

Austin Ready Mix, LLC

Employment Application

An Equal Opportunity Employer

Date ____/____/____

PERSONAL

NAME _____
Last First MI

SOCIAL SECURITY NO. _____

ADDRESS _____

HOME TELEPHONE NO. (____) _____

City State Zip Code

DRIVER'S LICENSE NO. _____

Date of Birth _____

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?

YES NO

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?

YES NO

GENERAL INFORMATION

POSITION DESIRED _____ DESIRED SALARY \$ _____ DATE AVAILABLE _____

REFERRED BY: EMPLOYEE (NAME) _____ OTHER _____

WORK HISTORY

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO Last 10 Years of Experience

COMPANY _____ _____ ADDRESS _____ _____ SUPERVISOR _____ _____ PHONE (____) _____	POSITION _____ DUTIES _____ _____ _____ _____	DATES _____ From _____ To _____ SALARY _____ Start _____ Finish _____ Reason for Leaving: _____ _____
COMPANY _____ _____ ADDRESS _____ _____ SUPERVISOR _____ _____ PHONE (____) _____	POSITION _____ DUTIES _____ _____ _____ _____	DATES _____ From _____ To _____ SALARY _____ Start _____ Finish _____ Reason for Leaving: _____ _____
COMPANY _____ _____ ADDRESS _____ _____ SUPERVISOR _____ _____ PHONE (____) _____	POSITION _____ DUTIES _____ _____ _____ _____	DATES _____ From _____ To _____ SALARY _____ Start _____ Finish _____ Reason for Leaving: _____ _____

Have you ever previously been employed or applied for employment with Austin Ready Mix, LLC? YES NO

If yes, please give dates and position: _____

Do you have any relatives, including in-laws, employed at the company? YES NO

If yes, give name, relationship, position and location: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE (FELONY OR SERIOUS MISDEMEANOR)?

YES NO IF YES, STATE NATURE OF THE CRIME(S), WHEN AND WHERE CONVICTED AND DISPOSITION OF

CASE: _____

No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position applied for may, however, be considered.

MILITARY SERVICE - HAVE YOU OBTAINED ANY SPECIAL SKILLS OR ABILITIES AS A RESULT OF SERVICE IN THE MILITARY YES NO

IF SO, DESCRIBE: _____

FOR DRIVING APPLICANTS ONLY

Check equipment you have experience driving and provide years of experience. Check drivers license endorsements and class of license you currently hold.

MIXER _____ BOTTOM DUMP _____ TRANSFER TRUCK _____ PNEUMATIC _____

TANK DOUBLE/TRIPLES HAZARDOUS MATERIALS CLASS A CLASS B

Does your license have any restrictions that prohibit you from driving a manual transmission? YES NO

EDUCATION

Type of School	Name of School & Location	Major Course Studied	Circle Highest Year Completed	Degree / Diploma
High School			9 10 11 12	
College			13 14 15 16 G	
Business				
Other				

ADDITIONAL REMARKS: _____

PLEASE READ CAREFULLY

Austin Ready Mix, LLC is an Equal Opportunity Employer and does not discriminate in hiring or employing on the basis of race, color, national origin, sex, age, disability, veteran status, or any other basis prohibited by federal, state or local ordinance. The information contained in this employment application will be used solely to determine your qualifications for the position for which you applied.

I authorize investigation of all statements contained in this application. I understand that falsification, misrepresentation or omission of facts called will result in immediate dismissal or removal of my application from consideration. I authorize Austin Ready Mix, LLC to secure information about my experience with former employers, educational institutions and agencies, and for those parties to provide information concerning my experience, releasing all parties from liability.

I agree that should I be offered employment by Austin Ready Mix, LLC, I will submit to a post-offering urinalysis test for the purpose of detecting illegal drugs and/or alcohol. My failure to cooperate will result in being removed from consideration for employment. I also understand that any offers for employment will be withdrawn if illegal drugs and/or alcohol are detected through testing.

