



Dear Applicant,

Please complete this employment application in full. Upon completion, please return your application by one of the following methods:

- Fax: 512-385-8149
- Email: rcupps@concrete.com
- Mail to: 4501 McKinney Falls Parkway
Austin, TX 78744

Please provide a clear copy of your drivers license, social security card, and a current driving record.

Qualified applicants will be contacted for an interview.

Please note that applications are reviewed on a first come, first serve basis. If the requested information is not attached, review of your application could be delayed.

If you have any questions about Lauren Concrete or your application, please feel free to contact Ryan Cupps at (512) 279-3552.

I look forward to hearing from you,

Ryan Cupps
Human Resource Director
Lauren Concrete

Application for Employment

Name: (Last) _____ (First) _____ (MI) _____

Social Security #: _____ - _____ - _____

Mailing Address: _____

City: _____ ST: _____ Zip: _____ County: _____

Telephone: (Home): _____ (Cell): _____

Drivers License #: _____ Type: _____ ST: _____

Date of Birth: ____ / ____ / ____

Position: _____

Date of Application: ____ / ____ / ____

Emergency Contact Info

Name: _____ Relationship to you: _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone: (Home) _____ (Cell) _____

Place of employment: _____ Phone: _____

Application for Employment (Continued)

A.) How did you learn about us? (Please circle below)

Advertisement Friend Walk-in Relative Internet Other

B.) Have you applied with us before? Y N

C.) Are you physically or otherwise unable to perform the duties of the job for which you are applying? Y N

If yes, please describe. _____

D.) Are you currently employed? Y N

E.) Are you prevented from lawfully becoming employed in this country because of VISA or Immigration Status? Y N

(Proof of citizenship or immigration status will be required upon employment)

F.) On what date would you be available to begin work? _____ / _____ / _____

G.) Availability: (Please circle below)

Full Time Part Time Temporary Seasonal Educational Co-op

H.) Can you travel if the job requires it? Y N

I.) Have you ever been convicted of a felony? Y N

If yes, please complete the following:

City: _____ ST: _____ Country: _____

Charge: _____

Explanation: _____

Convictions will NOT necessarily bar you from employment.
Each instance and explanation will be considered.

Education

Circle the highest grade completed in school.

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

Name and address of last school attended: _____

Vocational or Business Schools attended: _____

Summarize any training, skills, licenses and/or certificates that further qualify you for the job to which you are applying: _____

List the names of any friends and/or relatives now or previously employed by **Lauren Concrete**. _____

**EMPLOYMENT HISTORY
Last 10 Years**

Complete the following by starting with your current or most recent job. Include any job related military service assignments and volunteer activities. You may exclude organizations which indicate any protected status such as race, religion, handicap, etc. If the employment history does not go back 10 years, explain what the applicant was doing for the last 10 years.

CURRENT OR MOST RECENT EMPLOYER.

Business Name: _____

Phone: _____ **Fax:** _____

Address: _____ **City:** _____ **ST:** ____ **Zip:** _____

Dates Employed: *From* _____ *to* _____ **Hourly rate / Salary:** _____

Position/Duties: _____

Supervisor: _____ **Reason for Leaving:** _____

Did this job require you to be subjected to the US DOT's alcohol and controlled substances testing requirements and the Federal Motor Carrier Safety Regulations? **Y N**

NEXT PREVIOUS EMPLOYER

Business Name: _____

Phone: _____ **Fax:** _____

Address: _____ **City:** _____ **ST:** ____ **Zip:** _____

Dates Employed: *From* _____ *to* _____ **Hourly rate / Salary:** _____

Position/Duties: _____

Supervisor: _____ **Reason for Leaving:** _____

Did this job require you to be subjected to the US DOT's alcohol and controlled substances testing requirements and the Federal Motor Carrier Safety Regulations? **Y N**

NEXT PREVIOUS EMPLOYER

Business Name: _____

Phone: _____ **Fax:** _____

Address: _____ **City:** _____ **ST:** ____ **Zip:** _____

Dates Employed: *From* _____ *to* _____ **Hourly rate / Salary:** _____

Position/Duties: _____

Supervisor: _____ **Reason for Leaving:** _____

Did this job require you to be subjected to the US DOT's alcohol and controlled substances testing requirements and the Federal Motor Carrier Safety Regulations? **Y N**

NEXT PREVIOUS EMPLOYER

Business Name: _____

Phone: _____ **Fax:** _____

Address: _____ **City:** _____ **ST:** ____ **Zip:** _____

Dates Employed: *From* _____ *to* _____ **Hourly rate / Salary:** _____

Position/Duties: _____

Supervisor: _____ **Reason for Leaving:** _____

Did this job require you to be subjected to the US DOT's alcohol and controlled substances testing requirements and the Federal Motor Carrier Safety Regulations? **Y N**

ACCIDENT RECORD AND TRAFFIC CONVICTIONS

Complete the following on vehicles you have operated having a GVWR of (26,001) lbs or more, designed to transport (15) or more passengers, or used to transport hazardous materials in an amount requiring placarding.

