for leaving			Standard Transmission	Automatic Transmission
Commodity Hauled _____				
Were you subject to the FMCSRs** while employed? YES NO				
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? YES NO				

Employer	Date Employed		Job Title and Describe Duties Performed:	
	From	To		
City	State	Zip		
Telephone Number	Hourly Rate/Salary		Air Brakes	Mixer
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Employer	Date Employed		Job Title and Describe Duties Performed:	
	From	To		
City	State	Zip		
Telephone Number	Hourly Rate/Salary		Air Brakes	Mixer
	Starting	Final		
Reason for leaving			Standard Transmission	Automatic Transmission
Commodity Hauled _____				
Were you subject to the FMCSRs** while employed? YES NO				
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? YES NO				

EDUCATION

Schools	Name	Location	Years Completed	Graduate		Year	Degree	Major Subjects
				Yes	No			
High School								
College								
Graduate								

MILITARY EXPERIENCE

Military Service - PLEASE ATTACH DD-214 TO APPLICATION			
Branch:	From:	To:	
Type of Discharge	Honorable	Dishonorable	General and Other

DRIVER EXPERIENCE AND QUALIFICATIONS

U.S. Department of Transportation. 49 CFR 391.21 requires questions contained in this section

Driver's License Information						
If applying for a position requiring the use of a company vehicle, complete the following:						
Type of Driver's License currently held _____			Issuing State _____		Date Issued _____	
Driver's License Number _____			Expiration Date ____ / ____ / ____			
Do you currently hold a valid commercial vehicle operator's license?			Yes	No	Class: A B C	
Have you ever had your driver's license suspended, revoked or been denied a driver's license?					Yes	No
If yes, please explain _____						
Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations?					Yes	No
List any traffic citations, other than parking, that you have received during the previous three years. _____						

Class and Weight of Vehicles Driven						
List Class of Vehicles Driven:						
Class 1-3 GVW up to 14,000# - Approx Miles Driven _____						
Class 4-6 GVW 14,000# - 26,000# - Approx Miles Driven _____						
Class 7-8 GVW 26001# and above - Approx Miles Driven _____						
List any violation of motor vehicle laws or ordinances (other than parking) for which you have been convicted or forfeited bond or collateral during the preceding 3 years.						
List all motor vehicle accidents in which you have been involved during the preceding 3 years.						
Accident	Vehicle	Date	City And State	Injuries	Fatalities	Brief Description of Accidents
DOT NON-DOT	Personal Commercial			Yes No	Yes No	
DOT NON-DOT	Personal Commercial			Yes No	Yes No	
DOT NON-DOT	Personal Commercial			Yes No	Yes No	

MAINTENANCE EXPERIENCE AND QUALIFICATIONS

List formal training and years of experience in the following areas:

Area	Formal Training	Years of Experience	Area	Formal Training	Years of Experience
Drive Line Components			Air Conditioning		
Diesel Tune-up / Rebuild			Frame and Wheel Alignment		
Gasoline Tune-up / Rebuild			Hydraulics		
Brakes			Trailer Repair		
Electrical Repair			Body Work		
Cooling System			Mechanical Inspections		

List formal training and years of experience with the following equipment:

Equipment	Formal Training	Years of Experience	Equipment	Formal Training	Years of Experience
Electrical Diagnostic Equipment			Electric Welder		
Frame/Axle Straightening Equipment			Oxy / Acetylene Welder		
Engine Rebuilding Equipment			Wheel Balancing Equipment		
Diesel Injection Equipment			Air Conditioning Equipment		

List additional maintenance training or certifications:

Summarize special job-related skills, qualifications, training, and apprenticeships:

ADDITIONAL INFORMATION

List any business and personal reference

Name	Address and Telephone Number	Occupation

State additional information you feel may be helpful to us in considering your application.

List references familiar with your employment history.

Name	Position
Address	Phone #

Name	Position
Address	Phone #

Name	Position
Address	Phone #



Applicants Statement

I hereby certify that answers given herein are true and complete to the best of knowledge. I understand and agree that any falsified answer or omission may disqualify me from consideration for employment.

I hereby authorize investigation of all answers, statements or other information contained in this application as may be deemed necessary in arriving at an employment decision. I also authorize each and every person named in this application to provide any information deemed relevant by The Company and its subsidiaries in arriving at an employment decision. Furthermore, I hereby release The Company and its subsidiaries and such other persons and organizations named in this application from all liability and for any damage whatsoever incurred in providing, receiving, or investigating such information. I further agree that The Company may obtain my credit report in accordance with 1681(b)(2) of Title 15 of the United States Code, commonly known as the Fair Credit.

I understand that this application shall be considered active for a period of time not to exceed 60 days from the date indicated below. I understand that if I wish to be considered for employment beyond this time period, I must inquire as to whether applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with The Company and/or its subsidiaries is of an “at will” nature, which means the employee may resign at any time and the employer may discharge employee at any time with or without cause or reason. I further understand that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the President and Chief Executive Officer of The Company.

I agree that before being employed, I am to submit to and must pass a controlled substance test to be conducted in accordance with The Company’s policy. I agree that any offer of employment is contingent upon successful completion of a post offer medical examination by a physician designated by The Company. I further agree to take physical exams and controlled substance and alcohol testing when required during my employment.

In the event of employment, I fully understand that this application will become a part of my personnel record and that false and misleading information given in my application or interview(s) may result in discharge. I agree to abide by all policies, rules and regulations of The Company and/or its subsidiaries and, if requested, to sign the company’s agreements relating to discoveries, inventions, and confidential information.

