

# Pee Dee Ready Mix

140 McLaughlin Road  
Effingham, SC



TELEPHONE: (843) 407-5992

## APPLICATION FOR EMPLOYMENT

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Position(s) Applied for: \_\_\_\_\_ Date of Application \_\_\_\_\_

Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone # \_\_\_\_\_

List address of residency for the past 3 years

Current Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Previous Add. \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Do you have the legal right to work in the United States? Yes No

Have you worked for this company before? Yes No

If so, when? \_\_\_\_\_

If yes, why did you leave? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected? \_\_\_\_\_

Have you ever been convicted of a felony? (If yes, explain on a separate sheet of paper) Yes No

Is there any reason you might be unable to perform the functions of the job for which you have applied as described in the attached job description?

If yes, explain if you wish \_\_\_\_\_

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All driver applicants must provide the following information of all past employers during the preceding **10 years**. All information must be complete with company names, contacts, address, and phone numbers. Missing information may cause a delay in processing the application. List employers in order starting from the most recent employer first.

| EMPLOYER  |       |        | DATE               |
|---|-------|--------|--------------------|
| NAME  |       |        | FROM / TO          |
| ADDRESS   |       |        | POSITION HELD      |
| CITY  | STATE | ZIP    | SALARY             |
| CONTACT   |       | PHONE  | REASON FOR LEAVING |
| WERE YOU SUBJECT TO FMCSR (DOT REGULATIONS)   |       | YES NO |                    |
| WERE YOU SUBJECT TO FEDERAL DRUG AND ALCOHOL TESTING AS DESCRIBED IN PART 40 OF THE FMCSR |       | YES NO |                    |

| EMPLOYER  |       |        | DATE               |
|---|-------|--------|--------------------|
| NAME  |       |        | FROM / TO          |
| ADDRESS   |       |        | POSITION HELD      |
| CITY  | STATE | ZIP    | SALARY             |
| CONTACT   |       | PHONE  | REASON FOR LEAVING |
| WERE YOU SUBJECT TO FMCSR (DOT REGULATIONS)   |       | YES NO |                    |
| WERE YOU SUBJECT TO FEDERAL DRUG AND ALCOHOL TESTING AS DESCRIBED IN PART 40 OF THE FMCSR |       | YES NO |                    |

| EMPLOYER  |       |        | DATE               |
|---|-------|--------|--------------------|
| NAME  |       |        | FROM / TO          |
| ADDRESS   |       |        | POSITION HELD      |
| CITY  | STATE | ZIP    | SALARY             |
| CONTACT   |       | PHONE  | REASON FOR LEAVING |
| WERE YOU SUBJECT TO FMCSR (DOT REGULATIONS)   |       | YES NO |                    |
| WERE YOU SUBJECT TO FEDERAL DRUG AND ALCOHOL TESTING AS DESCRIBED IN PART 40 OF THE FMCSR |       | YES NO |                    |

| EMPLOYER  |       |        | DATE               |
|---|-------|--------|--------------------|
| NAME  |       |        | FROM / TO          |
| ADDRESS   |       |        | POSITION HELD      |
| CITY  | STATE | ZIP    | SALARY             |
| CONTACT   |       | PHONE  | REASON FOR LEAVING |
| WERE YOU SUBJECT TO FMCSR (DOT REGULATIONS)   |       | YES NO |                    |
| WERE YOU SUBJECT TO FEDERAL DRUG AND ALCOHOL TESTING AS DESCRIBED IN PART 40 OF THE FMCSR |       | YES NO |                    |

| EMPLOYER  |       |        | DATE               |
|---|-------|--------|--------------------|
| NAME  |       |        | FROM / TO          |
| ADDRESS   |       |        | POSITION HELD      |
| CITY  | STATE | ZIP    | SALARY             |
| CONTACT   |       | PHONE  | REASON FOR LEAVING |
| WERE YOU SUBJECT TO FMCSR (DOT REGULATIONS)   |       | YES NO |                    |
| WERE YOU SUBJECT TO FEDERAL DRUG AND ALCOHOL TESTING AS DESCRIBED IN PART 40 OF THE FMCSR |       | YES NO |                    |

| EMPLOYER  |       |        | DATE               |
|---|-------|--------|--------------------|
| NAME  |       |        | FROM / TO          |
| ADDRESS   |       |        | POSITION HELD      |
| CITY  | STATE | ZIP    | SALARY             |
| CONTACT   |       | PHONE  | REASON FOR LEAVING |
| WERE YOU SUBJECT TO FMCSR (DOT REGULATIONS)   |       | YES NO |                    |
| WERE YOU SUBJECT TO FEDERAL DRUG AND ALCOHOL TESTING AS DESCRIBED IN PART 40 OF THE FMCSR |       | YES NO |                    |



**Education**

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

Last school attended \_\_\_\_\_ City \_\_\_\_\_

**Driving Experience (if none, write "none")**

| Class of Equipment       | Type of Equipment<br>(van, tank, flat, etc.) | Date From | To | Approx No. of Miles |
|--------------------------|--|-----------|----|---------------------|
| Straight Truck           |  |           |    |                     |
| Tractor and Semi-Trailer |  |           |    |                     |
| Tractor-Two Trailer      |  |           |    |                     |
| Bus or Passenger Van     |  |           |    |                     |
| Other                    |  |           |    |                     |

Have you ever tested positive or refused to take a federally required drug or alcohol test?    Yes    No

Have you ever been bonded?    Yes    No    If yes, with what employer? \_\_\_\_\_

List states operated in for the last five years: \_\_\_\_\_

List any special courses or training obtained that will help you as a driver: \_\_\_\_\_

Which safe driving award do you hold and where from \_\_\_\_\_

Show any trucking, transportation or other experiences that may help in your working for this company

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# PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25(b)(5) and (e))

Pee Dee Ready Mix  
140 McLaughlin Road  
Effingham, SC 29560  
(843) 407-5992

Prospective Employee Name: \_\_\_\_\_  
(print)

The prospective employee is required by Sec. 40.25(j) to respond to the following questions.

