

Applications are held for 90 days. Applications are considered for position without regard to race, creed, color, sex, religion, age (other than minimum requirements), disability, marital status, or national origin.

Application for Authorization to Drive

Lonesome Dove Concrete Pumping, LLC

Concrete Materials of Montana, LLC

Date ____/____/____

PERSONAL INFORMATION

Name _____

Phone _____ Email or Other Phone (optional) _____

Present Address _____ How Long? _____

Street City State Zip

Last 3 Years Address _____ # of yrs _____

Street City State Zip

Address _____ # of yrs _____

Street City State Zip

Social Security # _____ - _____ - _____ Date of Birth _____ - _____ - _____

Driver's License # _____ State _____ Type _____ EXP _____

(If you hold more than 1 Driver's License, there is room on page 3 to list more)

Are you a U.S. Citizen or otherwise lawfully authorized to work in this country? Yes No

Have you ever been convicted of a *felony*? Yes No

If Yes, please describe _____ *A conviction will not necessarily bar you from employment. Such factors as age at time of offense, seriousness, and nature of violation will be taken into account.

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

Have you ever had your drivers' license *suspended or revoked*? Yes No When? _____

Have you been convicted of *driving while intoxicated* or *under the influence of drugs*? Yes No When? _____

Have you had any accidents in the past 3 years? Yes No How Many? _____

Have you had any *moving violations (tickets)* in the past 3 years? Yes No How Many? _____

Are you familiar with the Federal Motor Carrier Safety Regulations? Yes No

Have you ever *failed or refused* a pre-employment or any DOT required drug/alcohol test given by a company where you did *or* did not accept employment? Yes No When? _____ Was SAP completed? _____

Can you pass a pre-employment drug test (in accordance with FMCSA standards)? Yes No

In case of emergency, who do we contact? _____
Name Phone Number Relationship

EMPLOYMENT DESIRED

Position Applied For: Concrete Pump Operator Mixer Operator Mechanic Side Dump Driver

Other _____ Date You Can Start _____ Pay Desired _____ Applying for Full Time Part Time

Have you run a manual Mack transmission before? Yes No

Days Available _____ Available for Overtime? Yes No

Have you worked for this company before? Yes No Reason for Leaving: _____

FORMER EMPLOYERS

Are you presently employed? Yes No

May we contact your current Employer? Yes No

Is there any reason that you might be unable to perform the functions of the job for which you are applying? Yes No

If so, please list/explain (i.e.: lifting, fueling, driving etc.) _____

*(List below, starting with most *Recent* and Include periods of Unemployment **going back 10 years**)

Company _____ Contact _____ City/State _____ Phone _____ Employed From _____ to _____ Position Held _____ Rate of Pay _____ Equipment Driven: <input type="checkbox"/> Concrete Pump <input type="checkbox"/> Mixer <input type="checkbox"/> Dump <input type="checkbox"/> Straight Truck <input type="checkbox"/> Flatbed <input type="checkbox"/> Autohauler <input type="checkbox"/> Doubles/Triples <input type="checkbox"/> Other _____ Reason for Leaving: <input type="checkbox"/> Quit <input type="checkbox"/> Fired <input type="checkbox"/> Lay Off <input type="checkbox"/> Other; Explain: _____ Was this a position defined by the DOT subject to alcohol & drug testing? <input type="checkbox"/> Yes <input type="checkbox"/> No Notes: _____
Company _____ Contact _____ City/State _____ Phone _____ Employed From _____ to _____ Position Held _____ Rate of Pay _____ Equipment Driven: <input type="checkbox"/> Concrete Pump <input type="checkbox"/> Mixer <input type="checkbox"/> Dump <input type="checkbox"/> Straight Truck <input type="checkbox"/> Flatbed <input type="checkbox"/> Autohauler <input type="checkbox"/> Doubles/Triples <input type="checkbox"/> Other _____ Reason for Leaving: <input type="checkbox"/> Quit <input type="checkbox"/> Fired <input type="checkbox"/> Lay Off <input type="checkbox"/> Other; Explain: _____ Was this a position defined by the DOT subject to alcohol & drug testing? <input type="checkbox"/> Yes <input type="checkbox"/> No Notes: _____
Company _____ Contact _____ City/State _____ Phone _____ Employed From _____ to _____ Position Held _____ Rate of Pay _____ Equipment Driven: <input type="checkbox"/> Concrete Pump <input type="checkbox"/> Mixer <input type="checkbox"/> Dump <input type="checkbox"/> Straight Truck <input type="checkbox"/> Flatbed <input type="checkbox"/> Autohauler <input type="checkbox"/> Doubles/Triples <input type="checkbox"/> Other _____ Reason for Leaving: <input type="checkbox"/> Quit <input type="checkbox"/> Fired <input type="checkbox"/> Lay Off <input type="checkbox"/> Other; Explain: _____ Was this a position defined by the DOT subject to alcohol & drug testing? <input type="checkbox"/> Yes <input type="checkbox"/> No Notes: _____

If more, please use backside of application or scratch paper.