I have read the paragraphs above and fully understand their importance and effect upon my employment. I also acknowledge the same as a condition of my employment with The Company and/or its subsidiaries.

Signature of Applicant

Date



STRONG READY MIX, LTD

BACKGROUND INVESTIGATION CONSENT

I, _____, hereby authorize **Strong Ready Mix, LTD** and/or its agents to make an independent investigation 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 the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for employment now and, if applicable, during the tenure of my employment with **Strong Ready Mix, LTD**.

I release **Strong Ready Mix, LTD** and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information contained herein is true and correct to the best of my knowledge:

Applicant/Employee Name and Signature

Date

_____-_____-_____
Social Security Number *

Date of Birth *

*NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for employment. Strong Ready Mix, LTD is an Equal Opportunity Employer, and does not discriminate on the basis of Sex, Race, Religion, Age, Handicap or National Origin.

Printed Name _____

Street Address _____

City, State, Zip _____



STRONG
READY MIX

FORMER EMPLOYER VERIFICATION

SECTION 1: Previous Employee Information and Release

**** APPLICANTS COMPLETE SECTION 1 ONLY ****

Name: _____ Social Security #: _____ - _____ - _____
(Print Full Name)

I hereby authorize the following companies (list previous employers)

to release the below requested information to Strong Ready Mix, LTD for the purposes of investigation and qualifying me to drive a commercial motor vehicle including any pre-employment drug test results. You are now required by the U.S. DOT and Federal Motor Carrier Safety Regulations 49 CFR Parts 40, 382, and 391 to furnish this information. Your quick response to this request will be greatly appreciated.

Signature: _____ Date: _____

**** APPLICANTS DO NOT COMPLETE PAST THIS LINE ****

SECTION 2: Previous Employee Work History

Dates of Employment From: _____ to _____ Job Duties _____
(month) (year) (month) (year)

Did employee drive a motor vehicle? Yes No

Types of equipment operated: Tractor/Trailer Straight Truck Other

SECTION 3: Safety Performance History Per 49 C.F.R. 391.23(2)

Was this employee a safe and efficient driver? Yes No

Was this employee involved in any accidents in the last three years? Yes No

If yes, were any accidents preventable? Yes No

If yes, please provide details, including dates: _____

Reason for Leaving: Discharged Resigned Laid Off Other, list: _____

SECTION 4: Previous Drug and Alcohol Results Per 49 C.F.R. 40.25

Was this person in a DOT controlled substance testing program with your company? Yes No

1. Did the employee have alcohol tests with a result of 0.04 or higher? Yes No

2. Did the employee have verified positive drug test? Yes No

3. Did the employee refuse to be tested? Yes No

4. Did the employee have other violations of DOT agency drug and alcohol testing Regulations? Yes No

5. Did any previous employers report any drug or alcohol rule violations to you? Yes No

Name of person completing form: _____ Title: _____

Company Name _____

Phone #: _____ Date: _____



RELEASE OF CDL HOLDER'S REPORTED POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST RESULTS



Use this form to obtain the CDL holder's reported positive alcohol or controlled substance test results information.

This form should ONLY be used if you wish to inquire whether or not a prospective driver (CDL Holder) has had a positive alcohol or controlled substance test result reported to the Texas Department of Public Safety in compliance with state law.

**THIS FORM IS NOT REQUIRED FOR REPORTING A POSITIVE
ALCOHOL OR CONTROLLED SUBSTANCE TEST.**

1. This form must be completed in full and include the driver's original signature.

**Texas Department of Public Safety
Motor Carrier Bureau, MSC #0521
6200 Guadalupe, Building P
Austin, Texas 78752-4019**

2. Deliver, mail or FAX the completed form to:

Facsimile: 512-424-5310

I, _____ ,
Print Name of CDL Holder

of _____ ,
Print Address of CDL Holder

authorize release of the CDL holder's reported positive alcohol or controlled substance test results reported under state law

to _____ ,
Print Name

of _____ ,
Print Address

Driver License Number _____ State _____ Date of Birth _____

Signature of Driver

Date

X

If you wish to request and receive this information by electronic mail, submit a completed and notarized Electronic Mail Verification Form (MCS-32), available at the following web address: <http://www.txdps.state.tx.us/forms/index.htm>.



VOLUNTARY SELF-IDENTIFICATION FORM

Strong Ready Mix, LLC is an Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, sexual orientation, or any other classification protected by federal, state or local law. Providing this information is voluntary, kept confidential, and used only in accordance with applicable laws and regulations.

Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Position Applied For:	Date of Birth:

Ethnic Group (Check One)

<input type="checkbox"/>	American Indian or Alaskan Native	A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment
<input type="checkbox"/>	Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, China, India, Japan, Korea, Pakistan, Philippines, and Vietnam
<input type="checkbox"/>	Black or African-American	A person having origins in any of the Black racial groups of Africa. Does not include Hispanics or Latinos
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
<input type="checkbox"/>	White	A person having origins in any of the original peoples of Europe, North Africa, or the Middle East
<input type="checkbox"/>	Hispanic or Latino (all races)	A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin
<input type="checkbox"/>	Other	Some other race or two or more race/ethnicities

Veteran Status

<input type="checkbox"/> Vietnam Era Veteran	<input type="checkbox"/> Recently Separated Veteran
<input type="checkbox"/> Disabled Veteran	<input type="checkbox"/> Armed Forces Service Medal Veteran

<input type="checkbox"/> I do not wish to Self-Identify

Applicant's Signature