

Point Ready Mix, LLC
5435 BULL VALLEY ROAD, SUITE 130
MCHENRY, IL 60050
815.578.9100

DRIVERS APPLICATION FOR EMPLOYMENT

APPLICANT NAME: _____ DATE: _____

SOCIAL SECURITY #: _____ DRIVER LICENSE # _____

VALID CDL INTERSTATE YES/NO: _____ PHONE # _____ CELL # _____

ADDRESS: _____ HOW LONG AT THIS ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

PREVIOUS ADDRESS IF ABOVE IS LESS THAN THREE YEARS:

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

ARE YOU CURRENTLY EMPLOYED? _____ IF NOT, HOW LONG SINCE LAST EMPLOYMENT? _____

WHO REFERRED YOU? _____

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.

IS THERE ANY REASON YOU MIGHT BE UNABLE TO PERFORM THE FUNCTIONS OF THE JOB FOR WHICH YOU HAVE APPLIED? _____

IF YES, EXPLAIN IF YOU WISH. _____

EMPLOYMENT HISTORY

APPLICANTS MUST PROVIDE THE FOLLOWING INFORMATION ON ALL EMPLOYERS DURING THE PRECEDING 3 YEARS. LIST COMPLETE MAILING ADDRESS, STREET NUMBER, CITY, STATE & ZIP CODE.

EMPLOYER			DATE
NAME:			FROM:
ADDRESS:			TO:
CITY:	STATE:	ZIP:	POSITION:
REASON FOR LEAVING:			SALARY/WAGE:

EMPLOYER			DATE
NAME:			FROM:
ADDRESS:			TO:
CITY:	STATE:	ZIP:	POSITION:
REASON FOR LEAVING:			SALARY/WAGE:

EMPLOYER			DATE
NAME:			FROM:
ADDRESS:			TO:
CITY:	STATE:	ZIP:	POSITION:
REASON FOR LEAVING:			SALARY/WAGE:

DRIVING RECORD

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE:

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT:				
NEXT PREVIOUS:				
NEXT PREVIOUS:				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE: (ATTACH SHEET IF MORE SPACE IS NEEDED)

LOCATION	DATE	CHARGE	PENALTY

EXPERIENCE AND QUALIFICATIONS – DRIVER

LIST ALL DRIVER LICENSES OR PERMITS HELD IN THE PAST 3 YEARS

STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

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

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

IF THE ANSWER TO EITHER QUESTION ABOVE IS YES, GIVE DETAILS _____

DRIVING EXPERIENCE

CLASS OF EQUIPMENT (CHECK YES OR NO)	CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. # OF MILES
		FROM (M/Y) (M/Y)	TO	
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	VAN TANK FLAT DUMP			
TRACTOR & SEMI TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	VAN TANK FLAT DUMP			
OTHER:				

LIST STATES OPERATED IN FOR LAST FIVE (5) YEARS: _____

LIST SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

ANY OTHER EXPERIENCE AND/OR QUALIFICATIONS THAT MAY HELP IN YOUR WORK FOR THIS COMPANY? _____

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL YOU ATTENDED: _____ CITY: _____ ST: _____

TO BE READ & SIGNED BY APPLICANT

I CERTIFY THAT I PERSONALLY COMPLETED THIS APPLICATION AND THAT ALL OF THE INFORMATION IS TRUE AND CORRECT. I UNDERSTAND THAT THE INFORMATION IN THIS APPLICATION WILL BE USED BY POINT READY MIX, LLC FOR THE PURPOSE OF DETERMINING MY QUALIFICATIONS FOR EMPLOYMENT. I GIVE PERMISSSION FOR POINT READY MIX, LLC TO ORDER MVR, DAC REPORTS AND DO A BACKGROUND CHECK.

SIGNATURE: _____ DATE: _____