

# **KUDRON**

## **READY MIX**

PO BOX 720899 OKC, OK 73172

PHONE: 405-373-4999

FAX: 405-722-2575

## **Driver Application**

### **DRIVER INFORMATION FOR NEW APPLICANT:**

All applicants for a driving position must fill out an application for employment. All applications must be filled out completely and legibly in order to be processed. Employment history must include names and phone numbers of the previous 3 years. If the applicant operated a commercial motor vehicle prior to the last 3 years given, then previous history for an additional 7 years is required. Drivers will be asked to furnish accurate contact information even for those employers no longer in business. If selected for a position, Drivers will be notified after the qualifications process is complete. This information is not intent to hire or a promise of employment. Drivers are required to abide by all Federal or State regulations while operating a commercial motor vehicle, including state traffic laws. The completion of this application signifies the applicants understanding of the information given in this application and their ability to perform the duties have the physical requirements as outlined in this application without any resistance, reservation or assistance.

### **PREVIOUS EMPLOYER DISCLOSURE INFORMATION SHEET**

As a driver- applicant we are required under CFR March 30, 2004 to let you know that the information you provide as required by the Federal Motor Safety Regulations may be used for the purposes of investigating the driver's safety performance history and that the applicant's employers from the previous three years *will be* contacted for those purposes.

As a driver-applicant you may review information provided by prior employers. Driver-applicant if you have worked for a DOT regulated employer in the preceding three years you may review their information. To do this you must submit a written request at anytime from the application up to 30 days after beginning employment or being denied employment. Driver-applicant may request corrections of inaccurate information. As a driver-applicant you may rebut information about his/her safety performance history. If you wish to rebut the information provided by previous employers, you are required to send the rebuttal to the previous employer. You are required to include with your rebuttal, instructions to your previous employer to include the rebuttal in their safety performance history.

If the previous employer does not agree that the information they provided contains errors, they must notify you within 15 days of receiving your request for corrections of inaccurate information.

- As a previous employer, if you receive a rebuttal from a driver you must do the following within five business days of receiving the rebuttal: Forward a copy of the rebuttal to the driver's prospective employer, and

- Append the rebuttal to the information contained in the driver's personnel file and retain it with the safety performance information for the required duration.

**JOB DESCRIPTION:**

Drives truck with auxiliary concrete mixer to deliver ready mix concrete to various sites. Drivers are required to climb ladders to check each load of concrete. Trucks are inspected each morning at the start of the shift and each evening at the end of the shift to ensure there are no mechanical issues with the truck. Each day prior to the first load Drivers will lift truck hood to inspect such items before completing a pre-trip inspection. This includes adding any types of fluids such as oil or hydraulic oil to trucks when needed, inspecting tires and checking pressure with tire gauge. Drivers unload concrete and operate chutes to disburse concrete into various containers or locations (wheelbarrow, site area, etc.). After each load delivered mixer drum and truck is cleaned to ensure all concrete is washed off to prevent buildup in the drum, outside the drum and hopper. This is also done at the end of the shift. Lunch hours are not designated; breaks are given between deliveries. Drivers are required to have a flexible working schedule. Shifts sometimes start as early as 5am and as late as 7pm. Most all work is done outside the vehicle and Drivers must work in all types of environmental conditions including extreme temperatures. Must be able to read and write and interpret driving directions. Each day the Driver will fill out a vehicle examination report and a driver's log if necessary.

**PHYSICAL REQUIREMENTS:**

Drivers are required to stand, stoop, sit, bend, climb, squat, and walk frequently. Drivers will sit for extended periods of time driving to job sites. The ability to lift 50 lbs. or more, sometimes above shoulder height is required for cleaning and utilizing chutes. Drivers climb up and down the ladder each day checking loads. The ladder is manually lowered and raised and requires about 10 lbs. of force. Drivers must balance on ladder while cleaning and inspecting the truck. Lifting the hood of the truck is done daily to inspect the engine, requiring driver to reach above shoulder height and lifting and closing the hood. While checking tire pressure drivers are required to stand, stoop or squat frequently in order to gauge tire pressure. Drivers must step in and out of the cab of the mixer truck with heights of approximately 20" for the first step and up to 16" for each subsequent step. Trucks have standard transmissions which require the use of both feet as well as both hands for steering and moving gears.

**DRIVER REQUIREMENTS THAT YOU READ AND UNDERSTAND AND COMPLY WITH THE BELOW REQUIREMENTS:**

- 1) You, as a commercial vehicle driver, may not possess more than one license.
- 2) If you currently have more than one license, you should keep the license from your State of residence and return the additional licenses to the States that issued them. DESTROYING a license does not close the record in the State that issued it; you must notify the State. If a multiple license has not been lost, stolen, or destroyed, you should close your record by notifying the State of issuance that you no longer want to be licensed by that State.
- 3) Part 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Part 383.31 requires that any time you violate a State or local traffic law (other than parking); you must report it to your employing motor carrier and State that issued your license within 30 days.

