



**A.B.C. REDI-MIX Inc.**



**WICHITA SAND AND GRAVEL CO., INC.**

P.O. Box 1739 ♦ Wichita Falls, TX 76307 ♦ 940-723-0944 ♦ (Fax) 866-312-6354

[wsg@wsgconcrete.com](mailto:wsg@wsgconcrete.com)

# **COMMERCIAL MOTOR VEHICLE DRIVER'S APPLICATION FOR EMPLOYMENT**

All qualified applicants are considered regardless of race, color, sex, age, national origin, religion, disability or any other protected status in accordance with state, federal and local law.

**EQUAL OPPORTUNITY EMPLOYER**

**ALWAYS BETTER CONCRETE**

(REV. 6/2/2015)

**Background Information:**

Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date of Birth:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Required by DOT)

List your addresses of residency for the past 3 years.

Current Address: \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_ How Long? \_\_\_\_\_

Previous Addresses: \_\_\_\_\_ How Long? \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
\_\_\_\_\_ How Long? \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
\_\_\_\_\_ How Long? \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Are you legally eligible for employment in the United States?  Yes  No  
[Documentation verifying eligibility will be required within three days of hire.]

Are you able to perform essential functions of the job for which you have applied, with or without reasonable accommodation, as described on the attached job description? If no, please explain? \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No  
If yes, give the nature of the offense, date of conviction, penalty imposed for the offense and date of release from prison, if applicable. A conviction record will not necessarily be a bar to employment and will be considered only as it relates to the job. \_\_\_\_\_

Are you under any contractual obligation to a previous employer?  Yes  No  
If yes, please explain: \_\_\_\_\_

Are you limited in any capacity that prevents you from accessing federal/state properties or public facilities such as schools, retail centers, etc.?  Yes  No  
If yes, please explain: \_\_\_\_\_

**EMPLOYMENT DESIRED:**

Position \_\_\_\_\_ Date you can start \_\_\_\_\_

Wage rate desired \_\_\_\_\_

Are you employed now? \_\_\_\_\_ If so, may we inquire of your present employer? \_\_\_\_\_

Have you ever applied to this Company or any ABC Redi-Mix, Inc. affiliated Company before \_\_\_\_\_ Where? \_\_\_\_\_ When? \_\_\_\_\_

Referred by \_\_\_\_\_

Have you ever worked for this Company or any ABC Redi-Mix, Inc. affiliated Company? Where? \_\_\_\_\_ When? \_\_\_\_\_

State any courses, training or other experience that will help you as a driver [example – Hazmat training]:

\_\_\_\_\_  
\_\_\_\_\_

**MOTOR VEHICLE ACCIDENT RECORD FOR PAST 3 YEARS OR MORE** If none, write none

Dates	Nature of Accident (Head-on, Rear-end, upset, etc.)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

(Attach sheet if more space is needed)

**TRAFFIC CONVICTIONS AND/OR BOND FORFEITURES DURING THE PAST 3 YEARS** (Other than parking violations). If none, write none

Location	Date	Charge	Penalty

(Attach sheet if more space is needed)

**WORK EXPERIENCE**

For the last TEN years. If necessary, provide an additional sheet. *List below, beginning with the most recent.*

1. Employer Name \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone \_\_\_\_\_  
 \_\_\_\_\_  
 Type of Business \_\_\_\_\_ Your Position \_\_\_\_\_  
 Immediate Supervisor \_\_\_\_\_ Supervisor Position \_\_\_\_\_  
 Person we may contact to verify employment \_\_\_\_\_

Work performed [Include whether you operated a commercial vehicle and the type of vehicle(s) operated]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Last Salary \_\_\_\_\_

Reason for Leaving \_\_\_\_\_



2. Employer Name \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_

Type of Business \_\_\_\_\_ Your Position \_\_\_\_\_  
Immediate Supervisor \_\_\_\_\_ Supervisor Position \_\_\_\_\_  
Person we may contact to verify employment \_\_\_\_\_

Work performed [Include whether you operated a commercial vehicle and the type of vehicle(s) operated]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Current Last Salary \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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3. Employer Name \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_

Type of Business \_\_\_\_\_ Your Position \_\_\_\_\_  
Immediate Supervisor \_\_\_\_\_ Supervisor Position \_\_\_\_\_  
Person we may contact to verify employment \_\_\_\_\_

Work performed [Include whether you operated a commercial vehicle and the type of vehicle(s) operated]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Current Last Salary \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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4. Employer Name \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_

Type of Business \_\_\_\_\_ Your Position \_\_\_\_\_  
Immediate Supervisor \_\_\_\_\_ Supervisor Position \_\_\_\_\_  
Person we may contact to verify employment \_\_\_\_\_

Work performed [Include whether you operated a commercial vehicle and the type of vehicle(s) operated]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Current Last Salary \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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(Attach sheet if more space is needed)

**EDUCATION**

	Name and Location of School	No. of Years Attended	Did you Graduate?	Subjects Studied
High School				
College				
Trade, Business Driving or Correspondence School				

