



# APPLICATION FOR EMPLOYMENT

Applicant Name:				Date:	
Address:		City:		State:	Zip:
Telephone:		Cell:		Pay Rate/Salary:	
Position Applying For:				Date Available:	
Job Location:					
Email address:					

In compliance with federal and state Equal Employment Opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, sexual orientation, gender, identity, marital status, veteran status, non-job related disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT	
<p>I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.</p>	
<p>In the event of Employment, I understand that false or misleading information given in my application or interview(s), or omission of information requested may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.</p>	
<p>I understand that no promises regarding employment have been given to me about any job with Croell Redi-Mix, Inc. &amp; subsidiaries. If I am offered a position, Croell Redi-Mix, Inc. &amp; subsidiaries, or I can end employment at any time, with or without cause or notice. I understand that no representative of Croell Redi-Mix &amp; subsidiaries, Inc. has the authority to make any assurances to the contrary or to guarantee employment for a specific time period. In the event that I am employed by Croell Redi-Mix, Inc. &amp; subsidiaries, and subsequently my employment ends, I authorize Croell Redi-Mix, Inc. &amp; subsidiaries to withhold from my earnings any amounts that are owing to Croell Redi-Mix, Inc. &amp; subsidiaries for expenditures and/or advances made on my behalf.</p>	
<div style="border-bottom: 1px solid black; width: 100%; height: 20px;"></div> <p>Signature</p>	<div style="border-bottom: 1px solid black; width: 100%; height: 20px;"></div> <p>Date</p>

Are you available to work overtime?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever worked for Croell Redi-Mix or subsidiaries before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, when and where? _____		
Do you have any friends, relatives, or acquaintances working for Croell Redi-Mix or subsidiaries?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, state name & relationship: _____		
If hired, would you have transportation to/from work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a valid drivers license?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If hired, would you be willing to submit to and pass a drug test?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you over the age of 18? (If under 18, hire is subject to verification of minimum age.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If hired would you be able to present evidence of your U.S. Citizenship or proof of your legal right to work in the United States?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Military Record: Branch of Service: _____	From: _____	To: _____
Present Military Affiliation: None <input type="checkbox"/> Reserve (Active) <input type="checkbox"/> Reserve (Inactive) <input type="checkbox"/>		
Types of training and duty in service: _____		
_____		

Are you able to perform the essential functions of the job for which you are applying, either with/without reasonable accommodation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, describe the functions that cannot be performed: _____		
_____		

(Note: Croell Redi-Mix, Inc. & subsidiaries comply with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill and agility and may be subject to a post-offer pre-hire screening process.)

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes  No

If yes, please describe the crime. State the nature of the crime(s), when and where convicted and disposition of the case:

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

**EDUCATIONAL HISTORY**

School Name:	Location:	Major	Dates Attended:	Diploma/Degree:
High School:				
Technical/Trade School:				
College:				
Certifications:				
Other education/training:				

**EMPLOYMENT HISTORY**

(Use Additional Employment History Information form if necessary)

**Non-DOT Applicants:** Complete Employment History disregarding DOT questions.

**DOT Applicants:** All applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding three years. You must give the same information for all employers for whom you have driven a commercial vehicle seven years prior to the initial three years (total of ten year employment record).

**You are required to list the complete mailing address: street number and name, city, state and zip code.**

**CURRENT OR LAST EMPLOYER:**

Name:  Telephone:   
 Address:   
 Street  City  State  Zip   
 Position Held:  From:  To:   
 Reason for Leaving:   
 Supervisor's Name:  Telephone:   
 Wage:   
 Were you subject to the Federal Motor Carrier Safety Regulations\*\* while employed? Yes  No   
 Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40.25? Yes  No   
 ACCOUNT FOR PERIOD BETWEEN JOBS- Include dates (month/year) and reason:

**SECOND LAST EMPLOYER:**

Name:  Telephone:   
 Address:   
 Street  City  State  Zip   
 Position Held:  From:  To:   
 Reason for Leaving:   
 Supervisor's Name:  Telephone:   
 Wage:   
 Were you subject to the Federal Motor Carrier Safety Regulations\*\* while employed? Yes  No   
 Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40.25? Yes  No   
 ACCOUNT FOR PERIOD BETWEEN JOBS- Include dates (month/year) and reason:

**THIRD LAST EMPLOYER:**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Wage: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations\*\* while employed? Yes \_\_\_\_\_ No \_\_\_\_\_

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40.25? Yes \_\_\_\_\_ No \_\_\_\_\_

ACCOUNT FOR PERIOD BETWEEN JOBS- Include dates (month/year) and reason: \_\_\_\_\_

\*\*The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when on the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding. Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity regarding placarding.

**Experience and Qualifications- Other**

Please list any other experience or qualifications in addition to previously stated that may assist in your job qualifications for this company:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES**

(List three individuals who are not related to you and have known you for at least one year.)

