

OREMUS MATERIALS, INC.

**10100 W Avra Valley Road
Marana, AZ 85653
520-877-2828
Fax 520-682-1292**

COMMERCIAL MOTOR VEHICLE DRIVER'S APPLICATION FOR EMPLOYMENT

**To be considered for employment opportunities,
your application must be completely filled out.**

Qualified applications will remain active for 90 days from date of signed application.

All qualified applicants are considered regardless of race, color, sex, age, national origin, religion, disability or any other protected status in accordance with state, federal and local law.

EQUAL OPPORTUNITY EMPLOYER

QUALIFICATIONS AND JOB DESCRIPTION

- Must possess a minimum of a Class B CDL (with Airbrake Endorsement) for Ready-Mix Drivers
- Must possess a minimum of a Class A CDL for Bulk Drivers
- Driven commercial vehicle – Minimal of 2 years for Ready-Mix Driver
- No more than 2 moving violations within 2 years
- Good employment record
- Must lift 50-100 lbs.
- Able to climb ladders
- Be available to work 6-days per week, up to 1-14 hours per day
- Honest during interview
- You will be required during non peak times of the day to clean your truck and equipment. You may also be asked to help maintain the property upon your Managers request.
- **ALWAYS KEEP SAFETY YOUR TOP PRIORITY, MAKE THE RIGHT DECISIONS!**

Training is a minimum of 1 week which is paid. Upon completion of your training period, you must complete and pass a mandatory driving test with a certified trainer or manager. Failure to comply with any of the above will disqualify you for employment consideration.

By signing below, I have understood the qualifications as listed above.

Signature

Date

Background Information

Name _____ Social Security No _____
Last First Middle

Date of Birth ____ / ____ / ____
(Required by DOT)

List your addresses of residency for the past 3 years.

Current Address _____
Street City
State Zip Code Phone _____ How Long? _____
(including area code)

Previous Addresses _____ How Long? _____
Street City State Zip Code
_____ How Long? _____
Street City State Zip Code
_____ How Long? _____
Street City State Zip Code

Are you legally eligible for employment in the United States? Yes No
[Documentation verifying eligibility will be required within three days of hire.]

Have you ever been convicted of a felony? Yes No
If yes, state the nature of the offense, date of conviction, penalty imposed for the offense and date of release from prison, if applicable. (You are not obligated to disclose sealed or expunged records of conviction or arrest.) A conviction record will not necessarily be a bar to employment and will be considered only as it relates to the job.

EMPLOYMENT DESIRED

Position _____ Date you can start _____

Wage rate desired _____

Are you employed now? _____ If so, may we inquire of your present employer? _____

Have you ever worked for this Company or any Oremusaffiliated Company before? _____
Where? _____ When? _____

Referred by _____

EDUCATION HISTORY

	Name and Location of School	No of Years Attended	Did you graduate?	Subjects Studied
High School				
College				
Trade, Business, Driving or Correspondence School				

DRIVER EXPERIENCE AND QUALIFICATIONS

DRIVER LICENSES

State	License No	Class	Expiration Date

- A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes No
 B. Has your license, permit, or privilege ever been suspended, revoked, or canceled? Yes No
 C. Have you ever been convicted of driving under the influence of alcohol or drugs or any related offense?
 Yes No

If the answer to either A, B or C is YES, please set forth in detail the acts, circumstances, and dates of such denial, revocation, suspension, or conviction.

DRIVING EXPERIENCE - IF NONE, WRITE NONE

Class of Equipment	Type of Equipment (Front/Rear Load, Make, Model, etc)	Dates From-To	Approx. No of Total Years or Miles Driven
Ready-Mix Truck		—	
Bulk Cement, other Dry Bulk or other tank truck		—	
Tractor and Semi-Trailer		—	
Dump Truck		—	
Straight Truck		—	
Construction and/or off-road vehicle		—	
Other		—	

List states operated in for last five years

State any courses, training, or other experience that will help you as a driver [example – Hazmat training]

MOTOR VEHICLE ACCIDENT RECORD FOR PAST 3 YEARS OR MORE IF NONE, WRITE NONE

Dates	Nature of Accident (Head-on, Rear-end, upset, etc.)	Fatalities	Injuries
Last Accident _____			
Next previous _____			
Next previous _____			

(Attach sheet if more space is needed)

TRAFFIC CONVICTIONS AND/OR BOND FORFEITURES DURING THE PAST 3 YEARS (Other than parking violations) If none, write none.