Complete the Accident Record Report for past (3) years or more.
 - (Attach additional sheets if necessary.)

If "NONE", write "NONE", do not leave blank.

<u>Date of Accident</u>	<u>Vehicle Type</u>	<u>Nature of Accident</u>	<u>Fatalities</u>	<u>Injuries</u>
_____	_____	_____	_____	_____
Last Accident				
_____	_____	_____	_____	_____
Next Accident				
_____	_____	_____	_____	_____
Next Accident				

List all motor vehicle law violations (other than parking) of which you have been convicted, and/or have forfeited bond or collateral during the last (3) years.

<u>Location</u>	<u>Date</u>	<u>Charge</u>	<u>Penalty</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Attach sheet if more room is needed.)

DRIVING EXPERIENCE (Continued)

List any safe driving awards you hold, and who awarded them to you.

Show any trucking, transportation or other experiences that may help in your work for Lauren Concrete, LP. _____

List special equipment or technical materials you can operate. _____

DRUG TESTING

Have you ever tested positive or refused to be tested on any pre-employment drug and/or alcohol test administered by an employer to which you have applied for, but did not obtain, employment with safety sensitive transportation work regulated by US DOT 49 CFR Part 382? Y N

If yes, please give details including name of applicable company, dates, etc.

REFERENCES

Name	Telephone	Years Known
_____	_____	_____
_____	_____	_____
_____	_____	_____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Lauren Concrete, Inc.
4501 Shaw Lane
Austin, TX, 78744
(512) 279-3552
(512) 385-8149 – Fax

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I also give the employer the right to perform a criminal background check or any other verification deemed necessary by employee, at their discretion. I hereby release from liability the employer, and its representatives for seeking, gathering and using such information and all other persons, corporations, or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice. Except as may be required by law, this application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is the company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that, if hired, I will be required to provide proof of identity and legal work authorization.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant _____ Date _____

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

I, (print name), _____ hereby authorize _____ to release and forward the information requested on this form to:

Lauren Concrete. Inc.
 Attn: Ryan Cupps Phone: 512-279-3552
 4501 McKinney Falls Pkwy Fax: 512-385-8149
 Austin, Texas 78744

 Applicant's Signature Date

_____ has made application to this company for a position as a DRIVER and states that he/she was employed by you as a _____ from _____ to _____. Will you please reply to the inquiry below regarding the applicant. Your reply will be held in strict confidence and will in no way involve you in any responsibility.

Very truly yours,
 Human Resource Manager.

1. Is the employment record with your company correct as stated above? _____
2. What kind of work did the applicant do? _____
3. Did the applicant drive motor vehicles for you? **Y N**
 Passenger Car _____ Straight truck _____ Bus _____ Mixer _____ Tractor-trailer _____ Other _____
4. Was the applicant a safe and efficient driver? _____
5. Give the dates of vehicle accidents in which he/she was involved: _____
6. Reason for leaving your employ: Discharge ____, Laid-off ____, Resigned ____
 Remarks: _____
7. Was the applicant's general conduct satisfactory? **Y N** _____
8. Is the applicant competent for the position sought? **Y N** _____

If the driver was not subject to Department of Transportation test requirements while employed by this employer, please check here _____; sign the bottom of the next page and return.

Under Department of Transportation Testing Requirements:

- | | |
|---|------------------------------|
| | Circle One |
| 1. Has this person had an alcohol test with a result of 0.04 or higher? | <u>Y</u> <u>N</u> |
| 2. Has this person had a verified positive drug test? | <u>Y</u> <u>N</u> |
| 3. Has this person refused to be tested (including verified adulterated or substituted drug test results)? | <u>Y</u> <u>N</u> |
| 4. Has this person committed other violations of DOT agency drug and alcohol testing regulations? | <u>Y</u> <u>N</u> |
| 5. If this person has violated a DOT drug and alcohol regulation, do you have documentation of the employee's successful completion of DOT return to duty requirements, including follow-up tests? (Please send this documentation back with this form, if applicable.) | <u>N/A</u> <u>Y</u> <u>N</u> |

In answering these questions, include any drug and alcohol testing information obtained from previous employers under 40.25 or other applicable DOT agency regulation.

Completed by (Signature) _____ Date _____

