



Mid-West Materials, Inc. DRIVER'S APPLICATION FOR EMPLOYMENT (AN EQUAL OPPORTUNITY EMPLOYER)

PLEASE PRINT (USE INK)

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, marital status, or the presence of a non-job medical condition or handicap.

PERSONAL:

MUST USE SAME NAME AS ON YOUR SOCIAL SECURITY CARD

DATE: ____ / ____ / ____

Name: _____
(Last) (First) (Middle)

Current Address: _____ Telephone: _____
(Street) (City) (State) (Zip Code) (Include Area Code)

Previous Address(es). Cover the past 10 years. From To

(Street) (City) (State) (Zip Code)

(Street) (City) (State) (Zip Code)

Have you ever worked for our company before? _____ If "Yes," where? _____ Dates of Employment _____ Reason for Leaving _____

Have you ever been known by any other name? _____

WORK EXPERIENCE:

PRESENT OR MOST RECENT EMPLOYMENT (Cover the past 10 years)

Firm _____ Address _____
(Street) (City) (State)

May We Contact Your Present Employer? ____yes ____no Name and Title of
 Telephone _____ Kind of Business _____ Immediate Supervisor _____
(Include Area Code)

Employed From _____ to _____ Job Title
(Mo. Yr.) (Mo. Yr.)

Duties Performed _____

Starting Salary _____ Final Salary _____ Reason for Leaving _____

Employment History – All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding three (3) years.

Applicants to drive a commercial motor vehicle (Includes vehicles having a GVWR of 26,001 Lbs. or more, vehicles designed to transport fifteen (15) or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.) in intrastate or interstate commerce shall also provide an additional seven (7) years information on those employers for whom the applicant operated such vehicle. (NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

PREVIOUS EMPLOYMENT:

Firm _____ Address _____
(Street) (City) (State)

May We Contact Your Present Employer? ____yes ____no Name and Title of
 Telephone _____ Kind of Business _____ Immediate Supervisor _____
(Include Area Code)

Employed From _____ to _____ Job Title
(Mo. Yr.) (Mo. Yr.)

Duties Performed _____

Starting Salary _____ Final Salary _____ Reason for Leaving _____

PREVIOUS EMPLOYMENT:

Firm _____ Address _____
(Street) (City) (State)

May We Contact Your Present Employer? ____yes ____no Name and Title of
 Telephone _____ Kind of Business _____ Immediate Supervisor _____
(Include Area Code)

Employed From _____ to _____ Job Title
(Mo. Yr.) (Mo. Yr.)

Duties Performed _____

Starting Salary _____ Final Salary _____ Reason for Leaving _____

PREVIOUS EMPLOYMENT:

Firm _____ Address _____
(Street) (City) (State)

May We Contact Your Present Employer? ____yes ____no Name and Title of _____

Telephone _____ Kind of Business _____ Immediate Supervisor _____
(Include Area Code)

Employed From _____ to _____ Job Title _____
(Mo. Yr.) (Mo. Yr.)

Duties Performed _____

Starting Salary _____ Final Salary _____ Reason for Leaving _____

PREVIOUS EMPLOYMENT:

Firm _____ Address _____
(Street) (City) (State)

May We Contact Your Present Employer? ____yes ____no Name and Title of _____

Telephone _____ Kind of Business _____ Immediate Supervisor _____
(Include Area Code)

Employed From _____ to _____ Job Title _____
(Mo. Yr.) (Mo. Yr.)

Duties Performed _____

Starting Salary _____ Final Salary _____ Reason for Leaving _____

PREVIOUS EMPLOYMENT:

Firm _____ Address _____
(Street) (City) (State)

May We Contact Your Present Employer? ____yes ____no Name and Title of _____

Telephone _____ Kind of Business _____ Immediate Supervisor _____
(Include Area Code)

Employed From _____ to _____ Job Title _____
(Mo. Yr.) (Mo. Yr.)

Duties Performed _____

Starting Salary _____ Final Salary _____ Reason for Leaving _____

PREVIOUS EMPLOYMENT:

Firm _____ Address _____
(Street) (City) (State)

May We Contact Your Present Employer? ____yes ____no Name and Title of _____

Telephone _____ Kind of Business _____ Immediate Supervisor _____
(Include Area Code)

Employed From _____ to _____ Job Title _____
(Mo. Yr.) (Mo. Yr.)

Duties Performed _____

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(Street) (City) (State)

May We Contact Your Present Employer? ____yes ____no Name and Title of _____

Telephone _____ Kind of Business _____ Immediate Supervisor _____
(Include Area Code)

Employed From _____ to _____ Job Title _____
(Mo. Yr.) (Mo. Yr.)