License Information (List all drivers licenses held in the past 5 years)

State	License #	Type	Turned In?

Please list any truck driving schools, and driving experience which may help you with this job:

Please list all **Accidents** you have received in the past 3 years:

Dates	Type of Accident	# Deaths	# Injuries	Ticketed?	At Fault?

Please list all **Traffic Convictions** you have received in the past 3 years:

DATE CONVICTED	STATE OF VIOLATION LOCATION	CHARGE/VIOLATION	PENALTY

Did you complete this application yourself? Yes No If not, who did? _____

“I hereby acknowledge 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 sufficient cause for termination of employment, and/or authorization to drive. I also understand and acknowledge that in submitting this application, the information provided herein may be used to conduct current and previous employer’s references or any other individuals this company considers necessary.”

“I hereby authorize my current and previous employers, references, and any other individuals contacted by this company to release any past or present information requested, including, but not limited to past drug and alcohol test results, references to my character, work habits, performance and experience, motor vehicle operation history, and criminal history. I understand that the information disclosed may contain information that is protected by federal, state, health, and constitutional privacy laws. I specifically consent to the disclosure of such information, and I release all providers of said information from any liability stemming from release of same information. I hereby authorize, without reservation, any law enforcement agency, administrator, state agency or institution, information service bureau, employer, or insurance company contacted to furnish the above-mentioned information. I further acknowledge that a faxed or photo-copy shall be as valid as the original document.”

“I understand that nothing contained in this application or in the granting of an interview or a road test is intended to create an employment contract between this company and myself, for either employment, authorization to drive, or for the providing of any benefits. No promises regarding employment or authorization to drive have been made to me, and no such promises exist unless specifically made by this company in writing. I understand and agree that any offer for employment will not be for any specified period of time, unless it is in writing and signed by an authorized company representative. If an employment relationship is established, I understand that, as an employee at will, I have the right to terminate my employment at any time, and this company has the same right.”

Signature _____

Date _____

Printed Name _____

Pre-Employment Testing Information by Driver/Applicant

Record Keeping Requirements:

- a) If driver/applicant answers YES to either question you must keep for 5 years.
- b) If driver/applicant answers NO to both questions you must keep for length of driver's employment.

To be completed by the driver/applicant:

Date: _____

During the past (2) two years, have you **tested positive** on a pre-employment drug or alcohol test administered by an employer you applied to, and were not offered a job driving? YES NO

During the past (2) two years, have you **refused to test** on a pre-employment drug or alcohol test administered by an employer you applied to, and were not offered a job driving? YES NO

If you answered yes to either question above, please provide documentation of your successful completion of Return-To-Duty process.

Dated this _____ day of _____, 20_____

Signature of Driver/Applicant _____

Printed Name of Driver/Applicant _____

Social Security Number: _____

Witness Signature _____ Date: _____

Witness Printed Name _____

Concrete Materials of Montana, LLC
Lonesome Dove Concrete Pumping, LLC

Fair Credit Act Disclosure Statement

In accordance with the provisions of Section 604(b)(2)(a) of the *Fair Credit Reporting Act*, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), **you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained for employment purposes.** These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

(Initial each of the Following Requirements)

Further, the Commercial Motor Vehicle Safety Act of 1986 requires :

_____ No driver may possess more than 1 license.

Initial

_____ A driver convicted of traffic violation (other than parking) in any vehicle must notify the motor carrier.

Initial

_____ Any person applying for a job as a commercial vehicle driver must list all previous employment as the driver of a commercial vehicle for the past 10 years in addition to any other required information about the applicant's employment history.

Initial

_____ The FMCSA regulations require that a driver who loses any privilege to operate a commercial vehicle must advise the motor carrier the next business day after receiving notification.

Initial

Consent for Drug Test and/or Driving Record

I, _____, hereby authorize Lonesome Dove Concrete Pumping, LLC
Applicant Name (Please Print)
and/or Concrete Materials of Montana, LLC to obtain my current Motor Vehicle Record from the Department of Licensing.

I also authorize Lonesome Dove and/or Concrete Materials to obtain Drug and Alcohol testing results. This is necessary for DOT compliance, Company Policy, and insurance requirements. I understand that it is Lonesome Dove and Concrete Materials' Policy to observe a No Tolerance Drug and Alcohol Program.

I also understand and agree that if my employment is terminated within the first 6 weeks (42 days) of being hired, the cost of my pre-employment drug test and/or MVR will be taken out of my paycheck.

Signature

Date

Print Name