

Application for Employment
(An Equal Opportunity Employer)

Date: _____

PERSONAL INFORMATION (Please Print All Information on This Application)

Name _____

LAST FIRST MIDDLE

Current Address _____

Street/Apartment Number City/Town State
Zip Code

Social Security Number _____ Telephone Number (_____) _____ Other Number (_____) _____

PREVIOUS ADDRESS (If at present address for less than three years)

Street/Apartment City State
Zip Code

Street/Apartment City
State Zip Code

EMPLOYMENT DESIRED

Position _____ Date You Can Start _____ Expected Wages _____
_____ Per Hour

Referred By _____ Have You Worked For This Company Before? _____ Date of Employment From _____ To _____

Where _____ Previous Position _____ Rate of Pay _____ Reason for Leaving _____

Name(s) of any relative employed by this Company _____

EDUCATION / SPECIAL STUDY / RESEARCH WORK

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

Last School attended _____

Name Address

Special Study or Research Work _____

Special Training / Skills _____

EMPLOYMENT RECORD

The U.S. Department of Transportation requires that driver applicants show all employment for the past three (3) years. Those applying for a position requiring a CDL, must show employment history for ten (10) years prior to date of this application (49 CFR / FMCSR 391.21 (B) (10), (11))

Start with most recent or current position, including military experience, and work backwards. (Attach a separate sheet if necessary)

Current Employer _____ Supervisor's Full Name

Address _____ Zip Code _____ Phone (_____) _____

Position Held _____ From _____ To _____ Wages

(month/year) (month/year)

Reason for leaving

Company / Employer _____ Supervisor's Full Name

Address _____ Zip Code _____ Phone (_____) _____

Position Held _____ From _____ To _____ Wages

(month/year) (month/year)

Reason for leaving

Company / Employer _____ Supervisor's Full Name

Address _____ Zip Code _____ Phone (_____) _____

Position Held _____ From _____ To _____ Wages

(month/year) (month/year)

Reason for leaving

DRIVER EXPERIENCE & QUALIFICATION

Information requested in this section, consisting of four (4) parts, is required by State and Federal Laws and Regulations and MUST cover the past three (3) years. The U.S. Department of Transportation requires that Driver Applicants state their Date of Birth under 49 CFR 391.21(b)(2) and the current License Number, State of Issue and Expiration Date as required under 49 CFR 391.21(b)(5). If more space is necessary, attach a separate sheet listing the appropriate information.

Date of Expiration	Current License	State of Issue	Class and Endorsement
Birth _____ Date _____	Number _____	_____	_____

LICENSES: For the past three (3) years, not including the current license

State _____ License # _____ Class _____ Endorsements _____ Expiration Date

State _____ License # _____ Class _____ Endorsements _____ Expiration Date _____

State _____ License # _____ Class _____ Endorsements _____ 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 _____

C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes _____ No _____

(If you answered "YES" to A or B or C or any and all, attach a statement giving details.)

DRIVING EXPERIENCE:

Straight Truck: Van ___ Tank ___ Flat ___ Other _____ Date: From _____ To _____ Total Miles _____

Tractor & Semi-Trailer: Box ___ Tank ___ Dump ___ Flat ___ Date: From _____ To _____ Total Miles _____

Twin Trailers: _____ Other type vehicles: _____ States operated in last five years: _____

List special courses or training that will help you as a driver _____

List driving & any safety awards presented to you _____

ACCIDENT REVIEW: For the past three (3) years

<u>DATE (s)</u> <u>Most Recent</u>	<u>Nature of Accident</u> <u>(Head-on, Rear-end, etc.)</u>	<u>Vehicle</u> <u>Operated</u>	<u>Fatalities</u> <u>Involved</u>	<u>Injuries</u> <u>Involved</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TRAFFIC TICKET/SUMMONS CONVICTIONS & FORFEITURES: For the past three (3) years

<u>City/Town</u>	<u>State</u>	<u>Date</u>	<u>Charge/Violation</u>	<u>Penalty</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

VEHICLE / EQUIPMENT MAINTENANCE EXPERIENCE & QUALIFICATIONS (Check appropriate areas – insert dates)

List courses and training in this and the next section: _____

Experience	Formal	Years of	Experience	Formal	Years of	Experience	Formal
<u>Training</u>	<u>Training</u>	<u>Experience</u>	<u>Training</u>	<u>Training</u>	<u>Experience</u>	<u>Training</u>	<u>Training</u>
Drive Line	_____	_____	Body Work	_____	_____	Brakes	_____
Diesel Engine Tune-up/Rebuilding	_____	_____	Electrical System Repair	_____	_____	Cooling System	_____
Gas Engine Tune-up/Rebuilding	_____	_____	Frame/Wheel Alignment	_____	_____	Inspections Car/Truck	_____
Tire Service	_____	_____	Air Conditioning	_____	_____	General Car Repair	_____
Trailer Repair	_____	_____	Heavy Equipment	_____	_____	List	_____

SHOP EQUIPMENT (Check appropriate areas & insert dates)

Experience	Formal	Years of	Experience	Formal	Years of	Experience	Formal	Years of
Sheet Metal	_____	_____	Dynamometers	_____	_____	Welders	_____	_____
Paint Spray Gun	_____	_____	Analyzer	_____	_____	P.C. Service Tools	_____	_____
Straightening	_____	_____	Equipment	_____	_____	Equipment	_____	_____

List any other courses and training not previously list in the previous two sections above _____

HEAVY EQUIPMENT EXPERIENCE (Insert number of years' experience)

Loader _____ Dozer _____ Track hoe _____ Backhoe _____ Forklift _____ Crane _____
Haul Truck _____ Grader _____ Roller _____ Other _____
Sand Plant Mill Work _____ Redi-Mix Batch Plant _____ Open Pit Mining _____ Dredge _____
Other Qualifications _____

CLERICAL EXPERIENCE & QUALIFICATIONS (Check appropriate areas & insert dates)

Experience	Formal	Years of	Experience	Formal	Years of	Experience	Formal	Years of
Computers (Indicate Software	_____	_____	Typing Filing	_____	_____	Bookkeeping Accounting	_____	_____
Photocopiers Fax Machines	_____	_____	Adding Machines Calculators	_____	_____	Switchboard Equipment	_____	_____
Accounts Receivable	_____	_____	Accounts Payable	_____	_____	Dispatching	_____	_____
Human Resource	_____	_____	Insurance (Med/WC)	_____	_____	Other (Describe)	_____	_____

List Courses and Training received in Office Work _____

APPLICANTS MUST READ AND SIGN

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his/her agent(s) may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons so representing the company from all liability for any damage(s) and claim(s) on account of furnishing such information. I understand that as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigative Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts on this application or any other document required for employment, including a medical examination report may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer, including the participation in a random drug and alcohol testing program and a review(s) of my Motor Vehicle Driving Record. It is further understood and agreed that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and condition of my employment may be changed, with or without cause and with or without notice, at any time by the company.

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.

Date

Applicant Signature

Date

Signature of Interviewing Officer

County Concrete Corporation, with its main office located at 50 Railroad Avenue (PO Box F), Kenvil, Roxbury Township, Morris County, New Jersey 07847, telephone number (973) 584-7122, is a equal opportunity employer and complies with State and Federal Laws and Regulations pertaining to fair employment practice prohibiting employment discrimination. In addition, County Concrete Corporation complies with the provisions of the Americans with Disabilities Act and the final Regulations and interpretive guidance promulgated by the EEOC on July 26, 1991