## **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	y No:			
Date of Birth	Phone #		<u>-</u>		
List address of residency for the pa	ast 3 years				
Current Address	City	ST	Zip		
Previous Add.	City	ST	Zip		
- <del></del>	City	ST	Zip		
Do you have the legal right to wor	k in the United States? Yes	No			
Have you worked for this company If so, when?	•				
If yes, why did you leave?					
Who referred you?	Rate c	of pay expecte	ed?		
Have you ever been convicted of a	a felony? (If yes, explain on a se	eparate sheet	t of paper) Yes No		
Is there any reason you might be upplied as described in the attache	•	ns of the job f	or which you have		
If yes, explain if you wish					

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 SUBJ	ECT TO FMCSR (DOT REGULATIONS)	YES	NO	
	UECT TO FEDERAL DRUG AND ALCOHOL CRIBED IN PART 40 OF THE FMCSR	YES	NO	

	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	
	CT TO FEDERAL DRUG AND ALCOHOL BED IN PART 40 OF THE FMCSR	YES	NO	

	DATE			
NAME				FROM / TO
ADDRESS				POSITION HELD
CITY	STATE ZIP			SALARY
CONTACT	PHONE			REASON FOR LEAVING
WERE YOU SUBJECT	T TO FMCSR (DOT REGULATIONS)	YES	NO	
WERE YOU SUBJUE TESTING AS DESCRI				

	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	
	TTO FEDERAL DRUG AND ALCOHOL ED IN PART 40 OF THE FMCSR	YES	NO	

	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	
	TO FEDERAL DRUG AND ALCOHOL ED IN PART 40 OF THE FMCSR	YES	NO	

	DATE			
NAME				FROM / TO
ADDRESS				POSITION HELD
CITY	STATE ZIP			SALARY
CONTACT	PHONE			REASON FOR LEAVING
WERE YOU SUBJEC	T TO FMCSR (DOT REGULATIONS)	YES	NO	
	CT TO FEDERAL DRUG AND ALCOHOL BED IN PART 40 OF THE FMCSR	YES	NO	

#### **Experience and Qualification**

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.

Have you ever been denied a license, permit or privilege to operate a motor vehicle						
Has any license, permit or privilege ever been suspended or revoked?						
If yes to any of the above, why?						
Have you driven in any state other than South Carolina in the last 3 years? Yes I						
Driver's License records for past 3 years						
<u>DL Number</u>	<u>State</u>	Expiration Da	<u>ite</u>			

Accident record for past 3 years (If none, write "none")

<u>Date of Accident</u>	<u>Nature of</u> <u>Accident</u>	<u>Fatalities</u>	<u>Injuries</u>	<u>State</u>

Traffic convictions and forfeitures for the past 3 years (other than parking violations) If none, write "none"

<u>Location</u>	<u>Date</u>	<u>Charge</u>	<u>Penalty</u>	<u>State</u>

### **Education**

Circle highest grade co	mpleted	1 2 3 4 5	6 7 8 9 10	11 12	Colleg	e 1 2 3 4	
Last school attended City							
	Drivir	ng Experience	(if none, wr	rite "none")			
Class of Equipment		Type of Equipme (van, tank, flat, et		Date From	То	Approx No.	of Miles
Straight Truck			,				
Tractor and Semi-Trailer							
Tractor-Two Trailer							
Bus or Passenger Van							
Other							
Have you ever tested po	sitive or re	fused to take a	federally req	uired drug o	r alcohol t	est? Yes	No
Have you ever been bon	ded? Yes	No If yes, wi	th what empl	oyer?			
List states operated in fo	or the last f	ive years:					
List any special courses o	or training (	obtained that v	vill help you a	s a driver: _			
Which safe driving awar	d do you h	old and where	from				
Show any trucking, trans	sportation (	or other experi	ences that ma	ay help in yo	ur workin	g for this cor	npany