Duties Performed _____

Starting Salary _____ Final Salary _____ Reason for Leaving _____

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

TRAFFIC CONVICTIONS AND FOREFEITURES FOR THE PAST THREE (3) YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

<u>EDUCATION:</u>					
	Name	City/State	Degree Received Yes or No	Type of Degree Diploma or GED	Major
High School	_____	_____	_____	_____	_____
College	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____
Trade School	_____	_____	_____	_____	_____

Commercial courses completed (Include skills, typing, shorthand, business machines, personal computer, etc.) _____

U.S. MILITARY EXPERIENCE: _____ yes _____ no Branch _____

EXPERIENCE AND QUALIFICATIONS – DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____
- B. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____
- IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR – TWO TRAILER				
OTHER				

LIST STATES OPERATED IN FOR LAST FIVE (5) YEARS: _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

GENERAL:

Are you a U.S. Citizen or eligible to work In the United States? _____ yes _____ no
(Proof of citizenship or immigration status will be required upon employment)

Drivers License No. _____ State _____

How did you happen to contact our company? _____ Name _____

Are you available to work full-time _____ part-time _____ temporary _____? If part time indicate maximum hours per week _____

What position are you applying for? _____ Starting salary desired? _____

EXPERIENCE AND QUALIFICATIONS – OTHER

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

List courses and training other than shown elsewhere in this application

List special equipment or technical materials you can work with (other than those already shown)

PERSONAL REFERENCES:

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. _____

2. _____

3. _____

WORK REFERENCES:

Give name, address and telephone number of three prior work references.

1. _____

2. _____

3. _____

MEDICAL EXAMINATION:

Would you be willing to take a physical examination to determine your ability to perform the job you are applying for? _____ yes _____ no

NOTICE:

I certify that the information contained in this application is correct to the best of my knowledge and understand that deliberate falsification of this information is grounds for dismissal in accordance with Company policy. I authorize all persons, companies, schools, credit bureaus, and government agencies to supply my information concerning my background, and release all parties from all liability for any damage that may result from furnishing same to you.

Signature

Date

Please complete in detail. Be specific and fill in all appropriate blanks.

	HIGH SCHOOL	COLLEGE	OTHER
Name of School and Location			
Approximate Grade or Class Standing			
Major Studies			
Favorite Subjects			
Least Liked Subjects			
Offices, Honors and Awards			
Extracurricular Activities			
What portion of your expenses did you earn?			

List additional training (including military), graduate studies and seminars _____

If you did not complete your education, please explain _____

Any additional information you wish to add _____

Are you related to any current or past employee? (circle one) YES NO

If yes, who related to? _____

How related? _____

AUTHORIZATION FORM

READ CAREFULLY BEFORE SIGNING

I certify that all information I have provided on this application and in connection with this application is true and complete. I understand that, if I am hired, any false or misleading information provided on my application, resume or interview(s) will result in my discharge. I understand that in connection with my application a background investigation may be conducted by Mid-West Materials, Inc., or others, at its request. I authorize Mid-West Materials, Inc. or its agents to contact all the employers, educational institutions and references I have provided (unless I have specified otherwise above), to obtain consumer reports from one or more consumer reporting agencies, and to examine any and all publicly available records, including but not limited to motor vehicle registration and driving records, civil and criminal court filings, criminal records, bankruptcies, and unemployment compensation claims files. I hereby release Mid-West Materials, Inc. and all parties providing information in connection with the application, and their respective agents and employees, from any and all liability for any claim of damages that may result from Mid-West Materials, Inc.'s use of such information.

I understand that as part of Mid-West Materials, Inc.'s commitment to promoting safety, productivity and reliability, I may be subject to a drug test prior to being hired to insure that I do not currently have narcotics, sedatives, stimulants or other controlled substances (or their metabolites) in my body. I understand that a positive drug test may result in rejection of my application. I further understand that if I am hired, at any time during my employment I may be required to undergo random drug testing or drug testing based on a reasonable suspicion that I have any controlled substance (or its metabolites) in my body. I further agree to undergo a physical examination, at Mid-West Materials, Inc.'s request, at any time that they make such a request.

I agree that, if hired, my employment relationship with Mid-West Materials, Inc. will be at will, meaning that both I and Mid-West Materials, Inc. will have the right to terminate the employment relationship at any time for any reason without prior notice. I understand that no one at Mid-West Materials, Inc. has the authority to enter into any agreement contrary to the above terms, unless that agreement is set forth in writing and signed by the President of the Company.

READ CAREFULLY BEFORE SIGNING

I agree that any claims or lawsuits relating to my service with Mid-West Materials must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

I understand that this application will be considered active for twelve (12) months from the date filed. If I am hired, it becomes part of my official employment record.

Signature

Date