**DRIVER EXPERIENCE AND QUALIFICATIONS**  
**DRIVER LICENSES**

State	License No.	Type	Expiration Date

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?  Yes  No
- B. Has your license, permit or privilege ever been suspended, revoked or canceled?  Yes  No
- C. Have you ever been convicted of driving under the influence of alcohol or drugs or any related offense?  
 Yes  No

If the answer to either A, B or C is YES, please set forth in detail the acts, circumstances, and dates of such denial revocation, suspension or conviction:

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**DRIVING EXPERIENCE** IF NONE, WRITE NONE

Class of Equipment	Type of Equipment (Front/Rear Load, Make, Model, etc.)	Dates From - To	Approx. No of Total Years or Miles Driven
Ready-Mix Truck			
Bulk Cement, other Dry Bulk or other tank truck			
Tractor and Semi-Trailer			
Dump Truck			
Straight Truck			
Construction and/or off-road Vehicle			
Other			

List states operated in for last five years \_\_\_\_\_

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# A.B.C. REDI-MIX Inc.



## WICHITA SAND AND GRAVEL CO., INC.

P.O. Box 1739 ♦ Wichita Falls, TX 76307 ♦ 940-723-0944 ♦ (Fax) 866-312-6354

[wsg@wsqconcrete.com](mailto:wsg@wsqconcrete.com)

I understand in filling out this application that ABC Redi-Mix, Inc. is in no way obligated to offer me employment. I certify that the facts set forth in my application for employment are true, correct and complete. I agree that any misrepresentation or false statement of this application shall be considered ground for rejecting this application, rescinding a tentative job offer or immediate discharge if discovered after hire. I authorize ABC Redi-Mix, Inc. to investigate any of the information contained on this application, including the examination of past employment records, references and other facts stated on the application. I waive any rights which I may have to receive written notice from any former employer listed on this application regarding the release to ABC Redi-Mix, Inc. of any information concerning any disciplinary action taken against me by said former employers. I understand that I will be required to successfully complete a post-offer medical examination as a condition of employment, including drug and alcohol testing, and I agree to take such examination.

I also recognize and accept the right of ABC Redi-Mix, Inc. to unilaterally modify, amend, or eliminate any policies, handbooks, rules or procedures in its sole discretion at any time.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Application



# SAFETY PERFORMANCE HISTORY RECORDS REQUEST

## SECTION 1 AUTHORIZATION

I, (Print Name) \_\_\_\_\_, hereby authorize:  
(First, M.I., Last)

Previous Employer: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

to release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substance Testing records within the previous 3 years from \_\_\_\_\_ (Date of Employment Application) to:

**Prospective Employer:** ABC Redi-Mix, Inc. **Attn:** Personnel  
**Street Address:** 610 Wichita St. **Phone:** (940) 723-0944  
**City, State, Zip:** Wichita Falls, Texas 76306

In compliance with 49 CFR§§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 confidential fax number:** (866)312-6354  
**Prospective employer's confidential email:** wsg@wsgconcrete.com

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

**This information is being requested in compliance with 49 CFR§§40.25 and 391.23.**

## SECTION 2 ACCIDENT HISTORY

The applicant named above was employed by us.  Yes  No  
Employed as \_\_\_\_\_ from (mm/yy) \_\_\_\_\_ to (mm/yy) \_\_\_\_\_.  
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) \_\_\_\_\_

ACCIDENTS: Complete the following for any accidents included on your accident register (§390.15(b)) that involved 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	No. of Injuries	No. of 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_  
Title: \_\_\_\_\_ Date: \_\_\_\_\_



**SECTION 3 DRUG AND ALCOHOL HISTORY**

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here .

- 1. Has this person had an alcohol test with a 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 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 or Part 382 or Part 40?  Yes  No
- 5. If this person has violated a DOT drug and alcohol regulation, did this person fail to undertake or complete a program prescribed by a Substance Abuse Professional (SAP) in your employ? If yes, please end documentation back with this form.  Yes  No
- 6. For a driver who successfully completed 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 side 1.

Name: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City,State,Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Section 3 completed by (Signature) \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 4 MODE OF COMMUNICATION**

This form was sent to previous employer via (check one)  Fax  Mail  Email  Other \_\_\_\_\_  
 By: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 5 RECEIPT INFORMATION**

Complete the following when the requested information is obtained.