Name	Telephone	Title/Relationship	Address	Occupation

**In case of emergency notify (please give two contacts):**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**STOP HERE - if not applying for Driver Position or position requiring DOT licensing  
NON driver positions continue to Applicant Certification on last page for signature**



# EMPLOYMENT APPLICATION CONTINUED- DRIVER

Name: \_\_\_\_\_

Address (current): \_\_\_\_\_

Street	City	State	Zip	# of yrs
_____	_____	_____	_____	_____

Past 3 years of residency

Street	City	State	Zip	# of yrs
_____	_____	_____	_____	_____

Social Security Number: \_\_\_\_\_

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

Have you ever been bonded? Yes  No

Name of bonding company: \_\_\_\_\_

## EXPERIENCE AND QUALIFICATION

Attach separate sheet if more space is needed

### Driving Experience

If no driving experience within the last 3 years -

Check here:

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Circle all that apply)	DATES		APPROXIMATE NUMBER OF MILES
		FROM:	TO:	
Straight Truck	Van, Reefer, Tank, Flat			
Tractor & Semi Trailer	Van, Reefer, Tank, Flat			
Tractor - Two Trailers	Van, Reefer, Tank, Flat			
Tractor- Three Trailers	Van, Reefer, Tank, Flat			
Motor Coach- School Bus(> 8 passenger)				
Motor Coach- School Bus(> 15 passenger)				
Other: _____	Van, Reefer, Tank, Flat, NA			

### Accident History (3 years)

If no accidents within the last 3 years-

Check here:

DATE (month/year)	NATURE OF ACCIDENT (head-on, rear-end, upset, etc.)	# OF FATALITIES	# OF INJURIES	HAZARDOUS MATERIALS SPILL?	
				Yes	No
				Yes	No
				Yes	No
				Yes	No

### Traffic Convictions and Forfeitures (3 years)

If no traffic convictions and/or forfeitures within the last 3 years-

Check here:

DATE CONVICTED (month/year)	VIOLATION (Other than parking violations)	STATE OF VIOLATION	PENALTY (Forfeited bond, collateral and/or points)

### License Information

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information which is listed below:

Initials \_\_\_\_\_

STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE
_____	_____	_____	_____

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes  No

If yes, give details: \_\_\_\_\_

Has any license, permit, or privilege ever been suspended or revoked? Yes  No

If yes, give details: \_\_\_\_\_

List states operated in for last five years:

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Show special courses or training that will help you as a driver:

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Which safe driving awards do you hold and from whom?

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**Experience and Qualifications- Other**

Show any trucking, transportation or other experience that may help in your work for this company:

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List courses and training other than shown elsewhere in this application:

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List special equipment or technical materials you can work with other than those already shown elsewhere in this application:

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**Applicant Certification**

"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). I understand that I have a right to review information provided by current/previous employers, have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer, and finally to have the ability to attach a rebuttal statement to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information".

In the event that I am hired as a commercial driver, or in a position wherein I will operate a company vehicle, I authorize Croell Redi-Mix & subsidiaries to obtain a motor vehicle report on me. If offered a position as a commercial driver, I agree to submit to drug and alcohol testing and maintain a current DOT medical card, in accordance with federal and regulatory laws or in the interests of safety.

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.

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Applicant Signature

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Date

**\*ALL Applicants continue to Consumer Disclosure and Authorization Form\***

**CONSUMER DISCLOSURE AND AUTHORIZATION FORM- Disclosure Regarding Background Investigation**

Croell (the company) may request, for lawful employment purposes, background information about you from a consumer reporting agency in connection with your employment or application for employment (including independent contractor assignments, as applicable). This background information may be obtained in the form of consumer reports and/or investigative consumer reports (commonly known as "background reports"). These background reports may be obtained at any time after receipt of your authorization and, if you are hired or engaged by the Company, throughout your employment or your contract period.

HireRight, Inc., or another consumer reporting agency, will prepare or assemble the background reports for the Company. HireRight, Inc. is located and can be contacted by mail at 5151 California, Irvine, CA 92617, and HireRight can be contacted by phone at (800) 400-2761. Information about HireRight's privacy practices is available at [www.hireright.com/Privacy-Policy.aspx](http://www.hireright.com/Privacy-Policy.aspx).

The background report may contain information concerning your character, general reputation, personal characteristics, mode of living, and credit standing. The types of information that may be obtained include, but are not limited to: social security number verifications; address history; credit reports and history; criminal records and history; public court records; driving records; accident history; worker's compensation claims; bankruptcy filings; educational history verifications (e.g., dates of attendance, degrees obtained); employment history verifications (e.g., dates of employment, salary information, reasons for termination, etc.); personal and professional references checks; professional licensing and certification checks; drug/alcohol testing results, and drug/alcohol history in violation of law and/or company policy; and other information bearing on your character, general reputation, personal characteristics, mode of living and credit standing.

This information may be obtained from private and public record sources, including, as appropriate: government agencies and courthouses; educational institutions; former employers; personal interviews with sources such as neighbors, friends and associates; and other information sources. If the Company should obtain information bearing on your credit worthiness, credit standing or credit capacity for reasons other than as required by law, then the Company will use such credit information to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being evaluated.

You may request more information about the nature and scope of any investigative consumer reports by contacting the Company. A summary of your rights under the Fair Credit Reporting Act is also being provided to you.

**Authorization of Background Investigation**

I have carefully read and understand this Disclosure and Authorization form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to preparation of background reports by a consumer reporting agency such as HireRight, Inc., and to the release of such background reports to the Company and its designated representatives and agents, for the purpose of assisting the Company in making a determination as to my eligibility for employment (including independent contractor assignments, as applicable), promotion, retention or for other lawful employment purposes. I understand that if the Company hires me or contracts for my services, my consent will apply, and the Company may obtain background reports, throughout my employment or contract period.

I understand that information contained in my employment or contractor application, or otherwise disclosed by me before or during my employment or contract assignment, if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of employment or contract for services.

I hereby authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency.

By my signature below, I also certify the information I provided on and in connection with this form is true, accurate and complete. I agree that this form in original, faxed, photocopied or electronic (including electronically signed) form; will be valid for any background reports that may be requested by or on behalf of the Company.

Applicant Last Name  First  Middle   
Applicant Signature  Date

CROELL REDI-MIX, INC. & Subsidiaries  
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2010 Kenwood Ave.  
New Hampton, IA 50659  
Ph. 641-394-6789  
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