

## APPLICATION FOR EMPLOYMENT

We are an Equal Opportunity Employer. Applicants are considered for positions without regard to race, religion, sex, national origin, age, disability, or any other consideration made unlawful by applicable federal, state or local laws.

### APPLICANT TO COMPLETE

Position applying for	_____	Date	_____		
Applicant Name	_____				
Primary Number	_____	Secondary Number	_____		
Current Address	_____				
	Street	City	State	Zip	How long at this address
Previous Address	_____				
	Street	City	State	Zip	How long at this address

Can you provide Proof of age?	_____		
Do you have the legal right to work in the U.S.?	_____	Rate of pay expected?	_____
Have you ever applied with Osborne Concrete or John D Osborne Trucking before?	_____		
If yes, provide date	_____		
Are you currently employed?	_____	If no, how long since leaving last employer?	_____
Were you referred?	_____	If yes, by whom?	_____
Have you ever been convicted of a felony?	_____		
(If yes, please explain. Conviction of a crime is not an automatic bar to employment. All circumstances will be considered)			
Can you fulfill the essential functions of the position which you are applying for with or without reasonable accommodation?	_____		

## EMPLOYMENT HISTORY

Please list all employment in reverse order starting with the most recent.....

Employer Information:	Dates:
Name _____	Position _____
Address _____	Wage/Salary _____
City _____ State _____ Zip _____	Reason for leaving _____
Phone _____	
Contact _____	
Were you subject to the Federal Motor Carrier Safety Regulations while employed?	_____
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40?	_____

Employer Information:	Dates:
Name _____	Position _____
Address _____	Wage/Salary _____
City _____ State _____ Zip _____	Reason for leaving _____
Phone _____	
Contact _____	
Were you subject to the Federal Motor Carrier Safety Regulations while employed?	_____
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40?	_____

Employer Information:	Dates:
Name _____	Position _____
Address _____	Wage/Salary _____
City _____ State _____ Zip _____	Reason for leaving _____
Phone _____	
Contact _____	
Were you subject to the Federal Motor Carrier Safety Regulations while employed?	_____
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40?	_____

### EDUCATION

Circle Highest Grade Completed \_\_\_\_\_ 1 2 3 4 5 6 7 8 HS 1 2 3 4 College 1 2 3 4

Do you have a High School Diploma? \_\_\_\_\_ G.E.D (Graduate Equivalency Diploma) \_\_\_\_\_

Any special courses or training that will help you in the position you are applying for? \_\_\_\_\_

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### MILITARY SERVICE

Branch (please circle) Army Navy Air Force Marines Other \_\_\_\_\_

Dates of Service \_\_\_\_\_

Type of special training and work experience received while in service \_\_\_\_\_

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### DRIVING AND LICENSE INFORMATION

Driver License Number \_\_\_\_\_ State \_\_\_\_\_

Endorsements \_\_\_\_\_

Driving Experience \_\_\_\_\_ Straight Truck \_\_\_\_\_ Semi-tractor-trailer \_\_\_\_\_ Bus \_\_\_\_\_  
Concrete Mixer \_\_\_\_\_ Other \_\_\_\_\_

List states operated in the last 5 years \_\_\_\_\_

Have you ever been denied a license or privilege to operate a motor vehicle? \_\_\_\_\_  
If yes, please explain \_\_\_\_\_

Has your license, permit or privilege ever been suspended or revoked? \_\_\_\_\_  
If yes, please explain \_\_\_\_\_

List any safe driving awards you may have received \_\_\_\_\_

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## APPLICANT'S STATEMENT AND RELEASE

I certify that all the information on this application, my resume, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation or omission of any information may result in disqualification from consideration for employment, or, if employed, disciplinary action, up to and including immediate termination. I hereby authorize investigation of all answers, statements or other information contained in this application as may be deemed necessary in arriving at an employment decision. I also authorize each and every person named in this application to provide any information deemed relevant by the company and its subsidiaries in arriving at an employment decision. Furthermore, I hereby release the company and its subsidiaries and such other persons named in this application from all liability and for any damage whatsoever incurred in providing, receiving or investigating such information.

I understand that neither this application nor any communication by a management representative is intended to create or does create a contract of employment, offer or promise of employment for a definite term. I acknowledge that if hired by the company, employment is on an at-will basis in accordance with state law. This means the company is free to terminate my employment at any time, with or without cause or advance notice, in accordance with state law, and acceptance of employment is not a contract of employment for any specified time. Similarly, I am free to terminate my employment with the company at any time for any reason. This at-will provision may be modified or waived only in a written agreement signed by an authorized representative of the company and me. I agree to conform to the rules and regulations of the company, and I understand that the company has complete discretion to modify such rules and regulations at any time, except that it will not modify its policy of employment of at-will.

I agree that before being employed, I am to submit to and must pass a controlled substance test to be conducted in accordance with the company's policy. I agree that any offer of employment is contingent upon successful completion of a post offer medical examination by a physician designated by the company. I further agree to take physical exams and controlled substance and alcohol testing when required during my employment.

In the event of employment, I fully understand that this application will become a part of my personnel record and that false and misleading information given in my application or interview(s) may result in discharge. I agree to abide by all policies, rules and regulations of the company and/or its subsidiaries and, if requested, to sign the company's agreements relating to discoveries, inventions and confidential information.

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.

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Signature

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Printed Name

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Date

## DRIVER APPLICANTS

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 €. I understand that I have the right to:

- \* Review information provided by previous employers
- \* Have errors in the information corrected by previous employers and for those previous employers to resend the corrected information to the prospective employer; and
- \* Have a rebuttal statement attached to the alleged erroneous information, if the previous employers(s) and I cannot agree on the accuracy of the information.

I have read the paragraphs above and fully understand their importance and effect upon my employment. I also acknowledge the same as a condition of my employment with the company and/or its subsidiaries.

I understand that this application shall be considered active for a period of time not to exceed 90 days from the date indicated below. I understand that if I wish to be considered for employment beyond this time period, I must inquire as to whether applications are being accepted at this time.

Signature

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Printed Name

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Date

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