



APPLICATION FOR EMPLOYMENT DOT APPLICANTS

NOTICE TO ALL JOB APPLICANTS

Any applicant offered employment by B & B Concrete Co., Inc. is subject to a pre-employment physical, which includes a drug screen. This job application includes an agreement concerning the drug testing. Applicants who decline to sign the agreement or to submit blood and urine samples for the screen will not be considered for employment.

An applicant must satisfactorily pass the pre-employment physical, including the drug-screening test, in order to be employed by the company. Any applicant who fails the drug screening test will be advised to consult with a physician or a counseling center, and may reapply for any available job in ninety (90) days from the date the offer of employment was withdrawn if the applicant provides medical evidence that a physician has found no sign of drug or alcohol abuse, or that the applicant has undergone and successfully completed prescribed treatment.

This application is current only for thirty (30) days. After 30 days, if you have not heard from us and still wish to be considered for a job, you must fill out a new application.

**Effective January 1, 2013, B & B Concrete Company,
Inc. is a tobacco free workplace.**

DRIVER'S RIGHTS

Drivers with Department of Transportation regulated employment during the preceding three years have the following rights regarding the investigative information that will be provided to B & B Concrete Co., Inc.:

- The right to review information provided by previous employers;
- The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to B & B Concrete Company;
- The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and you cannot agree on the accuracy of the information.

Drivers who have previous Department of Transportation-regulated employment history in the preceding three years, and wish to review previous-employer-provided investigative information must submit a written request to B & B Concrete Co., Inc., which may be done at any time, including when applying, or as late as thirty days after being employed or being notified of denial of employment.



APPLICATION FOR EMPLOYMENT

DOT APPLICANTS

Date: _____

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job-related medical condition or handicap.

Name: _____ Social Security No. _____
 First Middle Last

Date of Birth _____ Can you provide proof of age? _____
(Required for Commercial Drivers)

Address _____
 Street City State ZIP

Home Phone (____) _____ Cell Phone (____) _____ Email _____

Do you have the legal right to work in the United States? _____

How did you hear about this position? (Referral, help wanted ad, etc.) **If a current employee referred you for the position, please list their name and relationship to you here:**

Rate of pay desired _____

Have you worked for this company before? _____ Where? _____

When? _____ Position? _____

Reason for leaving? _____

Are you currently employed? _____ If not, how long since leaving last employment? _____

Please list two previous residences:

Street City, State, ZIP How Long

Street City, State, ZIP How Long

In case of emergency, please notify _____

Relationship _____ Phone _____

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described on the job description)? _____ If yes, please explain.

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding three (3) years. Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such a vehicle.

List employers for **AT LEAST THE LAST 3 YEARS** starting with the most recent. Continue on back, if necessary.

EMPLOYER		DATE	
NAME:		FROM	TO
ADDRESS:		POSITION HELD	
CITY:	STATE: ZIP:	WAGE	
CONTACT PERSON: PHONE NUMBER:		REASON FOR LEAVING	
EMPLOYER		DATE	
NAME:		FROM	TO
ADDRESS:		POSITION HELD	
CITY:	STATE: ZIP:	WAGE	
CONTACT PERSON: PHONE NUMBER:		REASON FOR LEAVING	
EMPLOYER		DATE	
NAME:		FROM	TO
ADDRESS:		POSITION HELD	
CITY:	STATE: ZIP:	WAGE	
CONTACT PERSON: PHONE NUMBER:		REASON FOR LEAVING	

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Last school attended: _____
Name
City
State

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR-TWO TRAILERS				
MOTORCOACH - SCHOOL BUS				
OTHER				

Accident record for past 3 years or more (attach sheet if more space is needed). If none, write "NONE"

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT _____	_____	_____	_____
NEXT PREVIOUS _____	_____	_____	_____
NEXT PREVIOUS _____	_____	_____	_____

Traffic convictions and forfeitures for the past 3 years (other than parking violations). If none, write "NONE".

