

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: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual <input type="checkbox"/> Temporary	
Are you available for work Monday through Saturday? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If No, what days are you not available?	Date you can start

Have you ever been convicted of a serious crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe below			
Date	City, ST	Charge	Disposition
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High School	Highest grade completed	Dates	Graduate?
College	Major	Dates	Graduate?
Trade School	Course of Study	Dates	Graduate?

Do you have a current CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, detail below			
License Number	State	Issue Date	Expiration Date
In the past 5 years have you had a CDL or driver's license in any other state or with any other number? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, detail below			
License Number	State	License Class	Expiration Date
License Number	State	License Class	Expiration Date
Have you had First Aid and / or CPR training? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please describe			
Have you had hazardous materials training? <input type="checkbox"/> Yes <input type="checkbox"/> 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? ___ Yes ___ No	
Were you subject to Federal Motor Carrier Safety Regulations while employed? ___ Yes ___ No		
Job Title	Pay Rate	Supervisor
Description of Duties		
Dates of Employment	Reason for leaving	

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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



READY MIX COMPANY, INC.

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Call
Charley
The Ideal Man!

HRNH - 001

MVR Disclosure and Authorization

Revision Number: 00; Change Number: 00

Revision Date: 01/01/2018

Effective Date: 01/01/2018

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.

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: _____

HRNH-004
SUBSTANCE ABUSE

Revision Number: 01; Change Number: 00
Revision Date: 01/24/2020
Effective Date: 01/24/2020

**FMCSA DRUG & ALCOHOL CLEARINGHOUSE EMPLOYEE CONSENT FORM
FOR LIMITED QUERIES FOR IDEAL READY MIX**

I, _____, hereby provide consent to
PRINT EMPLOYEE NAME

IDEAL READY MIX to conduct a limited query per 49 CFR Part 382 of the FMCSA Drug and Alcohol Clearinghouse to determine whether drug or alcohol violation information about me exists in the Clearinghouse. I am consenting to multiple limited inquiries throughout the duration of my employment with **IDEAL READY MIX**.

I understand that if the limited query conducted by **IDEAL READY MIX** indicates that drug or alcohol violation information about me exists in the Clearinghouse a full query will be ran. Per §382.701 the FMCSA will not disclose that information to **IDEAL READY MIX** without first obtaining additional electronic consent from me authorizing a full query to be ran within 24 hours.

I further understand that if any limited query reveals that the Clearinghouse contains information regarding any violations, I must grant electronic consent with the 24-hour period (via the Clearinghouse website) for the company to obtain my full Clearinghouse record. A refusal to provide consent for **IDEAL READY MIX** to conduct a full query of the Clearinghouse will result in **IDEAL READY MIX** prohibiting me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

This consent form is valid from the date shown below until my employment with **IDEAL READY MIX** ceases or until I am no longer subject to the drug and alcohol testing rules in 49 CFR Part §382.701 (b).

EMPLOYEE SIGNATURE

DATE