- 1) Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check one:       Yes       No

- 2) If you answered yes, can you provide/obtain proof that you' ve successfully completed the DOT return-to-duty requirements?

Check one:       Yes       No

I certify that the information provided on this document is true and correct.

Prospective Employee Signature: \_\_\_\_\_

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

Witnessed By: \_\_\_\_\_

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

# Pee Dee Ready Mix

PO Box 159  
Lake City, SC 29560



TELEPHONE: (843) 407-5992  
FAX: (843) 394-3545

Personnel Manager,

The person named below has applied to Pee Dee Ready Mix for employment. Your firm is listed by the applicant as a past employer. Kindly reply to this inquiry for information required by the Department of Transportation. As you note for the waiver stated below, the applicant has waived any claims of liability against your company for the information submitted in response to this inquiry.

Name of Applicant \_\_\_\_\_ SSN \_\_\_\_\_

1. Date of employment \_\_\_\_\_ until \_\_\_\_\_

2. Job description \_\_\_\_\_

3. If employed as a driver please indicate the following:

Local \_\_\_\_\_ Over the Road \_\_\_\_\_ Straight Truck \_\_\_\_\_ Tractor Trailer \_\_\_\_\_

4. Did driver have any: Accidents \_\_\_\_\_ Cargo Damage \_\_\_\_\_ Traffic Tickets \_\_\_\_\_

| <u>Date</u> | <u>Location</u> | <u>Injury</u> | <u>Fatalities</u> | <u>Towed Vehicles</u> | <u>Hazmat Spill</u> |
|-------------|-----------------|---------------|-------------------|-----------------------|---------------------|
| _____       | _____           | _____         | _____             | _____                 | _____               |
| _____       | _____           | _____         | _____             | _____                 | _____               |
| _____       | _____           | _____         | _____             | _____                 | _____               |

5. Would you rehire this driver? \_\_\_\_\_

6. Did the driver ever refuse to take a drug or alcohol test? \_\_\_\_\_

7. Did the driver ever test positive for a drug test? \_\_\_\_\_

8. Did the driver ever test higher than a .04 concentration level on an alcohol screen? \_\_\_\_\_

9. Did the driver ever fail to undertake or completed a rehabilitation program prescribed by a Substance Abuse Professional (SAP)? \_\_\_\_\_

10. If rehabilitation program was completed, were all required follow up tests completed? \_\_\_\_\_

11. Was the driver fired \_\_\_\_\_ laid off \_\_\_\_\_ quit \_\_\_\_\_ other \_\_\_\_\_

The information above was provided by: \_\_\_\_\_ (Company)

Company representative name (print) \_\_\_\_\_ Sign \_\_\_\_\_

### Driver Release

I hereby authorize this company to release all records of employment including assessments of my job performance, ability and fitness to include drug and alcohol test results to each and every company (or their authorized agent). Which may request such information in connection with my application for employment with said company. I hereby release this company from any and all liability of any type as a result of providing information. **(Driver Sign Here Only)**

Applicant Name (print) \_\_\_\_\_ Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, Schools health care providers and other person's 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 interviews may result in discharge. I understand, also, that I am required to abide by all rules and regulation of the company and DOT. *In regards to past employer information, I furthermore understand that I have the right to review any and all responses made by past employers, state agencies, and other sources of background information, and rebut any information that I deem as untrue or incorrect.*

Applicant's Name (please print) \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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**For Office Use Only**

Applicant Hired: \_\_\_\_\_ Rejected: \_\_\_\_\_ Other: \_\_\_\_\_

If Rejected, Why? \_\_\_\_\_ Supervisor \_\_\_\_\_

Date Employed \_\_\_\_\_ Department \_\_\_\_\_

Notes: \_\_\_\_\_

Date of Termination \_\_\_\_\_ Supervisor \_\_\_\_\_

Reason \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone/Fax \_\_\_\_\_

Contact: \_\_\_\_\_ Date: \_\_\_\_\_



**Pee Dee Ready Mix**  
**140 McLaughlin Road**  
**Effingham, South Carolina 29541**  
**843-407-5992**

| EMPLOYEE CONTACT INFORMATION |  |
|------------------------------|--|
| Employee's Name              |  |
| Position                     |  |
| Address                      |  |
| City                         |  |
| State                        |  |
| Zip Code                     |  |
| Phone/Home                   |  |
| Phone/Cell                   |  |

| EMERGENCY CONTACT |  |
|-------------------|--|
| Name:             |  |
| Relationship:     |  |
| Phone/Home:       |  |
| Phone/Work:       |  |
| Phone/Cell:       |  |
|                   |  |
| Name:             |  |
| Relationship:     |  |
| Phone/Home:       |  |
| Phone/Work:       |  |
| Phone/Cell:       |  |



