



37 Westgate Ave, Dickinson, ND 58601

# EMPLOYMENT APPLICATION

APPLICANT NAME \_\_\_\_\_ DATE \_\_\_\_\_

IN COMPLIANCE WITH FEDERAL AND STATE EQUAL EMPLOYMENT OPPORTUNITY LAWS, QUALIFIED APPLICANTS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL STATUS, VETERAN STATUS, NON-JOB RELATED DISABILITY, OR ANY OTHER PROTECTED GROUP STATUS.

### TO BE READ AND SIGNED BY APPLICANT

I AUTHORIZE DICKINSON READY MIX CO (“DRM”) TO MAKE SUCH INVESTIGATIONS AND INQUIRIES OF MY CONSUMER REPORTS OR INVESTIGATIVE CONSUMER REPORTS. THESE REPORTS MAY CONTAIN CONSUMER RECORDS, CRIMINAL RECORDS, DRIVING RECORDS, EDUCATIONAL RECORDS, PRIOR EMPLOYMENT RECORDS, MEDICAL HISTORY, AND OTHER PERSONAL OR RELATED MATTERS, AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION. I FURTHER AUTHORIZE ANY FORMER EMPLOYER, SCHOOL, POLICE DEPARTMENT, FINANCIAL INSTITUTION, DIVISION OF MOTOR VEHICLES, OR OTHER PERSONS OR AGENCIES HAVING KNOWLEDGE ABOUT ME TO FURNISH DRM WITH ANY AND ALL BACKGROUND INFORMATION ABOUT ME. (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.

I UNDERSTAND THAT I HAVE THE RIGHT TO MAKE A REQUEST FOR DRM, UPON PROPER IDENTIFICATION AND PAYMENT OF ANY LEGALLY PERMISSIBLE FEES, TO PROVIDE ME WITH THE INFORMATION IN ITS FILES RELATED TO ME AT THE TIME OF MY REQUEST.

I FURTHER UNDERSTAND THAT IF ADVERSE ACTION IS TAKEN WITH RESPECT TO ANY CONSUMER REPORT THAT IS BASED IN WHOLE OR IN PART ON ANY INFORMATION IN THE CONSUMER REPORT, DRM SHALL:

- PROVIDE ME WITH ORAL, WRITTEN, OR ELECTRIC NOTICE AND THE BASIS OF THE ADVERSE ACTION;
- PROVIDE ME WITH WRITTEN OR ELECTRONIC DISCLOSURE OF A NUMERICAL CREDIT SCORE AS DEFINED IN 15 USC 1681g(f)(2)(A) AND INFORMATION SET FORTH IN 15 USC 1681g(f)(1)(B) – (E);
- PROVIDE ME WITH ORAL, WRITTEN, OR ELECTRONIC NOTICE OF THE NAME, ADDRESS, AND TELEPHONE NUMBER OF THE CONSUMER REPORTING AGENCY THAT FURNISHED THE REPORT AND A STATEMENT THAT THE CONSUMER REPORTING AGENCY DID NOT MAKE THE DECISION TO TAKE THE ADVERSE ACTION AND IS UNABLE TO PROVIDE A REASON WHY THE ADVERSE ACTION WAS TAKEN; AND
- PROVIDE ME WITH ORAL, WRITTEN, OR ELECTRIC NOTICE OF MY RIGHT TO OBTAIN UNDER 15 USC 1681j, A FREE COPY OF A CONSUMER REPORT ON ME FROM THE CONSUMER REPORTING AGENCY PROVIDING THE CONSUMER REPORT, WHICH SHALL INCLUDE AN INDICATION OF THE 60 DAY PERIOD FOR OBTAINING SAID COPY AND MY RIGHT TO DISPUTE WITH A CONSUMER REPORTING AGENCY THE ACCURACY OR COMPLETENESS OF THE INFORMATION IN THE CONSUMER REPORT

I FURTHER UNDERSTAND THAT IF ADVERSE ACTION IS TAKEN WITH RESPECT TO ANY INFORMATION OBTAINED FROM THIRD PARTIES, OTHER THAN CONSUMER REPORTING AGENCIES, DRM SHALL:

- PROVIDE ME WITH ORAL, WRITTEN, OR ELECTRIC NOTICE OF THE ADVERSE ACTION;
- PROVIDE ME WITH ORAL, WRITTEN, OR ELECTRIC NOTICE THAT I MAY OBTAIN THE INFORMATION RECEIVED WHICH LEAD TO THE ADVERSE ACTION, UPON A WRITTEN REQUEST BY ME WHICH IS RECEIVED WITHIN 60 DAYS AFTER THE TRANSMITTAL OF THE NOTICE OF THE ADVERSE ACTION; AND
- PROVIDE ME THE NATURE OF THE INFORMATION UPON WHICH THE ADVERSE ACTION IS BASED, NOT MORE THAN 30 DAYS AFTER DRM’S RECEIPT OF MY WRITTEN REQUEST

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.

