



**SUPERIOR CONCRETE, INC.**  
**P.O. BOX 1147, HARRISONBURG, VA 22803 • 540.433.2482**  
**APPLICATION FOR EMPLOYMENT**

APPLICANT NAME: \_\_\_\_\_  
   First  Middle  Last

ADDRESS: \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
                                 Street  City  State, Zip Code

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

What position are you applying for? \_\_\_\_\_

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

Did anyone refer you to Superior Concrete? \_\_\_\_\_ If so, please indicate: \_\_\_\_\_

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

**PREVIOUS THREE YEARS RESIDENCY**

ADDRESS: \_\_\_\_\_ YEARS? \_\_\_\_\_  
                                 Street  City  State, Zip Code

ADDRESS: \_\_\_\_\_ YEARS? \_\_\_\_\_  
                                 Street  City  State, Zip Code

ADDRESS: \_\_\_\_\_ YEARS? \_\_\_\_\_  
                                 Street  City  State, Zip Code

(PLEASE ATTACH SHEET IF MORE SPACE IS NEEDED)

**REFERENCES / EDUCATION / AWARDS**

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

NAME	OCCUPATON	YEARS KNOWN	TELEPHONE

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

List 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 THE DMV.**

STATE	LICENCE NUMBER	TYPE	EXPIRATION DATE

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT/ (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR—TWO TRAILERS				
OTHER				

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE**

DATE	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	NUMBER OF FATALITIES	NUMBER OF INJURIES	CHEMICAL SPILLS	
				YES	NO

(PLEASE ATTACH SHEET IF MORE SPACE IS NEEDED)

**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)

(PLEASE 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, please explain: \_\_\_\_\_

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

If yes, please 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 with whom you applied for employment within the past 3 years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_

**EMPLOYMENT RECORD**

(PLEASE 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) for at least 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 will result in 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: \_\_\_\_\_  
Street City State, Zip Code

POSITION HELD: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

SALARY: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

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 control substances testing requirements as required by 49 CFR Part 40? YES \_\_\_\_\_ NO \_\_\_\_\_

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES

(MONTH/YEAR) AND REASON: \_\_\_\_\_

*EMPLOYER*

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

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
Street City State, Zip Code

POSITION HELD: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

SALARY: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

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 control substances testing requirements as required by 49 CFR Part 40?

YES \_\_\_\_\_ NO \_\_\_\_\_

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES

(MONTH/YEAR) AND REASON: \_\_\_\_\_

*EMPLOYER*

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

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
Street City State, Zip Code

POSITION HELD: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

SALARY: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

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 control substances testing requirements as required by 49 CFR Part 40?

YES \_\_\_\_\_ NO \_\_\_\_\_

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES

(MONTH/YEAR) AND REASON: \_\_\_\_\_

## 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 related qualifications, regardless of race, color, religion, sex, gender identity, sexual orientation, pregnancy, status as a parent, national origin, age, disability (physical or mental), family medical history or genetic information, political affiliation, military service, or other non-merit based factors.

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 times 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.

The Company will test all applicants and employees engaged in safety-sensitive positions (specifically individuals employed to operate commercial motor vehicles) for the use of controlled substances as precondition of employment.

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

There will be random alcohol testing, covering at least 25% 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 is 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. This application 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.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_