



1900 E. 28th Street, Weslaco, Texas 78596
(956) 968-1578 fax (956) 968-1841

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion or national origin.

Date: _____

PERSONAL INFORMATION

Name _____

Social Security Number _____ Date of Birth _____

Driver's License _____ Class _____

Current Address _____

Permanent Address _____

Phone _____ Referred By _____

EMPLOYMENT DESIRED

Position _____ Date you can start _____

Salary Desired _____ Are you currently employed? () yes () no

May we contact your current employer? () yes () no

Have you ever applied with this company before? () yes () no

If yes, when? _____

EDUCATION

Name and Location of School	Last year completed	Did you graduate?
Grammar School _____		() yes () no
High School _____		() yes () no
College _____		() yes () no
Trade School _____		() yes () no
Special Skills or Qualifications _____		() yes () no

FORMER EMPLOYERS

List below your last four (4) employers, beginning with your last or current employer.

- 1.) Date (month & year): From _____ To _____
Name of Previous or Current Employer: _____
Address _____
Phone _____ Supervisor _____ Salary _____
Position _____ Reason for leaving _____

- 2.) Date (month & year): From _____ To _____
Name of Previous Employer: _____
Address _____
Phone _____ Supervisor _____ Salary _____
Position _____ Reason for leaving _____

- 3.) Date (month & year): From _____ To _____
Name of Previous Employer: _____
Address _____
Phone _____ Supervisor _____ Salary _____
Position _____ Reason for leaving _____

- 4.) Date (month & year): From _____ To _____
Name of Previous Employer: _____
Address _____
Phone _____ Supervisor _____ Salary _____
Position _____ Reason for leaving _____

REFERENCES

List three (3) people below whom you are not related to, that you have known for at least one (1) year.

- | <u>NAME</u> | <u>ADDRESS</u> | <u>PHONE</u> | <u>YEARS KNOWN</u> |
|-------------|----------------|--------------|--------------------|
| 1.) _____ | _____ | _____ | _____ |
| 2.) _____ | _____ | _____ | _____ |
| 3.) _____ | _____ | _____ | _____ |
- In case of and emergency
notify _____
- | NAME | ADDRESS | PHONE | RELATIONSHIP |
|------|---------|-------|--------------|
|------|---------|-------|--------------|

DRIVING RECORD

During the last five (5) years have you had any of the following types of accidents, if so fill in the appropriate space if more space is needed attach an additional sheet of paper.

AT FAULT ACCIDENTS

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

NON AT FAULT ACCIDENTS

DATE	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, Etc.)	FATALITIES	INJURIES
LAST ACCIDENT _____	_____	_____	_____
NEXT PREVIOUS _____	_____	_____	_____

During the last three (3) years have you ever been convicted of any traffic violations or had any license or permit forfeitures (other than parking violations)? If yes, use the space below to list the incidents. Attach another sheet if more space is needed.

LOCATION	DATE	CHARGE (SPEEDING, ILLEGAL TURN, ETC.)	PENELTY (FINE, SUSPENSION, Etc.)
LAST PREVIOUS _____	_____	_____	_____
LAST PREVIOUS _____	_____	_____	_____
LAST PREVIOUS _____	_____	_____	_____

Have you ever been denied a license, permit or privilege to operate a motor vehicle? () yes () no

Has any license, permit or privilege ever been suspended or revoked? () yes () no

MOTOR VEHICLE
DRIVER'S CERTIFICATION
OF VIOLATIONS

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past twelve (12) months.

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the last twelve (12) months.

(DATE OF CERTIFICATION)

(DRIVER'S SIGNATURE)

(MOTOR CARRIER'S NAME)

(MOTOR CARRIER'S ADDRESS)

(REVIEWED BY: SIGNATURE)

(TITLE)



1900 E. 28th Street, Weslaco, Texas 78596
(956) 969-1578 fax (956) 968-1841

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

***YOUR QUICK RESPONSE
WILL BE APPRECIATED!***

PLEASE RETURN COMPLETED FORM TO:

TO: _____
ATTN: _____
FAX: _____

ATTN: A.C. Cuellar, III
FAX: (956) 968-1841
PHONE: (956) 969-1578

_____ S.S. # _____ has applied for a driving position with our company, J-III Concrete Company Inc., and listed you as a previous employer. Please return this completed request as soon as possible via fax. Your cooperation is greatly appreciated.

Thank you,

1. Dates of employment: _____ through _____.
2. What kind of work did they perform? _____
3. If employed as a driver, specify equipment driven: _____
4. Was his/her work attendance satisfactory? () Yes () No
5. Was general conduct satisfactory? () Yes () No
6. Reason for leaving your employment? () Discharged () Laid off () Resigned
7. Would you re-employ? () Yes () No
8. Number of vehicle accidents, chargeable and non-chargeable: _____
9. If chargeable, please explain and please include dates: _____

10. Was the applicant's driver's license ever revoked or suspended? () Yes () No
11. Number of traffic violations: _____

AS REQUIRED BY FEDERAL MOTOR CARRIER SAFETY REGULATIONS PART 382.413

12. In the previous two years has this person ever tested and confirmed positive for alcohol?
() Yes () No
13. In the previous two years has this person ever tested and been confirmed positive for any controlled substance? () Yes () No
14. Did this person ever refuse a drug or alcohol test in the past two years?
() Yes () No

DATE: _____ **COMPANY:** _____

COMPLETED BY: _____

TITLE: _____

APPLICANT'S AUTHORIZATION TO REQUEST INFORMATION FROM PREVIOUS EMPLOYER

I authorize the release of any information regarding my alcohol and controlled substance testing records by my former employer and hold them harmless of any liability due to the release of said information.

APPLICANT'S SIGNATURE _____ **DATE:** _____

NOTIFICATION AND RELEASE

In connection with my application for employment with J-III Concrete Co., Inc., I understand that a consumer report which may contain public record information is being requested by J-III Concrete Co., Inc. This report may include the following types of information: names and dates of previous employers, reason for termination of employment work experience, drug and alcohol test results (382.413), accidents, spills, mixtures, etc. I further understand that such report may contain public record information concerning my driving record, workers' compensation claims, criminal records, etc., from federal, state, and other local agencies which maintain such records.

I authorize without reservation, any party or agency contacted by J-III Concrete Co., Inc., to furnish the above mentioned information.

I have also been fully informed by my potential employer that if employed I must first take a pre-employment drug and / or alcohol screening. I understand what I am being screened for, the procedure involved, and do hereby freely give my consent. In addition, I understand that the results of this screening will be forwarded to my employer and become part of my record.

If the screening result is positive J-III Concrete has the right to refuse employment.

You are free from any and all liability which may result from furnishing such information.

I also certify that this six (6) page application was completed by me, and all entries on it and information in it are true and complete to the best of my knowledge.

(PRINT NAME)

(SOCIAL SECURITY NUMBER)

(APPLICANT'S SIGNATURE)

(DATE)