Austin Ready Mix, LLC is an at-will employer, which means the employee, or Austin Ready Mix, LLC may terminate my employment for any reason at any time, with or without cause.

I CERTIFY THAT I HAVE READ AND UNDERSTOOD THE FOREGOING AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION ON THIS FORM IS TRUE AND CORRECT.

Signature

Date

MILITARY SERVICE AND STATUS

BRANCH OF SERVICE (IF NONE, STATE NONE): _____ MILITARY OCCUPATION: _____
LENGTH OF ACIVITY DUTY (MONTH/YEAR): _____
DATE OF ENTRY: _____ RANK AT THE TIME OF SEPARATION: _____
DATE OF SEPARATION: _____

PLEASE NOTE FINAL PROCESSING PRIOR TO EMPLOYMENT WILL REQUIRE A REVIEW OF THE ORIGINAL OR A COPY OF YOUR MILITARY DISCHARGE AND/OR A REVIEW OF YOUR DD FORM 214.

APPLICANT'S CERTIFICATION AND AGREEMENT

I HEREBY CERTIFY: THAT MY ANSWERS TO THE QUESTIONS ARE TRUE AND COMPLETE AND THAT I HAVE NOT KNOWINGLY WITHHELD ANY FACTS, CIRCUMSTANCES OR OTHER INFORMATION WHICH YOU WOULD, IF DISCLOSED, AFFECT MY APPLICATION. I FURTHER UNDERSTAND THAT FALSE OR MISLEADING STATEMENT OR OMISSION OF PERTINENT INFORMATION WILL RESULT IN THE REJECTION OF MY PLICATION, OR IN DISMISSAL IF DISCOVERED SUBSEQUENT TO MY EMPLOYMENT.

I HEREBY CERTIFY: THAT BY EXECUTION OF THE APPLICATION, I ACKNOWLEDGE THAT THE COMPANY HAS DISCLOSED TO ME THAT A INVESTIGATIVE REPORT, INCLUDING INFORMATION AS TO MY CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, AND MODE OF LIVING MAY BE MADE, AND THAT I, UPON REQUEST TO THE COMPANY MAY BE MADE WITHIN A REASONALBE TIME AFTER THE DATE OF THIS APPLICATION, MAY OBTAIN A COMPLETE AND ACCURATE DISCLOSURE OF THE NATURE AND SCOPE OF THE INVESTIGATION REQUESTED.

I HEREBY AUTHORIZE: THE COMPANY TO REQUEST, AND I ALSO AUTHORIZE AND REQUEST EACH FORMER EMPLOYER SCHOOL ATTENDED, AND EACH PERSON, FIRM OR CORPORATION GIVEN AS REINFORCES ABOVE, TO FURNISH AT ANY TIME ANY INFORMATION WHICH MAY BE SOUGHT CONCERNING ME AND MY WORK HABITS, CHARACTER OR SKILL, AND ANY OTHER DATA REQUIRED, WHETHER IN CONNECTION WITH THIS APPLICATION OR FOR PURPOSES OF COMPLYING WITH SURETY COMPANY REQUIREMENTS OR OTHERWISE.

I HEREBY AFFIRM: THAT BY SUBMITTING THIS APPLICATION I AGREE TO SUBMITT TO MEDICAL EVALUATIONS INCLUDING TESTS FOR THE PRESENCE OF ILLEGAL DRUGS OR TO EMPLOYMENT WITHIN A TIME PERIOD PRESCRIBED BY THE COMPANY AND AS OFTEN AS DIRECTED DURING EMPLOYMENT.

I HEREBY AUTHORIZE: THE MEDICAL EXAMINER TO DISCLOSE TO THE COMPANY ANY AND ALL FINDINGS AND CONCLUSIONS ARRIVED AT IN ANY EXAMINATION PERFORMED EITHER PRIOR TO EMPLOYMENT OR DURING EMPLOYMENT.