Location	Date	Charge	Penalty

(Attach sheet if more space is needed)

EMPLOYMENT HISTORY

In the last ten years. If necessary, provide an additional sheet. *List below, beginning with the most recent.*

1. Employer Name _____ From _____ To _____

Address _____ Telephone _____

Type of Business _____ Your position _____

Immediate Supervisor _____ Supervisor position _____

Person we may contact to verify employment _____

Work performed [Include whether you operated a commercial motor vehicle and the type of vehicle(s) operated]

Current/Last Salary _____

Reason for Leaving _____

2. Employer Name _____ From _____ To _____
Address _____ Telephone _____

_____ Type of Business _____ Your position _____
Immediate Supervisor _____ Supervisor position _____
Person we may contact to verify employment _____

Work performed [Include whether you operated a commercial motor vehicle and the type of vehicle(s) operated]

_____ Current/Last Salary _____

Reason for Leaving _____

3. Employer Name _____ From _____ To _____
Address _____ Telephone _____

_____ Type of Business _____ Your position _____
Immediate Supervisor _____ Supervisor position _____
Person we may contact to verify employment _____

Work performed [Include whether you operated a commercial motor vehicle and the type of vehicle(s) operated]

_____ Current/Last Salary _____

Reason for Leaving _____

4. Employer Name _____ From _____ To _____
Address _____ Telephone _____

_____ Type of Business _____ Your position _____
Immediate Supervisor _____ Supervisor position _____
Person we may contact to verify employment _____

Work performed [Include whether you operated a commercial motor vehicle and the type of vehicle(s) operated]

_____ Current/Last Salary _____

Reason for Leaving _____

5. Employer Name _____ From _____ To _____
Address _____ Telephone _____

_____ Type of Business _____ Your position _____
Immediate Supervisor _____ Supervisor position _____
Person we may contact to verify employment _____

Work performed [Include whether you operated a commercial motor vehicle and the type of vehicle(s) operated]

_____ Current/Last Salary _____

Reason for Leaving _____

6. Employer Name _____ From _____ To _____
Address _____ Telephone _____

Type of Business _____ Your position _____
Immediate Supervisor _____ Supervisor position _____
Person we may contact to verify employment _____

Work performed [Include whether you operated a commercial motor vehicle and the type of vehicle(s) operated]

_____ Current/Last Salary _____

Reason for Leaving _____

7. Employer Name _____ From _____ To _____
Address _____ Telephone _____

Type of Business _____ Your position _____
Immediate Supervisor _____ Supervisor position _____
Person we may contact to verify employment _____

Work performed [Include whether you operated a commercial motor vehicle and the type of vehicle(s) operated]

_____ Current/Last Salary _____

Reason for Leaving _____

(Attach sheet if more space is needed)

MILITARY

Are you a veteran? Yes No

If yes, which branch of the military? _____

Dates of Service _____

Duty/specialized training: _____

I understand by filling out this application, Oremus Materials, Inc. is in no way obligated to offer me employment. I certify the facts set forth in my application for employment are true, correct, and complete. I agree any misrepresentation or false statement of this application shall be considered grounds for rejecting this application, rescinding a tentative job offer, or immediate discharge if discovered after hired. I authorize Oremus Materials, Inc. to investigate any of the information contained on this application, including the examination of past employment records, references, and other facts stated on this application. I waive any rights I may have to receive written notice from any former employer listed on this application regarding the release to Oremus Materials, Inc. of any information concerning any disciplinary action taken against me by said former employers. I understand I will be required to successfully complete a post-offer medical examination as a condition of employment, including drug and alcohol testing, and I agree to take such examination.

I also recognize and accept the right of Oremus Materials, Inc. to unilaterally modify, amend, or eliminate any policies, handbooks, rules, or procedures at its sole discretion at any time.

This certifies that this application was completed by me, that all entries contained within and information in it are true and complete to the best of my knowledge.