LOCATION	DATE	CHARGE	PENALTY

Attach sheet if more space is needed.

Driver's License Information

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

Have you ever been denied a license, permit or privilege to operate a motor vehicle? _____

Has any license, permit or privilege ever been suspended or revoked? _____

(If the answer to either A or B is YES, attach statement giving details.)

States operated in for last five years: _____

List any special courses, training, or safe driving awards here: _____

OTHER EXPERIENCE OR QUALIFICATIONS

List any trucking, transportation or other experience that may help in your work for this company:

List courses and training other than shown elsewhere in this application:

List special equipment or technical materials you can work with (other than those already shown):

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information 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, schools, 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 by my application or interview may result in discharge. I understand, also, that I am required to abide by all rules and regulations of B & B Concrete Co., Inc.

Applicant's Signature

PRE-EMPLOYMENT URINALYSIS NOTIFICATION – DOT EMPLOYEES

The Federal Motor Carrier Safety Regulations, Section 391.103--Pre-Employment Testing Requirements apply to driver applicants of this company.

391.103 Pre-Employment Testing Requirements

- (a) A motor carrier shall require a driver applicant whom the motor carrier intends to hire or use to be tested for the uses of controlled substances as a pre-qualification condition.
- (b) A driver applicant shall submit to controlled substance testing as a prequalification condition.
- (c) Prior to collection of a urine sample under 391.107 of this subpart, a driver applicant shall be notified that the sample will be tested for the presence of controlled substances.

As a condition of my employment, I agree to the urine sample collection and controlled substance testing.

I understand a positive test for controlled substances based on the Urinalysis Test will medically disqualify me from the operation of a commercial motor vehicle for this company.

The Medical Review Officer will maintain the results of the Urinalysis Test. Negative and positive results will be reported to the company.

My written authorization is required for the Urinalysis Test results to be given to other parties.

I have read and understand the above conditions for the Pre-Employment Urinalysis Notification.

Applicant's Name Printed

Applicant's Signature

Date

Witnessed By:

Company Representative's Signature

Date

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release information about my driving record to B & B Concrete Co., Inc., P. O. Box 407, Tupelo, MS 38802 for purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

Applicant's Signature

Date

MOTOR VEHICLE 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 392.42 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: _____

MIXER TRUCK OPERATOR SIGNING BONUS NOTIFICATION

To enhance the company's efforts to recruit qualified mixer truck operators, the company will offer a \$1,000 signing bonus for an applicant who is hired as a new mixer truck operator and who fully meets the following criteria.

1. After 90 days of employment (payable within five business days following the 90th day of employment), employee is eligible for \$500.00 contingent on the following:
 - a. No absences except for up to 5 days of medical time off for non-work related sickness or injury which is certified in a written note by a physician. Ready and available to work as needed.
 - b. Full and complete performance of the job according to the job description as per the evaluation of the employee's management supervisor.
 - c. No disciplinary warnings or violations under the company's Progressive Discipline and Counseling Policy.
 - d. No accidents, safety violations, or work related injuries/accidents.
2. Between days 91 to 180 of employment (payable within five business days following the 180th day of employment) the employee is eligible for addition \$500.00 contingent on the following for the entire 180 day employment period:
 - a. No absences except for up to 5 days of medical time off for non-work related sickness or injury which is certified in a written note by a physician. Ready and available to work as needed.
 - b. Full and complete performance of the job according to the job description as per the evaluation of the employee's management supervisor.
 - c. No disciplinary warnings or violations under the company's Progressive Discipline and Counseling Policy.
 - d. No accidents, safety violations, or work related injuries/accidents.

These bonuses will be paid through the payroll system and will be subject to all mandatory payroll withholdings.

I have read and understand the above conditions for the \$1,000 signing bonus offered to newly hired mixer truck operators.

