

# KERRS CONCRETE

SINCE 1942

A DIVISION OF SOUTHERN CONCRETE MATERIALS

## Application for Employment

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

\*Current Address \_\_\_\_\_  
Street City Zip Code

\*If at the above residence less than three years, list below all residences for the past three years. Attach separate sheet if necessary.

Street City Zip Code

Position applying for \_\_\_\_\_ Temporary \_\_\_\_\_ Part Time \_\_\_\_\_ Full Time \_\_\_\_\_

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

Have you worked for this company before? \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
month/year month/year

Are you currently employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

### 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 \_\_\_\_\_  
Name Address

### GENERAL

Have you ever been bonded? \_\_\_\_\_ Name of bonding company \_\_\_\_\_  
(Answer only if a job requirement)

Have you ever been convicted of a felony? \_\_\_\_\_

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment-all circumstances will be considered.

### EMPLOYMENT RECORD

The U.S. Department of Transportation requires that driver applications show all employment for the last three years. Effective July, 1987 they must also show commercial driver employment for the seven years immediately preceding this year period.

Start with last or current position, including military experience, and work back. (Attach separate sheet if necessary)

**Current Employer:** \_\_\_\_\_ Supervisors Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Position Held: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
month/year month/year

Reason for leaving \_\_\_\_\_

**Previous Employer:** \_\_\_\_\_ Supervisors Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Position Held: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
month/year month/year

Reason for leaving \_\_\_\_\_

**Previous Employer:** \_\_\_\_\_ Supervisors Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Position Held: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
month/year month/year

Reason for leaving: \_\_\_\_\_

**DRIVER EXPERIENCE & QUALIFICATION**

**Answer the questions in this section only if applying for driver position**

Date of Birth \_\_\_\_\_ The U.S. department of Transportation requires that driver applicants state their date of birth (391.21(b)(2))  
(month/day/year)

Social Security No. \_\_\_\_\_ --- \_\_\_\_\_ --- \_\_\_\_\_

**Licenses**

Drivers Licenses held in the past 3 years must be shown	State	License No.	Class	Endorsement(s)	Expiration 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 for violations of the Federal Motor Carrier Safety Regulations? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If you answered "yes" to A, B, C, attach a statement giving details.

**Driving Experience**

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc)	Dates		Approximate Total Miles
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Twin Trailers- LVC's				
Other				

List special courses or training that will help you as a driver \_\_\_\_\_  
 List driving awards held and who awards were presented by? \_\_\_\_\_

**Accident Review for past 3 years** (Attach separate sheet of paper if more space is needed)

Dates	Nature of Accident (Head-on, Rear-End, Overturn, etc.	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

**Traffic Convictions and Forfeitures for the past 3 years other than parking violations**

Location	Date	Charge	Penalty

**APPLICANT MUST READ AND SIGN**

I certify that I have read and understand all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company. I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I understand that in the event of my employment by Kerrs Concrete it shall be sufficient cause for dismissal if any information I have given in this application is false or if I have failed to give any information herein requested. I understand that proof of identity and work authorization will be required upon employment in accordance with federal regulations. In the event of my employment by Kerrs Concrete I agree to abide by all present and subsequently issued rules of the Company.

If hired, in consideration of my employment, I agree to comply with the policies, standards, and business ethics of Kerrs Concrete. I understand that my employment is at will and may be terminated by me or the company at any time without additional consideration or notice. I understand that no representative of Kerrs Concrete has the authority to commit to any definite term of employment or alter the at-will employment agreement.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### MAINTENANCE EXPERIENCE & QUALIFICATIONS

#### Job Function

Indicate training and experience in the following:	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experience
Drive Line Components			Body Work		
Diesel Engine Tune-up and Rebuild			Electrical Repair		
Gas Engine Tune-up and Rebuild			Frame and Wheel Alignment		
Tire Service			Brakes		
Trailer Repair			Cooling System		
Air Conditioning			Inspections		
			Gen. Car Repair		

#### Shop Equipment

Indicate training and experience in the following:	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experience
Electrical Diagnostic Equipment			Time Servicing Mach.		
Sheet Metal Equip.			Wheel & tire Balancing Machine		
			Tire Recapping Mold.		
Frame & Axle Straightening Equip.			Engine Dynamometer		
Engine Rebuilding			Chassis Dynamometer		
Diesel Injection Equip.			Magnetic Crack Defector		
Electric Welder			Engine Analyzer		
Oxyacetylene Welder			Noise Measuring Equipment		
Paint Spray Gun			Smoke Measuring Equipment		
Air Conditioning			Inspections		
			Gen. Car Repair		

### CLERICAL EXPERIENCE & QUALIFICATIONS

List Courses and Training in Office Work \_\_\_\_\_

Indicate training and experience in the following:	Formal Training (Check)	Years of Experience		Formal Training (Check)	Years of Experience
Typing (wpm)			Dictating Machine		
Shorthand (wpm)			Bookkeeping Mach.		
Billing			Switchboard Equip. (indicate type)		
Filing			Tabulator		
Computers (indicate software)			Accounting		
Word Processing Equip.			OS &D		
			Interline		
Key Punch			Claims		
Calculator			Cashier		
Adding Machine			Dispatch		
Telecopier			Other		
Photocopier					

Rates (indicate tariffs with which you have worked) \_\_\_\_\_

**DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT**

**PURPOSES – 49 CFR PART 391.23M DOT DRUG AND ALCOHOL TESTING**

In accordance with DOT regulations 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT – regulated employer(s) listed below to Agency for the purpose of Agency transmitting such records to Agency customer listed above. I understand that information/documents released pursuant to this Part II is limited to the following DOT – regulated testing items, including pre-employment testing results, occurring during the previous three (3) years: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug test; (iii) refusals to be tested (including adulterated and/or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e violations of 49 CFR 382 subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

If the company listed below furnishes Agency with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to Agency, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous three (3) years; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous three (3) years.

List all DOT – regulated employers you have applied with and/or worked for in a safely – sensitive function during the previous **three (3) years**. If necessary, attach additional pages, including the date, your name, social security number and signature.

<b>Previous DOT – regulated employer</b>	<b>City</b>	<b>State</b>	<b>Telephone number</b>

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand his Part II disclosure and authorization for release; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and (vi) facsimile or photographic copies of this authorization are as valid as an original.

**Print Applicant Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_

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

**CDL #:** \_\_\_\_\_ **State:** \_\_\_\_\_