I UNDERSTAND THAT INFORMATION I PROVIDE REGARDING CURRENT AND/OR PREVIOUS EMPLOYERS MAY BE USED, AND THOSE EMPLOYER(S) WILL BE CONTACTED, FOR THE PURPOSE OF INVESTIGATING MY SAFETY PERFORMANCE HISTORY AS REQUIRED BY 49 CFR 391.23 (d) AND (e). I UNDERSTAND I HAVE THE RIGHT TO:

- REVIEW INFORMATION PROVIDED BY PREVIOUS EMPLOYERS;
- HAVE ERRORS IN THE INFORMATION CORRECTED BY PREVIOUS EMPLOYERS AND FOR THOSE PREVIOUS EMPLOYER(S) TO RESEND THE CORRECTED INFORMATION TO THE PROSPECTIVE EMPLOYER; AND
- HAVE A REBUTTAL STATEMENT ATTACHED TO THE ALLEGED ERRONEOUS INFORMATION, IF THE PREVIOUS EMPLOYER(S) AND I CANNOT AGREE ON THE ACCURACY OF THE INFORMATION.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**FOR COMPANY USE**

**PROCESS RECORD**

APPLICANT HIRED \_\_\_\_\_ REJECTED \_\_\_\_\_

DATE EMPLOYED \_\_\_\_\_ POINT EMPLOYED \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ CLASSIFICATION \_\_\_\_\_

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING OFFICER \_\_\_\_\_

**TERMINATION OF EMPLOYMENT**

DATE TERMINATED \_\_\_\_\_ DEPARTMENT RELEASED FROM \_\_\_\_\_

DISMISSED \_\_\_\_\_ VOLUNTARILY QUIT \_\_\_\_\_ OTHER \_\_\_\_\_

TERMINATION REPORT PLACED IN FILE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

**APPLICANT TO COMPLETE**

(Answer all questions – please print)

Position(s) Applied for \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Last First Middle

List your addresses of residency for the past 3 years.

Current Address \_\_\_\_\_

Street City

Phone \_\_\_\_\_ How Long? \_\_\_\_\_

State Zip Code yrs./mo.

Previous \_\_\_\_\_ How Long? \_\_\_\_\_

Addresses Street City State & Zip Code yrs./mo.

How Long? \_\_\_\_\_

Street City State & Zip Code yrs./mo.

How Long? \_\_\_\_\_

Street City State & Zip Code yrs./mo.

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

Date of Birth \_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_

(Required for Commercial Drivers)

Have you worked for this company before? \_\_\_\_\_ Rate of Pay \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If not, how long since leaving last employment: \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

Have you ever been bonded? \_\_\_\_\_ Name of Bonding Company \_\_\_\_\_

(Answer only if a job requirement)

Have you ever been convicted of a felony? \_\_\_\_\_

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment – all circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied

[as described in the attached job description]? \_\_\_\_\_

If yes, explain if you wish. \_\_\_\_\_

### EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state, and zip code.

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 vehicle.

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

EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS			POSITION HELD	
CITY	STATE	ZIP CODE	SALARY/WAGE	
CONTACT PERSON		PHONE #	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs † WHILE EMPLOYED: <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DPT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS			POSITION HELD	
CITY	STATE	ZIP CODE	SALARY/WAGE	
CONTACT PERSON		PHONE #	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs † WHILE EMPLOYED: <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DPT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS			POSITION HELD	
CITY	STATE	ZIP CODE	SALARY/WAGE	
CONTACT PERSON		PHONE #	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs † WHILE EMPLOYED: <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DPT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS			POSITION HELD	
CITY	STATE	ZIP CODE	SALARY/WAGE	
CONTACT PERSON		PHONE #	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs † WHILE EMPLOYED: <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DPT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

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.

† The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and used to transport hazardous materials in a quantity requiring placarding.

**ACCIDENT RECORD FOR THE 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	HAZARDOUS MATERIAL SPILL
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)

**EXPERIENCE AND QUALIFICATIONS - DRIVER**

List all driver licenses or permits held in the past 3 years

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 any license, permit, or privilege ever been suspended or revoked? YES \_\_\_\_\_ NO \_\_\_\_\_

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS \_\_\_\_\_

**DRIVING EXPERIENCE CHECK YES OR NO**

CLASS OF EQUIPMENT		CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES TOTAL
			FROM (M/Y)	TO (M/Y)	
STRAIGHT TRUCK	<input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR & SEMI TRAILER	<input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - TWO TRAILERS	<input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - THREE TRAILERS	<input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
MOTORCOACH - SCHOOL BUS	<input type="checkbox"/> YES <input type="checkbox"/> NO More than 8 passengers	_____			
MOTORCOACH - SCHOOL BUS	<input type="checkbox"/> YES <input type="checkbox"/> NO More than 15 passengers	_____			
READY-MIX TRUCK	<input type="checkbox"/> YES <input type="checkbox"/> NO				
OTHER					

LIST STATES OPERATED IN FOR THE LAST FIVE YEARS: \_\_\_\_\_

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: \_\_\_\_\_

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS – OTHER**

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY \_\_\_\_\_

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN) \_\_\_\_\_

**EDUCATION**

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8

HIGH SCHOOL: 1 2 3 4

COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED (NAME) \_\_\_\_\_ (CITY, STATE) \_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

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.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_