



B & B Redimix, Inc.

1873 1st Street
Phillipsburg, KS 67661
Phone 785-543-5133
Fax 785-543-6215

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit#

City State ZIP Code

How long at this address: _____

Phone: _____ Email: _____

Date Available: _____ Social Security No.: _____ - - Desired Wages: \$ _____ /hour

If less than three (3) years please provide other addresses where you resided:

_____	_____	_____	_____	Dates: _____
<i>(Street)</i>	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>	<i>(From) (To)</i>
_____	_____	_____	_____	Dates: _____
<i>(Street)</i>	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>	<i>(From) (To)</i>
_____	_____	_____	_____	Dates: _____
<i>(Street)</i>	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>	<i>(From) (To)</i>

Position Applied for: _____

Are you a citizen of the United States? Yes No If no, are you authorized to work in the U.S.? Yes No

Have you ever worked for this company? Yes No If yes, when? _____

Have you ever been convicted of a felony? Yes No If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Wages: \$ _____ Ending Wages: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for leaving: _____

May we contact this previous supervisor for a reference? Yes No

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Wages: \$ _____ Ending Wages: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for leaving: _____

May we contact this previous supervisor for a reference? Yes No

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date

EMPLOYMENT HISTORY

All drivers applying to drive in intrastate or interstate commerce must provide the following information on employers during the **preceding three years**. List mailing address, street number, city, state, and zip code.

Applicants applying to drive a **“commercial motor vehicle”** as defined by Part 383, in intrastate or interstate commerce shall also provide an additional seven years information on those employers for whom the applicant driver operated such vehicles.

(NOTE: List employers in REVERSE order starting with the most recent. Add another sheet as necessary.)

Employer's Name	From: Month/Year	To: Month/Year
Address	Position Held	
City	State	Zip Code
Contact Person	Salary/Wages	
Phone # with Area Code		
Reason for leaving		

**Were you subject to the FMCSR's 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's Name	From: Month/Year	To: Month/Year
Address	Position Held	
City	State	Zip Code
Contact Person	Salary/Wages	
Phone # with Area Code		

Reason for leaving

**Were you subject to the FMCSR's 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

(ATTACH ADDITIONAL SHEETS IF MORE SPACE IS NEEDED FOR EMPLOYMENT HISTORY)

To Be Read and Signed by Applicant

This certifies that this application was completed by me, and that all entries on it are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, 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 hereby release employers, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of the company.

_____ Date

_____ Applicant's Signature

EXPERIENCE AND QUALIFICATIONS

I understand that Substance and Alcohol Testing is required for a driver position.

Yes No

Driver's License: _____
(State) (License Number) (Expiration Date)

Traffic Convictions and Forfeitures for the past three years (Other than Parking Violations):

(Location) (Date) (Charge) (Penalty)

(Location) (Date) (Charge) (Penalty)

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

Has any license, permit, or privilege ever been suspended or revoked? Yes No

(If the answer is yes to either of the two previous questions, attach statement-giving details)

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van Tank Flat Etc)	Dates From To	Approximate Numbers of Miles (Total)
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Straight Truck _____

Tractor & Semi Trailer _____

Other _____

ACCIDENT RECORD FOR THE PAST THREE YEARS OR MORE

Date	Nature of the Accident (Head-on, Rear-end, Upset, Ect.)	Fatality	Injury	Non-Injury
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Last Accident _____

Next Previous _____

Next Previous _____

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PART 1	TO BE COMPLETED BY PROSPECTIVE EMPLOYEE
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I, (Print Name) _____

First
M.I.
Last
Social Security Number

Hereby authorize: _____ Date of Birth _____

Previous Employer: _____ Email: _____

Street: _____ Telephone: _____

City, State, Zip: _____ Fax No.: _____

To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____
 (employment application date)

To: Prospective Employer: _____
 Attention: _____
 Street: _____
 City, State, Zip: _____

In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

Prospective employer's fax number: **785-543-6215**
 Prospective employer's email address: sh_reedmix@outlook.com

 Applicant's signature Date

This information is being requested in compliance with §40.25(g) and 391.23.