I UNDERSTAND: THAT SHOULD I BE GIVEN EMPLOYMENT; SUCH EMPLOYMENT SHALL BE FOR AN INDEFINITE PERIOD OF TIME AND MAY BE TERMINATED. AT WILL, ANYTIME, FOR ANY REASON BY ME OR BY THE COMPANY WITHOUT NOTICE OR WITHOUT LIABILITY WHATSOEVER, EXCEPT FOR UNPAID WAGES OR SALARY EARNED BY THE DATE OF TERMINATION. I FURTHER UNDERSTAND THAT ONLY THE PRESIDENT OF THE COMPANY HAS THE AUTHORITY TO ENTER INTO MY AGREEMENT CONTRARY TO THIS AT WILL STANDARD AND THAT ANY SUCH AGREEMENT MUST BE IN WRITING.

I UNDERSTAND: THAT IF I AM EMPLOYED THE TERMS AND CONDITIONS OF MY EMPLOYMENT WILL BE GOVERNED BY THIS APPLICATION AND THE COMPANY'S TERMS OF EMPLOYMENT AND POLICY AND PROCEDURES, AS AMENDED FROM TIME TO TIME BY THE COMPANY.

THE COMPANY OPERATES UNDER THE PRINCIPALS OF AFFORDING EQUAL EMPLOYMENT OPPORTUNITY THROUGH AFFIRMATIVE ACTION FOR QUALIFIED HANDICAPPED INDIVIDUALS, QUALIFIED VETERANS OF THE VIETNAMERS AND QUALIFIED DISABLED VETERANS.

ALL APPLICANTS AND EMPLOYEES WHO BELIEVE THEMSELVES TO BE MEMBERS OF ONE OR MORE GROUPS, AND WHO WISH TO IDENTIFY THEMSELVES AS SUCH FOR THE PURPOSE OF AFFIRMATIVE ACTION CONSIDERATION ARE INVITED TO DO SO.

SUBMISSION OF THIS INFORMATION IS VOLUNTARY AND REFUSAL TO PROVIDE IT WILL NOT SUBJECT YOU TO DISCHARGE OR DISCIPLINARY TREATMENT. INFORMATION OBTAINED CONCERNING INDIVIDUALS SHALL BE KEPT CONFIDENTIAL EXCEPT THAT (1) SUPERVISOR AND MANAGERS MAY BE INFORMED REGARDING DISABLED VETERANS, AS NECESSARY, (2) FIRST AID AND SAFETY PERSONNEL MAY BE INFORMED, WHEN AND TO THE EXTENT APPROPRIATE, IF THE CONDITION MIGHT REQUIRE EMERGENCY TREATMENT AND (3) GOVERNMENTAL OFFICIALS INVESTIGATING COMPLIANCE WILL BE INFOMRED.

 I WISH TO VOLUNTEER THE FOLLOWING INFORMATION (CHECK ONE) _____ I DO NOT QUALIFY
I DO QUALIFY UNDER THE FOLLOWING: _____ HANDICAPPED
_____ VIETNAM VETERAN

 SIGNATURE: _____ DATE: _____

THANK YOU FOR COMPLETING THIS APPICATION. IT WILL REMAIN UNDER CONSIDERATION FOR SIX MONTHS. IT WILL NOT BE NECESSARY FOR YOU TO REAPPLY DURING THIS SIX MONTH PERIOD. YOUR INTEREST IN THE AUSTIN READY MIX, LLC, IS APPRECIATED.

COMMERCIAL DRIVERS LICENSE INFORMATION: (CDL)

BMCS-PART 383.1 TO 393.53 NOTICE TO DRIVERS & CERTIFICATE OF COMPLIANCE

I. NOTICE TO DRIVERS

The Commercial Motor Vehicle Safety Act of 1986 provides for a new set of controls over the drivers of commercial vehicles. The new law applies to all drivers operating new vehicles and combinations with a Gross Vehicle Weight Rating over 26,000 pounds, and to any vehicle, regardless of weight, transporting hazardous materials.

The following provisions of this legislation became effective July 1, 1987:

1. No driver may possess more than one license, and no motor carrier may use a driver having more than one license.

A limited exception is made for drivers who are subject to non-resident licensing requirements of any state. This exception does not apply after December 31, 1989.

