



Bleigh Ready Mix Co.
 144 Bleigh Drive
 Hannibal, MO.63401
 573-221-1818

Employment Application

Applicant Information

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

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone #: _____ Email _____

In case of emergency notify:

_____ Name _____ Phone # _____

Date Available: _____ Social Security # _____ Desired Salary: \$ _____

Position Applied for: _____ Referred by: _____

Will you work overtime when needed? YES NO

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/position? _____

Have you ever been convicted of a felony? YES NO

If yes, dates, & charge/s _____

Driving Experience

	Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates Miles From (Total)	Approx. # of To
Straight Truck				
Tractor & Semi-Trailer				
Tractor – Two Trailers				

Other: _____

Accident Record for Past 3 Years or More (Attach sheet if More Space is Needed)

Dates:	Nature of Accident (Head-on, Rear-End, Upset, Etc.)	Number of Fatalities	Number of Injuries	Chemical Spills

Previous Employment

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

Company: _____ Phone: _____
 Address: _____ Supervisor: _____
 Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
 From: _____ To: _____ Reason for Leaving: _____

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 Address: _____ Supervisor: _____
 Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
 From: _____ To: _____ Reason for Leaving: _____

Were you subject to Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employers?

YES NO
 If yes, please Specify which employer/s: _____

Was the previous job positions designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40?

YES NO
 If yes, please Specify which employer/s: _____

Have you **tested positive** for drugs and/or alcohol, or **refused** a drug and/or alcohol test in the past 2 years? YES NO

Driver Information-Complete only if you are applying as a truck or other vehicle driver.

Do you have a current C.D.L. License

YES NO

Section 383.21 FMCSR States “No person who operates a commercial motor vehicle shall at any time have more than one driver’s license”. I certify that I do not have more than one vehicle license, the information for which is listed below.

Current Driver’s License	State	License #:	Class	Expiration Date
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you ever been denied a license, permit, or privilege to operate a motor vehicle, or been suspended or revoked?		
If the answer to the previous question was yes , list dates, facts, & circumstances pertaining to such denial, revocation, or suspension.				

List all traffic convictions and forfeitures for the past 3 years (other than parking violations)
Attach sheet if more space is needed

Date Convicted	Violation	State of Violation:	Penalty

Disclaimer and Signature of Applicant

I hereby authorize you to make sure investigations and inquires to my personal, employment, financial, 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, healthcare providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

I understand that Bleigh Ready Mix Co., has a drug free workplace policy, and as such I consent to drug testing as a condition of my employment as per the company drug testing policy.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in termination. I also understand that I am required to abide by all rules and regulations of Bleigh Ready Mix Co. Further, I understand and agree that my employment is at will and for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any notice.

“I understand that information I provide regarding current and/or previous employers may be used, and those employers(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 that I have the right to:

(See next page)

Review information provided by current/previous employers;

Have errors in the information corrected by previous employers and for those previous employers to re-send 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: _____

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: _____

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

General Health Questions

Please answer the following questions:

1: Do you have or have you ever had the following?

- Heart Trouble
- Back Trouble
- Hernia
- Emphysema or any Lung Problems
- Any Muscle Problems
- Eye Problems
- Hearing Problems
- Knee Problems

2: Are you currently taking any medication? Yes No

If yes, please explain:

3: Do you have any other health problems which we should know about? Yes No

If yes, please explain:

4: Have you ever had an injury or illness for which you were placed under a Doctor's care for a prolonged period of time? Yes No If yes, please explain:

5: Can you lift?

- | | | | | |
|---------|--------------------------|-----|--------------------------|----|
| 50 lbs | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 75lbs | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 100 lbs | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |

***By signing below, I have answered the above questions to the best of my knowledge.**

Applicant Signature: _____

ATTENTION DRIVER APPLICANTS

IMPORTANT NOTICE REGARDING BACKGROUND REPORTS FROM THE PSP ONLINE SERVICE

- 1.) In connection with your application for employment with Bleigh Ready Mix Co. ("Prospective Employer"). Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).
When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notifications: that adverse action has been taken based in whole or in part on information obtained from FMCSA: the name, address, and toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report then, within three business days of receiving your request, together with proper identification, the Prospective Employer must send or provide you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below.

- 2.) **I authorize Bleigh Ready Mix Co. ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that the release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.**
- 3.) I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a state, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.
- 4.) Please note: Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported for FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with FMCSA violations that have been adjudicated by a court of law will appear, and remain, on a PSP report.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature: _____

Date of Birth: _____

Name (please print): _____