

BARNEY & DICKENSON, INC.
APPLICATION FOR EMPLOYMENT
READY MIX DRIVERS
MECHANICS

DATE _____

APPLICANT: READ AND SIGN BEFORE SUBMITTING THIS APPLICATION:

I UNDERSTAND THAT THE INFORMATION IN THIS APPLICATION WILL BE USED AND THAT PRIOR EMPLOYERS WILL BE CONTACTED FOR PURPOSES OF INVESTIGATION AS REQUIRED BY 391.23 OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS.

APPLICANT SIGNATURE _____ DATE _____

PERSONAL INFORMATION

NAME _____ SOCIAL SECURITY # _____

STREET _____ CITY _____ STATE _____ ZIP _____

PHONE _____

IF AT THE ABOVE ADDRESS LESS THAN 3 YEARS, LIST ALL ADDRESSES FOR THE PAST 3 YEARS BELOW:

1. _____

2. _____

EMPLOYMENT DESIRED

POSITION APPLYING FOR _____ STARTING DATE _____

ARE YOU EMPLOYED NOW? YES NO RATE OF PAY EXPECTED _____

REFERRED BY _____

HAVE YOU APPLIED AT THIS COMPANY BEFORE? _____ IF SO, WHEN? _____

| EDUCATION | NAME & LOCATION OF SCHOOL | GRADUATED? | | SUBJECTS STUDIED |
|----------------------------|--------------------------------------|-------------------|----|-------------------------|
| GRAMMAR | _____ | YES | NO | _____ |
| HIGH SCHOOL | _____ | YES | NO | _____ |
| COLLEGE OR TRADE SCHOOL | _____ | YES | NO | _____ |
| | _____ | | | |

PHYSICAL RECORD

ARE YOU ABLE TO PERFORM THE JOB FUNCTIONS WITH OR WITHOUT REASONABLE ACCOMODATIONS? YES NO

APPLICANTS ARE REQUIRED TO UNDERGO DRUG TESTING.

EMPLOYMENT RECORD (STARTING WITH THE LAST EMPLOYER FIRST)
DOT REQUIRES EMPLOYMENT BE SHOWN FOR THE LAST TEN YEARS.

1. NAME _____ PHONE _____ WAGE _____
ADDRESS _____ DATES WORKED _____ TO _____
POSITION _____ REASON FOR LEAVING? _____

2. NAME _____ PHONE _____ WAGE _____
ADDRESS _____ DATES WORKED _____ TO _____
POSITION _____ REASON FOR LEAVING? _____

3. NAME _____ PHONE _____ WAGE _____
ADDRESS _____ DATES WORKED _____ TO _____
POSITION _____ REASON FOR LEAVING? _____

DRIVER'S LICENSE

STATE _____ LICENSE# _____ TYPE _____ EXP DATE _____

STATE _____ LICENSE# _____ TYPE _____ EXP DATE _____

A) HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? YES NO

B) HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED? YES NO

C) HAVE YOU EVER BEEN DISQUALIFIED SUBJECT TO SECTION 391.15 OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? YES NO

IF THE ANSWER TO EITHER A, B, C IS YES, ATTACH STATEMENT GIVING DETAILS.

DRIVING EXPERIENCE

STRAIGHT TRUCK TYPE _____ DATES FROM _____ TO _____

TRACTOR/TRAILER TYPE _____ DATES FROM _____ TO _____

OTHER TYPE _____ DATES FROM _____ TO _____

ANY SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER? _____

ACCIDENT REVIEW FOR THE PAST 3 YEARS

| DATE | NATURE OF ACCIDENT | FATALITIES/INJURIES |
|-------|--------------------|---------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS OTHER THAN PARKING VIOLATIONS:

| LOCATION | DATE | CHARGE | PENALTY |
|----------|-------|--------|---------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

MAINTENANCE EXPERIENCE

LIST ANY COURSES OR TRAINING _____

ANY EXPERIENCE?

| | | | | | |
|--------------------------|-----|----|-------------------------|-----|----|
| DRIVE LINE COMPONENTS | YES | NO | BODY WORK | YES | NO |
| DIESEL ENGINE TUNE-UP | YES | NO | ELECTRIC REPAIR | YES | NO |
| DIESEL ENGINE REBUILD | YES | NO | FRAME & WHEEL ALIGNMENT | YES | NO |
| TIRE SERVICE | YES | NO | BRAKES | YES | NO |
| TRAILER REPAIR | YES | NO | COOLING SYSTEM | YES | NO |
| PREVENTATIVE MAINTENANCE | YES | NO | | | |

OTHER _____

EQUIPMENT OPERATED?

| | | | | | |
|-----------------------------|-----|----|------------------------|-----|----|
| ENGINE REBUILDING EQUIPMENT | YES | NO | WHEEL & TIRE BALANCING | | |
| WELDER TYPE _____ | YES | NO | MACHINE | YES | NO |

SIGNATURE

IT IS AGREED AND UNDERSTOOD THAT THE EMPLOYER OR HIS AGENTS MAY INVESTIGATE THE APPLICANT'S BACKGROUND TO ASCERTAIN ANY AND ALL INFORMATION OF CONCERN TO APPLICANT'S RECORD, WHETHER SAME IS OF RECORD OR NOT, AND APPLICANT RELEASES EMPLOYERS AND PERSONS NAMED HEREIN FROM ALL LIABILITY FOR ANY DAMAGE ON ACCOUNT OF HIS FURNISHING SUCH INFORMATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL.

I AGREE TO FURNISH SUCH ADDITIONAL INFORMATION AND COMPLETE SUCH EXAMINATIONS AS MAY BE REQUIRED TO COMPLETE MY EMPLOYMENT FILE.

I UNDERSTAND THAT THIS APPLICATION IS NOT AN EMPLOYMENT CONTRACT AND THAT, IF HIRED, MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AT ANY TIME A THE OPTION OF EITHER THE COMPANY OR MYSELF.

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.

DATE _____

SIGNATURE _____

This application is valid for 30 days from date of submission.