2. A driver convicted of a traffic violation (other than parking) must notify the motor carrier AND the state which issue the license to that driver of such conviction within 30 days.
3. Any violation is punishable by a fine not to exceed \$2,500.00. In addition, the Federal Motor Carrier Safety Regulations now require that a driver who loses any privilege to operate a commercial vehicle or who is disqualified from operating a commercial vehicle must advise the motor carrier the next business day after receiving notification of such action.

II. CERTIFICATION BY DRIVER

I hereby certify that I have read and understand the driver provisions of the Commercial Motor Vehicle Safety Act of 1986, which became effective on July 1, 1987.

Driver's Name (print) _____ Soc. Sec. # _____

Driver's Address _____ City _____ State _____ Zip _____

License State _____ Type/Class _____ ID No. _____ Expires _____

Endorsements: Doubles _____ Yes _____ No Hazardous Material _____ Yes _____ No Other _____

III. I have held the following drivers licenses during the past three (3) years:

IV.

License State _____ Type/Class _____ ID No. _____ Expires _____

License State _____ Type/Class _____ ID No. _____ Expires _____

V. I further certify that the above commercial vehicle license is the one held _____; or that I have surrendered the following licenses to the state indicated.

VI.

License State _____ Type/Class _____ ID No. _____ Expires _____

License State _____ Type/Class _____ ID No. _____ Expires _____



VII. Driver's Signature: _____



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

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

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 **Austin Ready Mix, LLC**
Print Name

of **P.O. Box 579, Del Valle, TX 78617**
Print Address

Driver License Number _____ State _____ Date of Birth _____

Signature of Driver

X

Date

Austin Ready Mix, LLC.

QUALIFICATIONS FOR DRIVERS

1. Be in good health and physically able to perform all duties of a driver; driver is required to lift and carry a minimum of 50 Lb., and must be able to climb a ladder at least 30 times a day.
2. Speak and read English well enough to converse, and be able to make legible entries on reports and records.
3. Be able to read a map and understand highway traffic signs and signals.
4. Be able to drive the motor vehicle safely by experience or training.
5. Be able to ensure that the cargo being transported has been properly loaded, distributed, and secured in or on the motor vehicle.
6. Have only one valid commercial driver's license:

Note: If License is not from the state of Texas, applicant must obtain a Texas' license within 30 days of employment.

MVR REQUIREMENTS

1. Review applicant **3 year driving record**. Driving record must be current. **Max 30 days old**.

Violations

- **No major violations within 5 years**. Major violation include any drug or alcohol related offense, racing, reckless driving, wrong side of road, leaving scene of an accident, unlawful use of vehicle, driving with a suspended license.
- No more than **2 minor violations** or no more than **one chargeable accident in the past 3 years**

2. **Age 21** for light or medium weight units (**Shop and Company Vehicles**)
3. **Age 25** for heavy and extra heavy units (**All Transports and Mixer Trucks**)
4. At least **1 years of experience** in commercial vehicle
5. *Provide Company with a signed statement that the employee has not tested positive, or refused to test, on any pre-employment drug or alcohol test even if the employee was not assigned a safety sensitive function. If answer is yes, employee must provide/obtain proof that he or she has successfully completed the DOT return to duty requirements.*
6. **Not be disqualified** to drive a commercial motor vehicle under **Rules in Sec 391.15 & 383.51**
7. Pass a pre-employment drug screen and commercial driver's road test.

I, _____ hereby attest meeting the above requirements. Date: _____

Motor Vehicles Driver's
CERTIFICATION OF
COMPLIANCE WITH DRIVER
LICENSE REQUIREMENTS

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

- 1) **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.

If you have more than one license, keep the license from your state of residence and return the additional licenses to the states that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by that state.

- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (If the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.

The following license is the only one I will possess:

Driver's License No. _____ State _____ Exp. Date _____

DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.

