

CONCRETE SERVICE CO., INC.

P.O. BOX 1205
GREAT BEND, KANSAS 67530

Application for Employment

Notice: Substance & Alcohol Testing is required of drivers.

Name _____

Last

First

Middle

Present Address _____

Street

City

State

Zip

Phone Number _____

Home

Cell

Do you have a valid driver's license? _____

CDL? _____

Class? _____

Referred by _____

Are you 18 years of age or older? Yes or No _____

Employment Desired

Position _____

Date you can start _____

Desired Salary _____

Are you employed now? _____

If so may we call your present employer? _____

Have you be employed by us before? _____

Dates of employment _____

Education

| | Name & Location | Years Attended | Did you graduate? | Subjects Studied |
|---|-----------------|----------------|-------------------|------------------|
| High School | | | | |
| College | | | | |
| Trade, business, or correspondence school | | | | |

General Information

| | |
|--|------|
| Subject of special study/research work | |
| Special Training | |
| Special Skills | |
| Us Military or Naval Service | Rank |

Employment History

| Dates | Name and Address of Employer | Salary | Position | Reason for Leaving |
|-------|------------------------------|--------|----------|--------------------|
| From | | | | |
| To | | | | |
| From | | | | |
| To | | | | |
| From | | | | |
| To | | | | |
| From | | | | |
| To | | | | |
| From | | | | |
| To | | | | |
| From | | | | |
| To | | | | |

References (List three persons not related to you that you have known at least one year)

| Name | Phone | Address | Yrs Known |
|------|-------|---------|-----------|
| | | | |
| | | | |
| | | | |

Authorization

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. This includes investigation of driving history based on the Division of Motor Vehicle report.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the American with Disabilities Act (ADA) and other relevant federal and state laws. I understand that a consumer credit report or criminal records check may be necessary prior to my employment. If such reports are required, I understand that, in compliance with federal law, the company will provide me with a written notice regarding the use of these reports and will also obtain a separate written authorization from me to consent to these reports. I also understand that a poor credit history of conviction will not automatically result in disqualification from employment.

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

Date

Signature

Drivers Only

Experience and Qualifications

Drivers License: _____
State License Number Expiration Date

Traffic convictions and forfeitures for the past three years (other than parking violations)

| Location | Date | Charge | Penalty |
|----------|------|--------|---------|
|----------|------|--------|---------|

Have you ever been denied a licence, permit or privilege to operate a motor vehicle
 Yes No

Has any license, permit or privilege ever been suspended or revoked?
 Yes No

If the answer is yes to either of the two previous questions, give details on the back of this page.

Driving Experience

| Class of Equipment | Type of Equipment | Dates | | Aproximate number of miles |
|------------------------|-------------------|-------|----|----------------------------|
| | | From | To | |
| Straight Truck | | | | |
| Tractor & Semi Trailer | | | | |
| Other | | | | |

Accident Record for the past three years or more

| | Date | Nature of accident (Head-on, Rear End..etc | Fatality | Injury | Non Injury |
|---------------|------|---|----------|--------|------------|
| Last accident | | | | | |
| Next previous | | | | | |
| Next Previous | | | | | |
| Next Previous | | | | | |