



PLEASE LEAVE NO QUESTION BLANK

Please note: The Department of Transportation regulations require a **fully** completed application. Incomplete applications will not be processed.

Interviews will be scheduled after full review of a completed application.

Background checks are a USDOT requirement and we need the release on the last page filled out and signed for each company in the last SEVEN years. Depending on your work history, a copy of the blank page may need to be made to meet this requirement. The form is on page 4.

Employment history, including addresses and phone numbers are required to conduct a satisfactory review.

Also, a pre-employment physical and drug testing is conducted as a part of applicant screening.

Again, we appreciate your interest in working for our company and thank you for considering Hawkeye Ready Mix, Inc. for employment.

Hawkeye Ready Mix, Inc.

Which location are you applying for:

Hiawatha Coralville

APPLICATION FOR EMPLOYMENT

****PRE-EMPLOYMENT DRUG TESTING AND NEW HIRE MEDICAL PHYSICAL REQUIRED****

Name _____ Phone: () _____

Legal First

Middle

Last

Optional:

_____ @ _____ Daytime Phone _____

Email Address

Current Address _____

Street

City

State

Zip Code

If at the above residence less than three years, list below all residences for the past three years. **(Required only for driver applicants)**

Street

City

State

Zip Code

Street

City

State

Zip Code

Position Applying for _____ Will you accept: Temporary _____ Part Time _____ Full Time _____ Employment

Who referred you? _____ Rate of pay expected? _____

Have you ever applied for work here before? Yes or No Date _____

Have you worked for this company or any of its affiliates in the past? Yes or No If yes, when (date) _____ and under what name _____ Why did you leave _____

Name all relatives employed by this company or any of its affiliates _____

Are you currently employed? _____ If not, how long since leaving last employment? _____

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 Title of Degree _____

Last school attended _____

Name

Address

Social Security # _____ - _____ - _____

Driver's License # _____

Were you originally issued your CDL before October 1, 2004? Yes or No

Are you at least 18 years old? Yes or No How many days have you been absent from work in the last two (2) years? _____

Have you ever been convicted of or plead guilty to a crime involving dishonesty or a felony? YES NO

Conviction of a crime is not an automatic bar to employment - all circumstances will be considered.

Answer the questions in this section only if applying for driver position

DRIVER EXPERIENCE & QUALIFICATION

Date of Birth _____ The U.S. Department of Transportation requires that driver applicants state their date of birth 391.21(b)(2)
(month/day/year)

PHYSICAL HISTORY

The U.S. Department of Transportation requires that all driver applicants pass certain physical tests before they are hired to drive a motor carrier. FMCSR 391 Subpart E.

Date of last Department of Transportation medical card _____ Please provide a copy of medical card.

Have you ever been granted a waiver under section 391.49 of the Federal Motor Carrier Safety Regulations pertaining to the loss of foot, leg, hand or arm? ___ Yes ___ No Do you carry any other medical card waiver pertaining to USDOT regulations? ___ Yes ___ No

CFR 49, Part 382.301 requires that employers test all CDL applicants for drugs according to Part 40.21 prior to date of hire.

License

Driver Licenses held in past 3 years must be shown	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
- C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations or other safety regulations? ___ Yes ___ No

If you answered "yes" to A, B, C, attach a statement giving details.

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Approximate Total Miles
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Twin Trailers				
Other				

List states operated in during last five years

List special courses or training that will help you as a driver

List safe driving awards held and who awards were presented by?

Accident Review (List all motor vehicle accidents in which you have been involved in the last 3 years.)

Dates	Nature of Accident (Head-On, Rear-End, Upset, etc.)	Fatalities	Injuries
Last Accident			
Next Previous			

Traffic Convictions or Forfeitures for the past 3 years (All tickets other than parking violations)

Location	Date	Charge	Penalty

Have you ever been denied automobile insurance? Yes or No Have you ever been required to purchase SR22 insurance? Yes or No

EMPLOYMENT RECORD

The U.S. Department of Transportation requires that driver applicants show **ALL** employment for the **past three years**. Drivers must also show commercial **driver employment for the SEVEN years immediately preceding this THREE year period**. Start with current or last position, including military experience, and work back. Attach a separate sheet of paper if necessary.

CURRENT EMPLOYER: _____ Supervisor's Name: _____

Email address _____ @ _____

Phone: () _____ - _____ Work Address: _____

Position Held: _____ From _____ To _____ Salary _____ Reason for leaving _____
mo/yr mo/yr

Do we have permission to contact your current employer? YES NO

PREVIOUS EMPLOYER(S)