Driver's Name (Printed): _____

Driver's Signature: _____ Date _____

Notes: _____

AUTHORIZATION FOR CONSUMER AND/OR INVESTIGATIVE REPORT

[IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

Company Name: Austin Ready Mix, LLC

Above listed Company (hereinafter “Company”) may, with your written consent, obtain information about you from a consumer reporting agency for employment purposes. This means that a “consumer report” and/or an “investigative consumer report” may be requested which may include information about your character, general reputation, personal characteristics and mode of living, whichever are applicable. The report may also contain information about you relating to criminal history, credit history, motor vehicle records such as driving records, social security verification, workers’ compensation claims (post job offer or conditional job offer), verification of your education or employment history or other background checks. This may involve personal interviews with sources such as your neighbors, friends or associates. These reports may be obtained at any time after receipt of your authorization, and if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report HireRight, LLC (“HireRight”). HireRight is located and can be contacted at 3349 Michelson Drive, Suite 150, Irvine, CA 92612, (800) 400-2761, www.hireright.com. The scope of this notice, and authorization is not limited to the present and, if you are hired, will continue and allow Company to conduct future screening for retention, promotion or reassignment (unless revoked by you in writing). Company also reserves the right to share background investigation results with any third-party companies for whom you will be placed to work with as a representative of Company. Your information will only be used and/or disclosed as permitted by law and as required for creation of any report(s).

ACKNOWLEDGMENT AND AUTHORIZATION

I hereby authorize HireRight, LLC. to obtain a consumer report and/or investigative consumer report on me, as applicable. I have read and understand the above statement and hereby give my express permission to complete this investigation. I acknowledge that Company has provided me with a copy of A Summary of Your Rights Under the Fair Credit Reporting Act .

Signature

Today's Date

Full Legal Name (please print)

Other or Former Names (please print)

Address

City/State

County

Zip

Date of Birth

SSN

Driver's License #

State issued

New York applicants or employees only

You have the right to inspect and receive a copy of any investigative consumer report requested by the Organization by contacting National Crime Search, Inc. directly. You also acknowledge receipt of a copy of Article 23-A of the New York Correction Law by signing above.

CA, MN, OK only

I understand that if the above named employer requests a copy of my consumer report for employment purposes, I have the right under **California, Minnesota, and Oklahoma** law to receive a copy of that consumer report from the employer free of charge. I understand that by checking “yes” below, a copy will be provided to me at the address I provided above.

I would like to receive a copy of my consumer report (background check) (CA, MN, OK only) Yes No

**Applicant's Consent to Drug/Alcohol Testing
DISCLOSURE AND RELEASE AUTHORIZATION**

I understand that **Austin Ready Mix, LLC** (herein referred to as the "Company") is committed to providing a drug and alcohol free workplace and that the company tests all applicants who may receive job offers from the Company for drugs and alcohol at the Company's expense as a condition of employment and may conduct other drug and alcohol testing under circumstances as outlined in this notification.

In connection with my application for employment with the Company, I understand that any offer for employment will be conditional upon my taking and passing a post-offer/pre-employment drug and/or alcohol test. I further understand that if I pass such post-offer/pre-employment drug and/or alcohol test and become employed by the Company that I may be subject to subsequent drug and/or alcohol testing during my employment under the following circumstances as the Company may decide:

1. When a reasonable suspicion exists that I am under the influence of any illegal drug or alcohol in violation of the Company's Substance Abuse Policy. Reasonable suspicion means suspicion based on information regarding, among other things, the appearance, behavior, speech, attitude, mood and/or breath odor of any employee;
2. When I am found in possession of alcohol or illegal drugs in violation of the Company's Substance Abuse Policy, or when any of those items are found in any area controlled or used by me, such as a desk or locker;
3. After I have been referred by the Company for chemical dependency treatment or evaluation, or while I am or after I have participated in a chemical dependency treatment program under an employee benefit plan;
4. If I hold a sensitive position (according to Department of Defense regulations), or am involved in safety-sensitive functions or hazardous job sites, testing may include post-accident, random, reasonable suspicion, alcohol and drug screening; and
5. For any other reasons required by law.

