

HAHN READY MIX COMPANY

PO Box 1187
Muscatine, IA 52761

Drivers Application

The Civil Rights Act of 1964 prohibits discrimination because of race, color, religion, sex, or national origin. PL 90-202 prohibits discrimination because of age. **NOTE:** Read and complete **all** portions of this proposal in your own handwriting (legible) in ink (Please Print). Applications that are incomplete or filled out in pencil may be rejected.

PERSONAL INFORMATION					Date: _____
Name: _____		Home Phone: (____) _____		- _____	
FIRST	MIDDLE	LAST	Leave Message at: (____) _____		
Present Address: _____				How Long? _____	
Street	City	State	Zip		
Address for past 5 years: _____				How Long? _____	
Street	City	State	Zip		
_____				How Long? _____	
Street	City	State	Zip		
Social Security Number: _____ - _____ - _____					
Date of birth ____ / ____ / ____					
e-mail: _____					

Have you ever been known by another name (maiden, nickname, etc.)? If yes list name: _____
How did you hear about us? _____

POSITION APPLIED FOR			Full Time _____	Part Time _____
I am applying for:		Driver _____	Other _____	

MILITARY SERVICE RECORD

Have you ever served in the U.S. Armed Forces? _____ Branch _____ Date of service _____ to _____
Highest rank achieved _____ Rank at discharge _____

EDUCATION AND TRAINING					
Circle highest Year completed : Grade School: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4					
Do you have: High School Diploma <input type="checkbox"/> G.E.D (Graduate Equivalency Diploma) <input type="checkbox"/> Neither <input type="checkbox"/>					
List any training program presently attending or completed (truck driving schools, service schools, etc.)					
School Name	Street	City	State	Zip	Phone: _____
_____	_____	_____	_____	_____	_____
School Name	Street	City	State	Zip	Phone: _____
_____	_____	_____	_____	_____	_____
Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>					

MOTOR VEHICLE RECORD QUALIFICATIONS

List **all** drivers' licenses held in the past 5 years (including multiple licenses if you have them):

STATE	LICENSE NUMBER	CDL CLASS	EDNORSEMENTS	EXP. DATE

ACCIDENT RECORD

(If none, write none)

List **all** accident involvements with **any** motor vehicle for past 5 years (even if not at fault):

Date	Type Vehicle	Nature of Accident (Head-on, Rear-end, Upset, etc.)	Were you at Fault?	Were you Ticketed?	Number of Fatalities	Number of Injuries	Amount of Property Damage

TRAFFIC CONVICTIONS

(If none, write none)

List **all** traffic convictions and forfeitures for the past 5 years (any motor vehicle, other than parking violations):

Date	Location (state)	Violation (if speeding , show rate of speed)	Penalty/Amount of fine

	Yes	No
Have you ever been convicted of a felony?	_____	_____
Have you ever been denied a license, permit or privilege to operate a motor vehicle?	_____	_____
Has any license, permit or privilege ever been suspended or revoked?	_____	_____
Have you ever been refused any type of insurance or been denied bonding?	_____	_____

If you answered yes to any of the above, please explain:

EMERGENCY NOTIFICATION

In case of emergency, notify _____

	Name	Address	Relationship
	City	State	Zip
	Phone		

Name: _____

PERSONAL HISTORY FOR PAST 10 YEARS

Begin with your present experience and work backyard in order, listing all of your employers, driving school, and other training programs. Periods of military service, self employment and unemployment for at least 10 years.

All time must be accounted for. Use supplementary sheet if necessary. Fill in all blanks.

LEAVE NO BLANKS OR GAPS IN TIME FOR THE PAST 10 YEARS.

PRESENT OR MOST RECENT JOB			
DATES From Month / Year _____ to _____			Position Held
Company			Avg. Weekly Earnings
Address			Reason for Leaving
City	State	Zip	Type of Trailer Pulled
Telephone ()			Type Equipment Driven
Supervisor			Number of accidents
Full or Part Time	Hours or Miles/Week		States/Regions You Drove in

May we contact your present employer (if any) to verify work record Yes No
 Period of Unemployment (if any) Dates: From Month / Year _____ to _____

NEXT JOB			
DATES From Month / Year _____ to _____			Position Held
Company			Avg. Weekly Earnings
Address			Reason for Leaving
City	State	Zip	Type of Trailer Pulled
Telephone ()			Type Equipment Driven
Supervisor			Number of accidents
Full or Part Time	Hours or Miles/Week		States/Regions You Drove in

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Period of Unemployment (if any) Dates: From Month / Year _____ to _____

REFERENCES

List two people able to verify employment and personal history, such as co-workers, customers, friends, or neighbors.

Do not use relatives or former employers.

Name _____ City _____ State _____ How long have you known him/her _____
Telephone _____ Place of employment _____ Occupation _____

Name _____ City _____ State _____ How long have you known him/her _____
Telephone _____ Place of employment _____ Occupation _____

PHYSICAL HISTORY

Is there anything about you that could limit your ability to perform the job? Yes No

If so, what are those limitations, and what accommodations would have to be made to allow you to perform the Job as outlined? _____

Please use supplementary sheet for any additional comments and information.

To be read and signed by applicant:

By completing and submitting this application, I:

- Authorize Employer or its agents to investigate my background, character, general reputation and prior employment by contacting my prior employers, references or any other individuals Employer considers necessary, (understanding that I may have the right to request in writing disclosures of certain information obtained by Employer in the course of its investigation of my background and experience);
- Authorize my prior employers, references and any other individuals contacted by Employer to release any and all information requested and absolve those parties who provide information requested from any and all liability related to their doing so, **including information as required under the drug and alcohol regulations concerning past drug and alcohol test results;**
- Acknowledge that any employment offered to me is at the will of Employer and may be terminated by Employer at any time, with or without cause;
- Acknowledge that I will be required and agree to submit to a physical examination and testing for drug use as part of Employers evaluation procedures and authorize release of my results to Employer and Employer’s unrestricted use of those results in deciding whether I should be offered employment;
- Acknowledge and agree that an express condition of my employment is that I stay drug free and promptly submit to random drug testing whenever requested by Employer;
- Acknowledge and agree that evidence of drug use prior to or during employment will be grounds for immediate termination without recourse;
- Certify that I completed this application. And that all entries on it and information in it are true and compete to the best of my knowledge;
- **Certify that this application was completed by me, in my own handwriting and acknowledge and agree that providing false, misleading, or incomplete statements in this application or in connection with Employer’s evaluation of me as a candidate for employment is grounds for immediate termination of my employment, regardless of when such information is discovered.**

Date _____ Signature _____

Print Name _____