

SUPERIOR CONCRETE, INC  
P. O. BOX 1147  
HARRISONBURG, VA 22803  
(540) 433-2482

APPLICATION FOR EMPLOYMENT

NAME \_\_\_\_\_  
(FIRST) (MIDDLE) (Maiden Name, if any) (LAST)

ADDRESS \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
(STREET) (CITY) (STATE & ZIP CODE)

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

PREVIOUS THREE YEARS RESIDENCY

\_\_\_\_\_ # YEARS \_\_\_\_\_  
(STREET) (CITY) (STATE & ZIP CODE)

\_\_\_\_\_ # YEARS \_\_\_\_\_  
(STREET) (CITY) (STATE & ZIP CODE)

\_\_\_\_\_ # YEARS \_\_\_\_\_  
(STREET) (CITY) (STATE & ZIP CODE)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

Do you have a legal right to work in the United States? YES \_\_\_\_\_ NO \_\_\_\_\_

Did anyone refer you to Superior Concrete? \_\_\_\_\_

Have you previously applied or been employed by Superior Concrete? YES \_\_\_\_\_ NO \_\_\_\_\_

REFERENCES / EDUCATION / AWARDS

List three (3) non-relatives who are familiar with your qualifications and actual work history and ability.

| NAME | OCCUPATION | YEARS KNOWN | TELEPHONE |
|------|------------|-------------|-----------|
| 1.   |            |             |           |
| 2.   |            |             |           |
| 3.   |            |             |           |

Circle highest grade completed 1 2 3 4 5 6 7 8 High School 1 2 3 4 College 1 2 3 4

Show special courses or training that will help you as a driver

\_\_\_\_\_

Which safe driving awards do you hold and from whom

\_\_\_\_\_

**LICENSE INFORMATION**

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 motor vehicle license, the information for which is listed below. **IF APPLYING FOR A DRIVING POSITION, IT IS REQUIRED THAT YOU BRING US A CURRENT COPY OF YOUR DRIVING HISTORY RECORD FROM DMV.**

| STATE | LICENSE NO. | TYPE | EXPIRATION DATE |
|-------|-------------|------|-----------------|
|       |             |      |                 |

**DRIVING EXPERIENCE**

| CLASS OF EQUIPMENT       | TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.) | DATES FROM TO | APPROX. NO. OF MILES (TOTAL) |
|--------------------------|---|---------------|------------------------------|
| STRAIGHT TRUCK           |   |               |                              |
| TRACTOR AND 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 FATALITIES | NUMBER INJURIES | CHEMICAL SPILLS |
|-------|---|-------------------|-----------------|-----------------|
|       |   |                   |                 | YES NO          |
|       |   |                   |                 | YES NO          |
|       |   |                   |                 | YES NO          |

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)**

| DATE CONVICTED (month/year) | VIOLATION | STATE OF VIOLATION LOCATION | PENALTY (forfeited bond, collateral and/or points) |
|-----------------------------|-----------|-----------------------------|--|
|                             |           |                             |  |
|                             |           |                             |  |
|                             |           |                             |  |

(ATTACH SHEET IF MORE SPACE IS NEEDED)

Have you ever been convicted of a felony or a misdemeanor involving violence, lying, cheating, or stealing, in which the conviction has not been expunged? YES \_\_\_\_ NO \_\_\_\_  
 If yes, explain and provide year of conviction \_\_\_\_\_

Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES \_\_\_\_ NO \_\_\_\_  
 If yes, explain \_\_\_\_\_

Has any license, permit or privilege ever been suspended or revoked? YES \_\_\_\_ NO \_\_\_\_  
 If yes, explain \_\_\_\_\_

Have you ever tested positive on a DOT Pre-employment drug or alcohol test or refused to take a DOT Pre-employment drug or alcohol test at any employer that you applied for employment with, within the past 3 years? YES \_\_\_\_ NO \_\_\_\_  
 If yes, explain \_\_\_\_\_

**EMPLOYMENT RECORD**  
(Attach sheet if more space is needed)

List below all employments, present and past, beginning with your most recent. Show ALL employments (not just driving jobs) at least for ten years. In the event that you have had periods of unemployment, please show the dates of unemployment between jobs. Failure to complete this section in detail is automatic disqualification. Your application will not be checked. If you leave out any dates or names we cannot qualify you.

LAST EMPLOYER: NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

EMPLOYER: NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. \_\_\_\_\_

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Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

EMPLOYER: NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make investigations and inquiries to my personal, employment, financial or 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, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

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 that I have the right to:

- 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."

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

Superior Concrete, Inc. is an equal opportunity employer, and selects the best matched individuals for the job based upon job related qualifications, regardless of race, color, creed, sex, national origin, handicap or other protected groups under State Federal or Local Equal Opportunity laws.

I understand that if I am employed, such employment is for an indefinite period of time and Superior Concrete, Inc. can change wages, benefits and conditions at any time.

I agree that, if I am employed, my employment may be terminated by Superior Concrete, Inc. at any time without liability for wages or salary except such as have been earned at the date of such termination. If requested by the management at any time, I agree to submit to search of my person or of any work area that may be assigned to me and hereby waive all claims for damages on account of such examination.

I understand and agree, if I am employed, that the first sixty (60) days of employment shall be on a probationary basis, during which period my employer may terminate my employment without recourse on my part.

Although management may make every effort to accommodate individual preferences, business needs may at time make the following conditions mandatory: overtime, a rotating work schedule or a work schedule other than Monday through Friday. If I am employed, I understand and accept these conditions of continuing employment.

We require a pre-employment drug and alcohol test for all possible employees.

There will be random drug testing, covering at least 50 percent of the number of drivers each year.

There will be random alcohol testing, covering at least 25 percent of the number of drivers each year.

There will be reasonable cause drug and alcohol testing at any time an employee is suspected of being under the influence of a substance or alcohol at the workplace or suspected of using a substance or alcohol at the workplace.

There will be post-accident drug testing within 24 hours and/or post-accident alcohol testing within 8 hours if the accident involves the loss of human life, bodily injury which requires medical treatment away from the scene of the accident, if the driver receives a citation arising from the accident, or if any vehicle has to be towed from the scene. This testing will apply to highway accidents and may apply to private property accidents.

I further understand that this is an application for employment and that no employment contract is being offered and in no way obligates Superior Concrete, Inc.

I further certify that this application was completed by me, and that all entries on it and information in it are true to the best of my knowledge. I agree that if employed, and it is found to be false in any respect, that I will be subject to dismissal without notice any time during my employment with Superior Concrete, Inc.

**TO SUBMIT APPLICATION:** Please DOWNLOAD, SAVE, and send as an email FILE ATTACHMENT, sent to: [kdiehl@superiorconcreteinc.com](mailto:kdiehl@superiorconcreteinc.com)

(Signed) \_\_\_\_\_

(Date) \_\_\_\_\_