Applicant Name (Print)

Applicant Signature

Date of Application

NOTIFICATION AND RELEASE

1. The information contained in this application is true to the best of my knowledge and belief and I understand that any misrepresentation or false statement by me in connection with the application or any related documents which is deemed material by Oremus Materials, Inc. shall result in Oremus Materials, Inc. not employing me or, if employed, terminating my employment.
2. I understand and agree all information furnished in this application and all attachments may be verified by Oremus Materials, Inc. or its authorized representative. I hereby authorize all individuals and organizations named or referred to in this application and any law enforcement organization to give Oremus Materials, Inc. all the information relative to such verification and hereby release such individuals, organizations, and Oremus Materials, Inc. from any and all liability for any claim or damage resulting there from.
3. I hereby acknowledge I have been informed by Oremus Materials, Inc. that Oremus Materials, Inc. may seek to obtain a consumer report and/or an investigative report that will include personal information regarding me, including but not limited to educational history, work references, and criminal convictions, in order to assist Oremus Materials, Inc. in making certain employment decisions. I further acknowledge notification by Oremus Materials, Inc. that reports may be provided to Oremus Materials, Inc. by other firms sub-contracted for that purpose.
4. I, my heirs, assigns and legal representatives, hereby release and fully discharge Oremus Materials, Inc., its affiliated companies and the respective officers, director, shareholders, employees, agents of each, including subcontractors from any and all claims, monetary or investigative consumer report.

PLEASE PRINT THE FOLLOWING:

First Name:

Middle Name:

Last Name:

Maiden Name:

- -

- -

Date of Birth (Required by D.O.T.)

***Social Security Number**

Driver's License

State

Street Address

Applicant Signature

City

County

Today's Date

State

Zip Code

Oremus Representative

REQUEST FOR INFORMATION

From Previous Employer

I hereby authorize you to release the following information to: **Oremus Materials, Inc.** for the purposes of investigation as required by Section 391.23 and allowed by Section 383.35 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

Applicant Signature: _____ Date: _____

PLEASE BACK FAX TO 520-682-1292

Oremus Materials, Inc.
Attn: General Manager

Dear Sir/Madam:

The below named individual has made an application to this company for a position as _____ and states that he/she was employed by you as _____ from _____ to _____.

We appreciate your time in completing, in confidence, the information requested below.

Sincerely,

Name of Applicant: _____ Social Security Number: _____

1. Employed from _____ to _____ as _____ at a wage or salary of _____ per _____.
2. Did he/she drive a motor vehicle for you? Yes ___ No ___ Type: _____
3. Was he/she a safe and efficient driver? Yes ___ No ___
4. Reason for leaving your employ? _____ Discharged _____ Resignation _____ Laid Off
5. Was his/her general conduct satisfactory? Yes ___ No ___
6. Please advise history of past driving record for past 3 years (Chargeable Accidents)

APPLICANT'S AUTHORIZATION TO OBTAIN PAST DRUG AND ALCOHOL TEST RESULTS

I, _____, understand as a condition of hire with Oremus Materials, Inc. I must give the Company written authorization to obtain the results of all DOT-required drug and/or alcohol tests (including any refusals to be tested) from all of the companies for which I worked as a driver, or for which I took pre-employment drug tests and alcohol tests, during the past three (3) years. I have also been advised and understand by my signing of this authorization does not guarantee me a job or guarantee I will be offered a position with Oremus Materials, Inc.

Below, I have listed all of the companies for which I worked as a driver, or for which I took a pre-employment drug and a pre-employment alcohol test during the past three (3) years. I hereby authorize Oremus Materials, Inc. to obtain from those companies, and I hereby authorize those companies to furnish Oremus Materials, Inc. the following information concerning my drug and alcohol tests: (a) all positive drug test results during the past three (3) years; (b) all alcohol test results of 0.04 or greater during the past three (3) years; (c) all alcohol test results of 0.02 or greater but less than 0.04 during the past three (3) years; (d) all instances in which I refused to submit to a DOT-required drug and/or alcohol test during the past three (3) years.

The following is a list of all of the companies for which I worked as a driver, or to which I applied for work as a driver, during the past three (3) years:

<u>Company Name</u>	<u>Dates worked for/applied to</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

APPLICATION CERTIFICATION:

I have carefully read and fully understand this authorization to release my past drug and alcohol test results. By signing below, I certify all of the information which I have furnished on this form is true and complete and I have all of the companies for which I have either worked for, or applied for work, as a driver in the past three (3) years are listed.