PART 2	TO BE COMPLETED BY PREVIOUS EMPLOYER
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ACCIDENT HISTORY

The applicant named above was employed by us. Yes No

Employed as _____ from (m/y) _____ to (m/y) _____

1. Did he/she drive motor vehicle for you? Yes No
 If yes, what type? Straight truck Tractor-Semitrailer Bus Cargo tank Doubles/Triples Other

(specify) _____

2. Reason for leaving your employ: Discharged Resignation Lay Off Military Duty

3. If there is no safety performance history to report, check here , sign below and return.

ACCIDENTS: Complete the following for any accidents included on your accident register (§390.15(b)) that involve the applicant in the 3 years prior to the application date shown above, or check here if there is no accident register data for this driver.

Date	Location	#injuries	#fatalities	Hazmat spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____

Any other remarks:

Signature: _____ Title: _____ Date: _____

PART 3	TO BE COMPLETED BY PREVIOUS EMPLOYER
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DRUG AND ALCOHOL HISTORY

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here , fill in the dates of employment from _____ to _____, complete bottom of Part 3, sign, and return.

Driver was subject to Department of Transportation testing requirements from _____ to _____.

1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration? Yes No
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? Yes No
3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? Yes No
4. Has this person committed other violations of Subpart B of Part 382, or Part 40? Yes No
5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed Rehabilitation program in your employ, including return-to-duty and follow up tests?
If yes, please send documentation back with this form. Yes No
6. For a driver who successfully complete a SAP's rehabilitation referral and remained in your employ, did this driver Subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? Yes No

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on page 1.

Name: _____

Company: _____

Street: _____

City, State, Zip: _____ Telephone: _____

Part 3 Completed by (Signature) _____ Date: _____

PART 4a	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
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This form was (check one) Faxed to previous employer Mailed Emailed Other

PART 4b	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
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Complete below when information is obtained.

Information received from: _____

Recorded by: _____ Method: Fax Mail Email Telephone

Date: _____ Other _____

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

- PAGE 1 PART 1: Prospective Employee**
- Complete the information required in this section
 - Sign and date
 - Submit to the Prospective Employer
- PAGE 2 PART 4a: Prospective Employer**
- Complete the information
 - Send to Previous Employer
- PAGE 1 PART2: Previous Employer**
- Complete the information required in this section
 - Sign and date
 - Turn form over to complete SIDE 2 SECTION 3

- PAGE 2 PART 3: Previous Employer**
- Complete the information required in this section
 - Sign and date
 - Return to Prospective Employer
- PAGE 2 PART 4b: Prospective Employer**
- Record receipt of the information
 - Retain the form



FMCSA Clearinghouse Consent Form:

I, (employee) _____ hereby provide consent to **B & B Redimix Inc** to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

This consent form will be in effect for the duration of my employment with **B & B Redimix Inc** and will cover both annual and employer requested queries.

I understand that if the limited query conducted by **B & B Redimix Inc** indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to **B & B Redimix Inc** without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for **B & B Redimix Inc** to conduct a limited query of the Clearinghouse, **B & B Redimix Inc** must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

Employee Signature

Date

MOTOR VEHICLE RECORD (MVR) POLICY

It is the policy of **B & B Redimix, Inc.** to obtain and review the Motor Vehicle Record (MVR) on each prospective driver* before an offer for employment is extended to the individual. Management will review the Motor Vehicle Record to ascertain the applicant or employee holds a valid license and their driving record is within the parameters set by company driving policy.

*A "driver" is someone who could not perform the duties assigned to them without driving a vehicle.

Management will conduct an annual review of each employee's driving performance, where driving is a part of his or her job. As a company policy MVRs are checked every year on all employees where driving is part of their job description. Based upon the outcome of the annual review, the driving exposure, and the losses experienced during the past year, MVRs may be ordered and reviewed. If the employee's driving record does not meet the criteria set by management, driving privileges may be revoked or other disciplinary action may be taken.

B & B Redimix, Inc.

Date