I UNDERSTAND AND AGREE TO POST-OFFER/PRE-EMPLOYMENT TESTING AND POST-EMPLOYMENT TESTING WHICH MAY BE CONDUCTED TO DETERMINE THE PRESENCE OF ALCOHOL AND/OR DRUGS INCLUDING, WITHOUT LIMITATION, MARIJUANA, COCAINE, OPIATES, PHENCYCLIDINE (PCP) AND AMPHETAMINES OR METABOLITE OF THOSE DRUGS IN MY SYSTEM UNDER THE NATIONAL INSTITUTE FOR DRUG ABUSE (NIDA) GUIDELINES. I VOLUNTARILY, KNOWINGLY AND UNCONDITIONALLY RELEASE ANY NAMED OR UNNAMED PARTIES, THE COMPANY, QUEST CLINICAL LABORATORY, LABORATORY CORP. OF AMERICA, AND/OR ENTITY OR PERSON REVIEWING THE TEST RESULTS, ANY MEDICAL REVIEW OFFICER INTERPRETING THE TEST RESULTS, AND NATIONAL CRIME SEARCH, INC (NCS) FROM ANY AND ALL LIABILITY, ACTION, OR CLAIM WHICH MIGHT ARISE OR RESULT FROM THE TESTS FOR DRUGS AND/OR ALCOHOL, THE USE OF THE TEST RESULTS, OR THE DISCLOSURE OF THE TEST RESULTS. THIS AUTHORIZATION SHALL BE VALID FOR ONE YEAR FROM THE DATE SIGNED AND SHALL AUTOMATICALLY RENEW FOR SUCCESSIVE ONE YEAR TERMS AT EACH ANNIVERSARY DATE UNLESS WRITTEN NOTICE NOT TO RENEW IS PROVIDED BY ME TO THE COMPANY THIRTY DAYS TO EACH ANNUAL ANNIVERSARY. A PHOTOGRAPHIC OR FAXED COPY OF THIS AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL.

I understand that National Crime Search, Inc. (NCS) is a consumer reporting agency and it is NCS' policy to not be involved nor make hiring decisions or recommendations. NCS' privacy policy limits the information it provides to the Subscriber named herein, however I hereby authorize the Subscriber to share such information with parties in interest who "need to know" such information to protect them and their employees.

I agree that I may refuse to take the drug and/or alcohol tests, but that if I do so the Company and/or management staff of the Company may in its sole discretion deny me employment or terminate my employment immediately for such refusal. The Company and/or management staff of the Company also may in its sole discretion deny me employment or terminate my employment immediately if the confirmed results of any such test are positive for drugs or alcohol (provided any timely confirmatory re-test obtained by me of the original sample in accordance with the Substance Abuse Policy does not contradict the original confirmatory positive test result).

I hereby agree to submit to such post-offer/pre-employment and post-hire drug and alcohol testing.
(Please print)

LAST NAME _____ FIRST NAME _____ MIDDLE NAME/INITIAL _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____ (MM/DD/YYYY)

SIGNATURE _____ TODAY'S DATE _____

Austin Ready Mix, LLC

PRE-EMPLOYMENT TEST

Name: _____

Date: _____

Answer the following questions:

1. The Ready Mix Concrete Industry standard of excellent is reflected in the appearance of the driver and the truck.
 - A. True
 - B. False

2. List six items that are to be checked during a pre-trip inspection.
 - A. _____
 - B. _____
 - C. _____
 - D. _____
 - E. _____
 - F. _____

3. What measurement of concrete is the mixer driver responsible for when leaving the batch plant and on the job site?
 - A. Temperature
 - B. Air Content
 - C. Slump
 - D. Strength

4. What is the most frequent cause of mixer truck accidents?

5. At the end of the work day all you need to do is park your mixer truck in its assigned space, punch out and go home?

Application Date: _____ SSN: _____ - _____ - _____

AFFIRMATIVE ACTION SURVEY

The Federal Government under Executive Order 11246 requires the corporation to report gender and race/ethnic origin of applicants for employment. As an employer/government contractor, we comply with government regulations and affirmative action responsibilities. Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap. Submission of information is voluntary, and failure to provide it will not subject you to any adverse treatment. This data is for periodic government reporting and will be kept in a confidential file separate from the Application for Employment.