Applicant Name (Print)

Applicant Signature

Date

REQUEST FOR DRUG/ALCOHOL RESULTS (Applicant Authorization Attached)

Date: _____
Company: _____
Attn: _____

In compliance with 49 C.F.R. Sections 382.405, 382.413 and 391.89, please fax the following information regarding the applicant listed below to Oremus Materials, Inc.

Applicant name (Print): _____

Social Security Number: _____

Applicant Signature: _____

Based upon a review of your company's drug and alcohol test records:

	Yes	No
Has this individual had an alcohol test with a confirmed breath alcohol concentration of 0.04 or greater in the past three years?	<input type="checkbox"/>	<input type="checkbox"/>
Has this individual had a controlled substance test with a positive result in the past three years?	<input type="checkbox"/>	<input type="checkbox"/>
Has this individual refused a controlled substance test and/or alcohol test within the past three years?	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

If you answered "yes" to any of the above questions, please provide Oremus Materials, Inc. with the name of the person within your company (if different than above-named) who can confirm dates and results of all positive and negative drug and alcohol tests for the above-named applicant.

Contact Name: _____ Phone (____) _____

Note: Failure to furnish information as required by 49 C.F.R. 382.405 and 382.413 is a violation of DOT (Department of Transportation) regulations and may result in a fine and/or civil liability.

Telephone inquiries may be made to Kevin Luckett at (520) 820-2265

COMPLETING THIS FORM IS VOLUNTARY AND IS NOT A REQUIREMENT FOR EMPLOYMENT

Various agencies of the United States Government require employers to maintain information on applicants pertaining to factors such as race, sex, and type of position applied for. The information requested on this sheet is for the purpose of our compliance with these recordkeeping requirements and to determine recruiting and employment patterns.

Such self-identification, and any information provided by the applicant is submitted a) on a voluntary basis, b) on a confidential basis, c) for use only in accordance with regulations, and d) without subjecting the individual to adverse treatment. Completion of this form is optional. Inclusion or exclusion of any data will not affect any hiring or other employment-related decisions.

The Company believes all persons are entitled to equal employment opportunities and does not discriminate against its employees or applicants for employment because of race, color, sex, religion, national origin, disability, veteran status, age, marital status, or any other protected group status.

APPLICANT NAME _____ DATE OF APPLICATION _____

JOB APPLIED FOR _____

RACE:

1. _____ White
2. _____ Black
3. _____ Hispanic _____
4. _____ Asian or Pacific Islander
5. _____ American Indian or Alaska Native

SEX:

1. _____ Female
2. _____ Male

HOW WERE YOU REFERRED TO OREMUS:

1. _____ Newspaper Advertisement
2. _____ State Employment Office
3. _____ Private Employment Agency
4. _____ Customer Referral
5. _____ College Recruiting
6. _____ School Referral
7. _____ Employee Referral
8. _____ Walk-In
9. _____ Other (Specify) _____

TYPE OF POSITION YOU APPLIED FOR:

(Check only one)

1. _____ Manager
2. _____ Professional
3. _____ Technician
4. _____ Sales
5. _____ Office/Clerical
6. _____ Craft Worker (Skilled)
7. _____ Operative-Driver (Factory duties requiring intermediate skill level)
8. _____ Laborer (Manual job requiring no special training)
9. _____ Service Worker

I decline my participation in this voluntary survey. _____

Signature



96-0463 R02/15 azdot.gov

Clear

CONSENT TO RELEASE MOTOR VEHICLE RECORD

ONE-TIME

Personal Information Type
 Driver Record Vehicle Record

Release Information To (individual or organization name)

The Federal Driver's Privacy Protection Act (or DPPA), 18 USC 2721-2725 and Title 28, Chapter 2, Article 5 of the Arizona Revised Statutes restrict the disclosure of certain personal driver license and vehicle record information (e.g., name, address, driver license number, social security number, photograph and medical/disability information). Your permission is required for the release of this information to any person or entity not otherwise authorized to receive it under these statutes.

I consent to a one-time release of personal information to the individual or any duly authorized agent of the organization shown above.

Customer Name (first, middle, last, suffix)	Driver License/Customer Number	Date of Birth
Signature		

Acknowledged before me this date.		Notary or MVD Agent Signature	
Date	County	State	Commission Expires