Information received from \_\_\_\_\_  
 Recorded by: \_\_\_\_\_ Method:  Fax  Mail  Email  Phone  
 Date: \_\_\_\_\_  Other \_\_\_\_\_

**INSTRUCTIONS FOR COMPLETING THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST**

- SIDE 1 SECTION 1: PROSPECTIVE EMPLOYEE**
- Complete the information required in this section
  - Sign and date
  - Submit to the prospective employer
- SIDE 1 SECTION 2: PREVIOUS EMPLOYER**
- Complete the information required in this section
  - Sign and date
  - Turn form over to complete SIDE 2 SECTION 3

- SIDE 2 SECTION 3: PREVIOUS EMPLOYER**
- Complete the information required in this section
  - Sign and date
  - Return to prospective employer
- SIDE 2 SECTION 4: PROSPECTIVE EMPLOYER**
- Verify that prospective employee has correctly completed SIDE 1 SECTION 1
  - Complete the information required in this section
  - Make a copy of this form and keep it on file
  - Send to previous employer
- SIDE 2 SECTION 5: PROSPECTIVE EMPLOYER**
- Record receipt of the information in SECTION 5
  - Keep form on file for duration of the driver's employment and for three years thereafter

### NOTIFICATION AND RELEASE

1. The information contained in the application is true to the best of my knowledge and belief and I understand that any misrepresentation or false statement by me in connection with the application or any related documents which is deemed material by ABC Redi-Mix, Inc., shall result in ABC Redi-Mix, Inc. not employing me or, if employed, terminating my employment.
2. I understand and agree that all information furnished in this application and all attachments may be verified by ABC Redi-Mix, Inc. or its authorized representative. I hereby authorize all individuals and organizations named or referred to in this application and any law enforcement organization to give ABC Redi-Mix, Inc. all information relative to such verification and hereby release such individuals, organizations, and ABC Redi-Mix, Inc. from any and all liability for any claim or damage resulting there from.
3. I hereby acknowledge that I have been informed by ABC Redi-Mix, Inc. that ABC Redi-Mix, Inc. may seek to obtain a consumer report and/or an investigative report that will include personal information regarding me, including but not limited to education history, work references and criminal convictions, in order to assist ABC Redi-Mix, Inc. in making certain employment decisions. I further acknowledge notification by ABC Redi-Mix, Inc. that reports may be provided to ABC Redi-Mix, Inc. by other firms sub-contracted for that purpose.
4. I, my heirs, assigns and legal representatives, hereby release and fully discharge ABC Redi-Mix, Inc., its affiliated companies and the respective officers, director, shareholders, employees, agents of each, including subcontractors from any and all claims, monetary or investigative consumer report.

#### PLEASE PRINT THE FOLLOWING:

**First Name:**

**Middle Name:**

**Last Name:**

**Maiden Name:**

--

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**Date of Birth (Required by D.O.T.)**

**Social Security Number**

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**\*Driver's License**

**State**

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
City

\_\_\_\_\_  
County

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
ABC Redi-Mix, Inc. Representative

**INQUIRY TO STATE AGENCY FOR DRIVER'S RECORD  
391.23(a)(1) and (b)**

To Whom It May Concern,

The below named individual has made application with us for employment as a driver. The applicant has indicated that the above numbered operator's license or permit has been issued by your State to applicant and that it is in good standing.

In accordance with Section 391.23(a)(1) and (b) of the Federal Motor Carrier Safety Regulations, we are required to make inquiry into the driving record during the preceding 3 years of every State in which an applicant-driver has held a motor vehicle operator's license or permit during those 3 years.

Therefore, please certify to us what the individual's driving record is for the preceding 3 years, or certify that no record exists if that be the case.

In the event that this inquiry does not satisfy your requirements for making such inquiries, please send us such forms of yours as are necessary for us to complete our inquiry into the driving record of this individual.

**Requested by:**

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\_\_\_\_\_  
*Company Name*

\_\_\_\_\_  
*Person Making Inquiry*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*Signature*

**Release:**

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I hereby authorize you to release the above requested information to \_\_\_\_\_ for investigation purposes required by the FMCSR Section 391.23(a)(1) and (b).

\_\_\_\_\_  
*Applicant/Driver Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Operators License Number*

\_\_\_\_\_  
*Social Security Number*



## **Certification of Compliance With Driver License Requirements**

**DRIVER REQUIREMENTS:** As required under the FMCSR Parts 383 and 391 every driver who operates a CMV must comply with certain regulations. They are as follows:

- 1) **POSSES ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.
  
- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION, OR CANCELLATION:**
  - A driver is required under the FMCSR Sections 392.42 and 383.33 to notify his/her employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license.
  - Section 383.31 of the FMCSR requires the driver who violates a state or local traffic law (other than parking), 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.

I only possess one license as listed below.

Driver's License Number: \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

**DRIVER CERTIFICATION:**

**I certify that I have read and understand the above requirements.**

Driver's Name: \_\_\_\_\_

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Driver's Data Sheet

As required under the FMCSR a motor carrier is required to have written statement from the driver of his/her driving and on duty time for the preceding seven days. This requirement includes all new-hire drivers and intermittent drivers.

Driver's Name	Social Security Number
Driver's Address	City, State and Zip Code
<b>Driver's Signature</b>	Date

Day	Date	Total Hours
<b>1</b>		
<b>2</b>		
<b>3</b>		
<b>4</b>		
<b>5</b>		
<b>6</b>		
<b>7</b>		

At what time were you released from work? \_\_\_\_\_