Applicant's Name Printed

Applicant's Signature

Date

Note: The Company reserves the right to cancel this special signing bonus without notice, but any applicant who not only executes this signing bonus notification but also is hired will be eligible for the signing bonus according to the above criteria.

B & B Concrete Co., Inc.
P.O. Box 407
Tupelo, Mississippi 38802

Dear Sir/Madam:

The below named individual has made application to B & B Concrete Company, Inc. for a position as _____ and states that he/she was employed by you as _____ from _____ to _____.

We appreciate your time in completing, in confidence, the information requested below, Enclosed is a business reply envelope for your convenience. Thank you for your courtesy.

Sincerely,

RELEASE AUTHORIZATION FOR PREVIOUS EMPLOYER VERIFICATION

I hereby authorize my previous employer to release any information relating to my work with such employer to B & B Concrete Co., Inc. for purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information. I further authorize you to release any information in regard to any alcohol and/or controlled substance program and/or testing to which I was a party while in your employ, acting as your agent, under contract with you, or acting as your representative in any capacity during the preceding three (3) years from the date listed below. This request is specific and to be released only to B & B Concrete Co., Inc., P.O. Box 407, Tupelo, MS 38802. Authorization of this release will expire once the requested information has been sent to the company named above. This authorization may not be used to provide information to entity or persons other than B & B Concrete Co., Inc.

Applicant's Signature

Date

Please Note: Pursuant to 49 CFR, Part 382.413(b) required that previous employers must provide information regarding any violations found in Part 382.413, Subpart B and information found in Part 382.401(c)(4) and compliance with Part 382.309.

_____ (applicant's name), SSN _____ has made application to our company for a safety-sensitive function as outlined in 49CFR, Part 382.107. Pursuant to Part 382.413 (a)(b)(c), we are hereby requesting copies of records pursuant to Part 382.413 (b), which are maintained by you pursuant to 49CFR 382.401 (b)(1)(i) through (iii).

Name of Applicant _____ Social Security Number _____

Employed from _____ to _____ as _____ at wage or salary of _____

Did he/she drive a motor vehicle for you? _____ If so, what kind? _____

Was he/she a safe and efficient driver? _____ Was his/her general conduct satisfactory? _____

Reason for leaving your employ _____

ACCIDENT HISTORY

Please list any accidents included on your motor carrier’s accident register (390.15(b)) that involved the applicant. They must reflect all accidents three (3) years prior to the date of application (the date the applicant provided signed release authorization).

DATES	LOCATION	NO. OF FATALITIES	NO. OF INJURIES	HAZMAT SPILL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please provide information concerning other accidents not appearing on your accident register involving a commercial motor vehicle that were reported to government agencies or insurers or retained under company policies:

DOT DRUG & ALCOHOL TESTING HISTORY

If the applicant was not subject to DOT testing requirements under 49 CFR Part 40 while employed with you, please check here _____ and return.

In the three (3) years prior to the date of the employee’s authorization signature, for DOT regulated testing:

1. Did the employee have alcohol tests with a result of 0.04 or higher? Yes _____ No _____
2. Did the employee have verified positive drug tests? Yes _____ No _____
3. Did the employee refuse to be tested? Yes _____ No _____
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? Yes _____ No _____

5. Did a previous employer report a drug and alcohol rule violation to you? Yes _____ No _____
6. If you answered "yes" to any of the above items, did the employee N/A _____ Yes _____ No _____ complete the return to duty process?

Note: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g. SAP report(s), follow-up testing record).

CONFIDENTIAL REPORT OF PERSONAL REFERENCE

Please indicate your opinion by placing a check in the appropriate column.

CHARACTERISTICS	EXCELLENT	GOOD	FAIR	POOR
Disposition, Tact, Ability to get along with others				
Safety Habits				
Driving Skill				
Attitude				
Loyalty				
Initiative, Resourcefulness				

Any other remarks:

Signature

Date

Title