# 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

Prospe		lame: print)		
The pro	spective employe	ee is required by	Sec. 40.25(j) to respond	to the following questions.
1)	administered by	y an employer to vork covered by		mployment drug or alcohol test t did not obtain, safety sensitive sohol testing rules
	Check one:	☐ Yes	□ No	
2)	If you answered return-to-duty re		rovide/obtain proof that yo	u' ve successfully completed the DOT
	Check one:	☐ Yes	□ No	
I certify	that the informat	ion provided on	this document is true and	correct.
Prospe	ctive Employee S	ignature:		Date:
Witness	sed 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			55	N	
1. Date of employment _	until _				
2. Job description					
3. If employed as a drive	please indicate the follo	wing:			
Local	Over the Road S	traight Truck	Trac	ctor Trailer	_
4. Did driver have any: A	ccidents Cargo Da	mage	Traffic Ticke	ets	
<u>Date</u>	<u>Location</u>	<u>Injury</u>	<u>Fatalities</u>	Towed Vehicles	Hazmat Spill
 5. Would you rehire this	driver?				
6. Did the driver ever ref	use to take a drug or alco	hol test?			
7. Did the driver ever tes	t positive for a drug test?				
8. Did the driver ever tes	t higher than a .04 conce	ntration level	on an alcol	nol screen?	
9. Did the driver ever fail	to undertake or complet	ed a rehabilita	ation progr	am prescribed by	y a Substance
Abuse Professional (SA	AP)?				
10. If rehabilitation progr	ram was completed, were	e all required f	follow up te	ests competed? _	
11. Was the driver fired_	laid off qu	it othe	er		
The information above w	as provided by:		(Com	pany)	
Company representative	name (print)		Sign_		
	Drive	er Release			
I hereby authorize this compar fitness to include drug and alco information in connection with all liability of any type as a reso	ohol test results to each and exn my application for employme	very company (or ent with said com	their authori	zed agent). Which m	nay request such
Applicant Name (print)	Appl	icant 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		
	For Office Use Only			
Applicant Hired:	Rejected:	Other:		
If Rejected, Why?		Supervisor		
Date Employed Department				
Notes:				
Reason				
Company Name:	Phone/Fax			
Contact:	Date:			

## Pee Dee Ready Mix

# 140 McLaughlin Road

# Effingham, South Carolina 29541

#### 843-407-5992

EMPLOYEE CONTACT INFORMATINON			
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:					

#### **NOTIFICATION AND RELEASE**

The information contained in my application for employment with Pee Dee Ready Mix (hereinafter, "The Company") is true to the best of my knowledge and belief. I understand that any misrepresentation or false statement made by me in connection with the application or any related documents which is deemed material by The Company shall result in The Company not employing me or, if employed, terminating my employment. I understand and agree that all information furnished in my application and all attachments may be verified by The Company or its authorized representative. I hereby authorize all individuals and organizations named or referred to in my application, state department and any law enforcement organization to give The Company all information relative to such verification and hereby release such individuals, organizations and The Company from any and all liability for any claim or damage resulting therefrom. I hereby acknowledge that I have been informed by The Company that The Company may seek to obtain a consumer report and/or investigative report that will include personal information regarding me, including but not limited to, educational history, work references, driving record and criminal convictions and arrest records if allowed, in order to assist The Company in making certain employment decisions. I also acknowledge that motor vehicle reports and criminal background information may be requested at anytime during my employment. I further acknowledge notification by The Company that reports may be provided to The Company by other firms subcontracted for that purpose. I, my heirs, assigns an legal representatives, hereby release and fully discharge The Company, its parent and affiliated companies and the respective officers, directors, shareholders, employees, agents of each, including subcontractors, from any and all claims, monetary or otherwise, that I may have against The Company, its parent, affiliates or subcontractors, arising out of the making, or use of, either a consumer report and/or investigative report, including any errors or omissions contained or omitted from such or investigations. The company agrees to inform you if an employment decision has been influenced by information contained in a consumer report. made at our request. The Company will make available to you "A Summary of Your Rights Under the Fair Credit Reporting Act."

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#### **DRIVER STATEMENT OF ON-DUTY HOURS**

Instructions: Motor Carriers, when using a driver for the first time, shall obtain from the driver a signed statement giving total time on-duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for such carrier. Rule 395.8(J)(2) Federal Motor Carrier Safety Regulations. NOTE: Hours for any compensated work during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form.

Driver Name (PRINT)			SSN						
Driver's License #			Class	Class Endorse		nts	Restrictions		
Type of Lice	ense			Iss	uing State_				
Day	1 (Yesterday)	2	3	4	5	6	7	Total Hours	
Date									
Hours Worked									
•	rtify that the inj relieved from w		given above AM or P		to the best o		_	belief, and	
	Time				Date	(Day/Montl	h/Year)		
	Driv	ver's Signat	ture		Date				
	DRIVER C	ERTIFICA	ATION FO	OR OTHE	R СОМРЕ	NSATED	WORK		
including ti paragraphs other work	s: When emplome working for (8) and (9) of in the capacity performing ar	other emp the Federa of, or in th	oloyers. The I Motor Car ne employ o	e definition rrier Safety or service of	of on-duty Regulations f, a commor	time found Includes ti n, contract (	in Section me perfor	395.2 ming any	
Are you currently working for another employer?			Yes	N	lo				
At this time, do you intend to work for another			Yes	N	lo				
employer v	vhile employed	by Pee De	e Ready Mi	x?					
with Pee De	rtify that the inj ee Ready Mix, ij Dee Ready Mix	f I begin wo	orking for a	n additiona	l employer(				
	Driv	ver's Signa	ture				 Dat		