

**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? \_\_\_\_\_

**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:	

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

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

## 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 FROM (M/Y) TO (M/Y)	APPROX. # OF MILES
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: \_\_\_\_\_

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.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**TO BE READ & SIGNED BY APPLICANT**

**APPLICANT'S STATEMENTS & RELEASE OF LIABILITY**

**By submitting this application, I hereby state that:**

1. I understand that this application for employment shall be considered active for a period of time not to exceed one (1) year. I understand that I must reapply if I wish to be considered for employment after the expiration of this time period.
2. I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that Federal immigration laws require me to complete appropriate documents in this regard.
3. I understand that if I am offered employment, it will be conditioned, in part, on the successful completion of a post-offer/pre-employment functional employment examination. I understand that, when necessary to enable an otherwise qualified applicant with a disability to participate in testing, the testing agency will provide reasonable accommodations.
4. I understand that if I am hired, the discovery of any false or misleading information provided in my application or interview(s) may result in discipline up to and including discharge.
5. I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR § 391.23(d) and (e).
6. I understand that pursuant to 49 CFR § 391.23(i) I have a right to: review information provided by previous employers; have errors in the information corrected by previous employers and those previous employers to re-send the corrected information to the prospective employer; and have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.
7. I understand that this application does not constitute an agreement or contract for employment for any specified period of definite duration. I understand no supervisor or representative of the Company is authorized to make any assurance to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by an authorized executive of the Company.

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.

Signature: \_\_\_\_\_

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