Your cooperation is appreciated!

PERSONAL INFORMATION

Last Name: _____ First Name: _____ M.I. _____
Position Applied For: _____

GENDER AND ETHNIC GROUP

Check One: Male Female I prefer not to answer this question.

Check One: Hispanic or Latino Not Hispanic or Latino I Prefer not to answer this question.

* Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race. This does not include persons of Portuguese decent or persons from Central or South America who are not of Spanish origin or culture.

RACE

I prefer not to answer this question.

White (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino) – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino) – All persons who identify with more than one of the above five races.

MOTOR VEHICLE DRIVER'S CERTIFICATION OF VIOLATIONS/ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months (Section 391.27). Drivers who have provided information required by Section 383.31 need not repeat that information on this form.

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he/she shall so certify (Section 391.27).

COMPLETED BY DRIVER – CERTIFICATION OF VIOLATIONS																																			
NAME OF DRIVER: (PRINT)	SOCIAL SECURITY NUMBER	DATE OF EMPLOYMENT																																	
HOME TERMINAL (CITY AND STATE) Cedar Creek , Tx	DRIVER'S LICENSE NUMBER STATE	EXPIRATION DATE																																	
<p>I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">DATE</th> <th style="width:30%;">OFFENSE</th> <th style="width:25%;">LOCATION</th> <th style="width:30%;">TYPE OF VEHICLE OPERATED</th> </tr> </thead> <tbody> <tr> <td colspan="4">(If you have had no violations, check the following box - <input type="checkbox"/> None.)</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.</p> <p>(Today's Date) _____ Driver's Signature _____ Date of Certification _____</p>				DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED	(If you have had no violations, check the following box - <input type="checkbox"/> None.)																											
DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED																																
(If you have had no violations, check the following box - <input type="checkbox"/> None.)																																			

STOP

COMPLETED BY MOTOR CARRIER – ANNUAL REVIEW OF DRIVING RECORD	
<p>MOTOR CARRIER INSTRUCTIONS: Review the Certification of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.</p> <p>I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she (check one):</p> <p> <input type="checkbox"/> Meets minimum requirements for safe driving <input type="checkbox"/> Is disqualified to drive a motor vehicle pursuant to Section 391.15 <input type="checkbox"/> Does not adequately meet satisfactory safe driving performance </p> <p>Action taken with driver: _____</p> <p>Reviewed by: _____ Date _____</p> <p style="font-size: small;">Signature</p> <p>Cecilia Villa – Office Manager Austin Ready Mix, LLC P.O. Box 579 Del Valle, TX 78617 512-386-7187</p>	



MVR AUTHORIZATION

Employee Name _____

Street Address _____

City, State, Zip _____

Date of Birth _____

Driver's License # _____

Austin Ready Mix, LLC may obtain my driving record for evaluation as to my insurability under Austin Ready Mix, LLC's coverage. The reports may be obtained through a Third Party provider or by Insurance Agency of San Marcos.

By signing this disclosure, I hereby authorize Austin Ready Mix, LLC to procure such report and additional reports about me from time to time, as it deems appropriate, to evaluate my insurability.

Employee Signature

Date

Previous Pre-employment Employee Alcohol and Drug Test Statement

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process (see paragraphs (b)(5) and (e) of this section).

Prospective Employee Printed Name: _____

Prospective Employee SS or ID Number: _____

The prospective employee is required by Sec. 40.25(j) to respond to the following questions.

1. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check one: Yes No

2. If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return to duty requirements?

Check one: Yes No

I certify that the information provided on this document is true and correct.

Prospective Employee Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Record retention guidelines:

If "yes" to question 1, retain this form and documentation provided for 5 years.

If "no" to question 1, discard after employment terminates but not less than 2 years from date of statement.