

# IDEAL READY MIX COMPANY, INCORPORATED

## Employment Application

### Instructions

If you need help to fill out this form, please notify the person who gave you this form.

1. Please read the **Notice** below.
2. Complete all sections of this form.
3. Print clearly! *Incomplete or illegible applications will not be processed!*
4. If you need more space to complete an answer, use the comments section on Page 4.

### Notice

This application form is intended for use in evaluating your qualifications for employment. This is not an offer of employment. Please answer all questions completely and accurately. False or misleading statements on this form or in an interview (whenever discovered) are grounds for immediate termination. All qualified applicants will be considered for employment without discrimination because of gender, marital status, race, age, creed, national origin or the presence or perception of disabilities. Additional testing of job-related skills may be required. After an offer of employment, and prior to reporting to work, you may be required to be examined by a medical professional designated by the company including testing for the presence of drugs in your body.

Today's Date		Location where application submitted	
Full Name		Social Security Number	
Home Address		Home Phone Number	
Mailing Address		Cell Phone Number	
City ST Zip		Message Phone Number	

What position(s) are you qualified for?

Type of work you are seeking:  Full Time  Part Time  Casual  Temporary

Are you available for work Monday through Saturday?  Yes  No

If No, what days are you not available? \_\_\_\_\_ Date you can start \_\_\_\_\_

Have you ever been convicted of a serious crime?  Yes  No If Yes, describe below

Date	City, ST	Charge	Disposition
Date	City, ST	Charge	Disposition

High School	Highest grade completed	Dates	Graduate?
College	Major	Dates	Graduate?
Trade School	Course of Study	Dates	Graduate?

Do you have a current CDL?  Yes  No If Yes, detail below

License Number	State	Issue Date	Expiration Date
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In the past 5 years have you had a CDL or driver's license in any other state or with any other number?  Yes  No If Yes, detail below

License Number	State	License Class	Expiration Date
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Have you had First Aid and / or CPR training?  Yes  No If Yes, please describe \_\_\_\_\_

Have you had hazardous materials training?  Yes  No If Yes, please describe \_\_\_\_\_

In the boxes below, give complete information for every job you have had for the past three years.  
Be sure to include any periods of self-employment.

Company Name		Phone Number
Mailing Address		FAX Number
City St Zip	Were you subject to drug & alcohol testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Were you subject to Federal Motor Carrier Safety Regulations while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Job Title	Pay Rate	Supervisor
Description of Duties		
Dates of Employment	Reason for leaving	

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Mailing Address		FAX Number
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In the boxes below, give complete information for individuals who are familiar with your work ability who can be contacted for personal reference. Do not include relatives or supervisors listed before

Name	Phone Number
Mailing Address	Relationship
City ST Zip	Years Acquainted

Name	Phone Number
Mailing Address	Relationship
City ST Zip	Years Acquainted

Name	Phone Number
Mailing Address	Relationship
City ST Zip	Years Acquainted

### Driving Experience

List all other jobs which required a CDL for the past ten years.

Employer	Location	Dates of Employment

Do you have experience driving the following?

Straight Truck <input type="checkbox"/> Yes <input type="checkbox"/> No	if yes, Type	Years of experience
Tractor / Trailer <input type="checkbox"/> Yes <input type="checkbox"/> No	if yes, Type	Years of experience
Other <input type="checkbox"/> Yes <input type="checkbox"/> No	if yes, Type	Years of experience

Have you had any moving violations in the past 5 years?  Yes  No If yes, explain below.

Date	Location	Violation

Have you ever been denied a license?  Yes  No If yes, explain below.

Date	State	Reason

Have you ever had a license revoked or suspended?  Yes  No If yes, explain below.

Date Revoked	Date Reinstated	Reason





**IDEAL**

# READY MIX COMPANY, INC.

P.O. Box 416 West Burlington, Iowa 52655 Ph. 319-754-4747 Fax: 319-754-4872

## DISCLOSURE

In connection with your application for employment, we may procure a consumer report which may contain public record information such as your driving record on you as a part of the process of considering your candidacy as an employee and/or in your continued employment with our organization. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential or continued employment, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the federal Fair Credit Reporting Act.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will be given a summary of these rights together with this document.

## AUTHORIZATION

By my signature below, I hereby authorize you or your representative to obtain a consumer report(s) in order to be considered for employment or continued employment with this company. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for this organization or its representatives to procure consumer reports at any time during my employment.

**\* I understand that all information provided on this authorization will be used for the sole purpose of procuring a consumer report.**

Applicant's Name: \_\_\_\_\_

(Please Print)

Applicant's Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

CDL Number / State: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_