**ANSWER ALL QUESTIONS – PLEASE PRINT**

*IN COMPLIANCE WITH FEDERAL AND STATE EQUAL EMPLOYMENT OPPORTUNITY LAWS, QUALIFIED APPLICANTS ARE CONSIDERED FOR ALL POSITIONS WITH OUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL STATUS OR NON-JOB.*

POSITION(S) APPLIED FOR: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_

Email Address (REQUIRED) \_\_\_\_\_

ADRESS FOR THE LAST 3 YEARS:

A) \_\_\_\_\_ HOW LONG \_\_\_\_\_

B) \_\_\_\_\_ HOW LONG \_\_\_\_\_

DATE OF BIRTH \_\_\_\_ / \_\_\_\_ / \_\_\_\_ CDL # \_\_\_\_\_ STATE \_\_\_\_\_

DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES?  YES  NO

HAVE YOU WORKED FOR THIS COMPANY BEFORE?  YES  NO

DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_ POSITION \_\_\_\_\_ RATE OF PAY \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

DO YOU HAVE ANY RELATIVE(S) WORKING FOR OUR COMPANY? IF YES, PLEASE LIST NAME AND RELATIONSHIP

\_\_\_\_\_

HOW DID YOU HEAR ABOUT THIS OPENING? \_\_\_\_\_ DESIRED SALARY \_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED? \_\_\_\_\_ IF NO, HOW LONG SINCE LEAVING LAST EMPLOYMENT? \_\_\_\_\_

A job description outline has been included with this application. After reading this outline is there any reason(s) you may be unable to perform the functions of the job for which you have applied? \_\_\_\_\_

If yes, please explain \_\_\_\_\_



CFR PART 40?

EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS			POSITION	
CITY	STATE	ZIP	PAY RATE	
CONTACT PERSON			PHONE	
REASON FOR LEAVING				
WERE YOU SUBJECT TO FEDERAL MOTOR CARRIER SAFETY REGULATIONS WITH THIS EMPLOYER?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
WAS YOUR JOB REGULATED BY DOT RULES AND REGULATIONS AND SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING REQUIREMENTS AS REQUIRED BY 49 CFR PART 40?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS			POSITION	
CITY	STATE	ZIP	PAY RATE	
CONTACT PERSON			PHONE	
REASON FOR LEAVING				
WERE YOU SUBJECT TO FEDERAL MOTOR CARRIER SAFETY REGULATIONS WITH THIS EMPLOYER?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
WAS YOUR JOB REGULATED BY DOT RULES AND REGULATIONS AND SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING REQUIREMENTS AS REQUIRED BY 49 CFR PART 40?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS			POSITION	
CITY	STATE	ZIP	PAY RATE	
CONTACT PERSON			PHONE	
REASON FOR LEAVING				
WERE YOU SUBJECT TO FEDERAL MOTOR CARRIER SAFETY REGULATIONS WITH THIS EMPLOYER?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
WAS YOUR JOB REGULATED BY DOT RULES AND REGULATIONS AND SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING REQUIREMENTS AS REQUIRED BY 49 CFR PART 40?			<input type="checkbox"/> YES <input type="checkbox"/> NO	

**DRIVING RECORD AND EXPERIENCE**

DRIVERS LICENSE # \_\_\_\_\_

STATE \_\_\_\_\_

DRIVER LICENSE CLASS \_\_\_\_\_

RESTRICTIONS \_\_\_\_\_

DRIVER LICENSE ENDORSEMENTS \_\_\_\_\_

**TRAFFIC VIOLATIONS/CONVICTIONS/FORFEITURES**

List all vehicle moving traffic violations for the past three (3) years

DATE	LOCATION/STATE	CHARGE	FINE

**ACCIDENT RECORD**

List all accidents/incidents with vehicles for the past three (3) years

Include preventable and non-preventable accidents, even if not listed on MVR

DATE	TYPE OF VEHICLE	NATURE OF ACCIDENT	PREVENTABLE /NON PREVENTABLE	FATALITIES	INJURIES
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

1. Do you have any restrictions from working in the United States?  YES  NO
2. Have you ever been denied a license, permit or privilege suspended to operate a motor vehicle?  YES  NO
3. Have you ever had any license, permit or privilege suspended or revoked?  YES  NO
4. Have you ever been convicted for driving while under the influence of alcohol or drugs?  YES  NO
5. Have you ever been convicted for possession, sale, or use of a narcotic drug, Amphetamine or derivative thereof?  YES  NO
6. Have you ever tested positive or refused to test on any DOT alcohol or drug screen?  YES  NO
7. Have you ever been refused liability insurance?  YES  NO
8. Have you ever been convicted of a felony?  YES  NO
9. Have you ever been convicted of a sex offense?  YES  NO
10. Have you ever been disqualified to drive by Federal Regulations?  YES  NO

If you answered "yes" to any of the above questions, please state in detail the date, details and nature of the event.

\_\_\_\_\_

\_\_\_\_\_

**EDUCATION**

Circle highest grade completed

1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE

Last School Attended \_\_\_\_\_  
NAME CITY/STATE

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	DATES		NUMBER OF MILES
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR/TRAILER				
TRACTOR/TWO TRAILERS				
OTHER				

List states operated in for last five years \_\_\_\_\_  
\_\_\_\_\_

Show special courses or training related to driving \_\_\_\_\_  
\_\_\_\_\_

List any safe driving awards and the company that awarded them to you \_\_\_\_\_  
\_\_\_\_\_

**OTHER EXPERIENCE**

Show any trucking, transportation, or other experience that may help in your hire for this company. \_\_\_\_\_  
\_\_\_\_\_

List courses and training other than shown elsewhere in this application \_\_\_\_\_  
\_\_\_\_\_

List special equipment or technical materials you can work with \_\_\_\_\_  
\_\_\_\_\_

**DISCLOSURE AND RELEASE**

In connection with my application for employment (including contract for services) with you, I understand that consumer reports which may contain public record information may be requested from Kudron Ready Mix, Inc. these reports may include the following information: names of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public records from federal, state and other agencies which may contain such records, including driving records. I authorize any party or agency contacted by Kudron Ready Mix, Inc. to furnish the above information.

I hereby authorize procurement of the above reports. If hired this authorization shall remain on file and shall serve as ongoing authorization for you to procure the above reports at any time during my employment period.

\_\_\_\_\_  
Print Name

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date