



625 51st St. • PO Box 1177 • Marion, IA 52302 • Phone: 319-826-6182 • Fax: 319-826-6183

APPLICATION FOR EMPLOYMENT

PLEASE PRINT

NOTE TO APPLICANT: This application is used to evaluate your qualifications for employment. Please answer all of the questions on your application accurately. If you fail to do so, you may lose employment opportunities or delay consideration of your employment. This application is not an employment contract. All qualified applicants will receive consideration for employment without regard to race, religion, color, national origin, disability, age, sex, or any other classification protected by federal, state, or local laws. Additional testing of job-related skills, as well as post-offer pre-employment physical (which will include a drug test) may be required.

PERSONAL INFORMATION

(FIRST)	(MIDDLE)	(Maiden Name, if any)	(LAST)	SOCIAL SECURITY NO. -- --	DATE OF BIRTH
CURRENT ADDRESS			CITY	STATE	ZIP CODE
How long have you lived here?		PHONE NO.	EMAIL		
PREVIOUS RESIDENCY					
(STREET)	(CITY)	(STATE & ZIP CODE)	# YEARS		

Position Applied For: _____ Desired Hourly Wage: \$ _____

How did you hear about this position? _____

Are you at least 18 years of age? YES NO

Child labor laws prohibit employment of individuals under the age of 18 in certain occupations considered to be hazardous.

Are you eligible for employment in the United States? YES NO

Do you speak, read, or write fluently in a language other than English? YES NO

If YES, describe ability and list language(s)

Desired Start Date: _____ Are you available to work: FULL TIME PART TIME SUMMER ONLY TEMPORARY

Have you worked for Central States Concrete, LLC. before? YES NO Dates of previous employment: From _____ To _____

Reason for leaving? _____

Are you on a lay off and subject to recall? YES NO

Can you travel if a job requires it? YES NO

List any craft training programs in which you have participated in:

Do You have your own craft tools, clothing, and other equipment? YES NO

Have you attended High School, Vocation/Technical School or College? YES NO If YES, please specify below:

LICENSE INFORMATION

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	COMPANY
STRAIGHT TRUCK		
TRACTOR AND SEMI-TRAILER		
TRACTOR – TWO TRAILERS		
OTHER		

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

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

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

DATE CONVICTED (month/year)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (forfeited bond, collateral and/or points)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES NO If yes, explain below:

Has any license, permit or privilege ever been suspended or revoked? YES NO If yes, explain below:

EMPLOYMENT RECORD

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

Your training and employment experience will be used to determine whether you meet the entrance requirements for this position and to measure your knowledge, skills, and abilities in completing for this position. Therefore, please provide a full and accurate description of the responsibilities and achievements in your jobs and other pertinent life experiences. Include self-employment, volunteer experience, and any non-employment periods.

Must list the complete mailing address: street number and name, city, state and zip code.

LAST EMPLOYER

PREVIOUS EMPLOYER INFORMATION	POSITION HELD (job title & duties)
Company Name: _____ Address: _____ Phone: _____ Supervisor: _____ May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO Employment Dates: _____ to _____	Job Title: _____ Salary: _____ Use space below to briefly describe your job duties:

REASONS FOR LEAVING: _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

REFERENCES — Include only individuals familiar with your work ability. Do NOT include relatives.

Name:	Address/Phone	Years Known/Relationship
1.		
2.		
3.		

CERTIFICATION AND RELEASE – To be read and signed by applicant.

I certify that the information contained in this application are true, complete, and accurate. I understand that, if employed, false statements or omissions on this application may result in rejection of my application or discharge at any time. I understand, also, that I am required to abide by all rules and regulations of the company.

I authorize you to make sure investigations and inquiries to my personal, 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 if and after a conditional offer of employment has been extended.) I further authorize all individuals, companies, schools, corporations, courts, and law enforcement agencies to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. I release all parties from all liability for any damage that may result from divulging or using information.

I understand and agree that, if hired, my employment is for no definite period and either I or the company can terminate the employment relationship at any time, with or without cause, and with or without notice. This employment relationship exists regardless of any other statements or policies to the contrary.

I realize that under certain provisions of Iowa law, I may be required to submit to a post pre-employment physical (which will include a drug test) as a condition of my employment. I hereby agree to submit to such an examination if required so by company policy and permit disclosure of the results to the company.

"I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

DATE

APPLICANT'S SIGNATURE

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of knowledge.

DATE

APPLICANT'S SIGNATURE

Note: A motor carrier may require an applicant to provide information in addition to the information required by the federal Motor Carrier Safety Regulations.

Central States Concrete, LLC does not unlawfully discriminate in hiring or any aspect of the employment relationship on the basis of age, race, color, sex, religion, national origin, disability, or any other basis protected by law in the jurisdiction in which the employment is performed.