<p>Previous #1 Employer: _____</p> <p>Supervisor's Name: _____ Email address _____ @ _____</p> <p>Phone: () _____ - _____ Work Address: _____</p> <p>Position Held: _____ From _____ To _____ Salary _____ Reason for leaving _____ <small style="margin-left: 100px;">mo/yr mo/yr</small></p> <p style="text-align: center;"><i>required</i></p>
<p>Previous # 2 Employer: _____</p> <p>Supervisor's Name: _____ Email address _____ @ _____</p> <p>Phone: () _____ - _____ Work Address: _____</p> <p>Position Held: _____ From _____ To _____ Salary _____ Reason for leaving _____ <small style="margin-left: 100px;">mo/yr mo/yr</small></p> <p style="text-align: center;"><i>required</i></p>
<p>Previous # 3 Employer: _____</p> <p>Supervisor's Name: _____ Email address _____ @ _____</p> <p>Phone: () _____ - _____ Work Address: _____</p> <p>Position Held: _____ From _____ To _____ Salary _____ Reason for leaving _____ <small style="margin-left: 100px;">mo/yr mo/yr</small></p> <p style="text-align: center;"><i>required</i></p>

EXPERIENCE & QUALIFICATIONS- Indicate below with a check mark

Forklift	Dispatching	Sales	Custodial
End loaders	Customer Service	Oxyacetylene or Electric Welder	Lawn Maintenance
Inspections	Electrical Repair	Brakes or Tire Service Machine	Plumbing
General Car Repair	Paint Spray Gun	Carpentry	Photocopier
Computers (indicate software)	Accounting	Fax Machine	Calculator
All Other Relevant Training or Experience, please list			

Have you had workplace safety and health (OSHA) training that relates to the workplace? Yes No
 Please list.

RELEASE FORM for _____ (Applicant to fill in Company Name)

There are a number of policies that an applicant needs to know about and agree to before being employed. There also are a number of activities that we may want to instigate as part of the review and investigation of the appropriate background information on an applicant. The purpose of this document is to present these policies and investigative activities to the applicant to ensure that they are understood and agreed to at the time the application is submitted.

We, therefore, ask that you please read, complete, and sign this form before you turn in your Application for Employment.

Policies

Among the policies that have been adopted at Hawkeye Ready Mix, Inc. are the following that we believe are important for an applicant to know in advance of employment. These are listed below. Your signature on this Release Form indicates that you have read, understand, and would agree to operate under these policies if employed at Hawkeye Ready Mix, Inc.

1. This firm is an equal employment opportunity employer and does not discriminate because of age, sex, race, color, national origin, disability, or religious preference.
2. Hawkeye Ready Mix, Inc. is a drug and alcohol free-workplace. To ensure worker safety and integrity of the workplace, Hawkeye Ready Mix, Inc. prohibits the illegal manufacture, possession, distribution or use of controlled substances or alcohol in the workplace by its employees or those who engage or seek to engage in business with Hawkeye Ready Mix, Inc. Offers of employment, therefore, may be conditioned on a physical examination. A pre-employment drug test following a conditional offer of employment will be conducted.
3. Hawkeye Ready Mix, Inc. is a tobacco free facility.
4. Your signature on this Release Form indicates that you understand and agree that if employed, that employment is for no definite period, and may, regardless of the date of payment of your wages and salary, be terminated at any time without previous notice.
5. An offer of employment must originate from Management of Hawkeye Ready Mix, Inc.

Background Review Activities

Hawkeye Ready Mix, Inc. may conduct the following investigative activities as part of the background review of prospective employees. Your signature on this Release Form indicates you understand these activities and you authorize them to be performed with the conditions specified as listed below.

1. Persons convicted of specific crimes may not hold certain positions at this company. If you are applying for such a position and have been convicted of a felony, please note this below. If more space is needed, please provide the additional information on a separate sheet of paper. In addition, you authorize Hawkeye Ready Mix, Inc. to undertake a criminal records check with state officials.
2. You authorize Hawkeye Ready Mix, Inc. to obtain a Motor Vehicle Record report. If the position you are applying for involves operation of motorized equipment, it is imperative that a good driving record exists.
3. You also authorize and request any and all of your former employers to furnish any and all information regarding your job performance. You agree to hold your former employers and their agents harmless from all liability that could relate in any way to the disclosure of private information or an assessment or opinion of your suitability for employment.
4. You understand that an offer of employment must originate from Management of Hawkeye Ready Mix, Inc.

In closing, we ask that you read the statement below and that your signature on this Release Form indicates you understand each.

1. I understand that misrepresentation or omission of facts herein is cause for termination, if employed. I have read and understand the attached application and have answered all portions of the application truthfully and correctly with no omissions.

Signature

Date

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

Section 1 – HIGHLIGHTED TO BE COMPLETED BY APPLICANT

Release

I, _____
Print First, Middle, Last Name
Date of Birth
Social Security Number

hereby authorize the release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer to my prospective employer. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25 and 391.23. I understand that information to be released in *Section 3* by my previous employer, is limited to the following:

1. DOT-regulated testing items within the last 3 years including:
 - Alcohol tests with a result of 0.04 or higher;
 - Verified positive drug tests;
 - Refusals to be tested;
 - Other violations of DOT agency drug and alcohol testing regulations;
 - Information obtained from previous employers of a drug and alcohol rule violation;
 - Documentation, if any, of completion of the return-to-duty process following a rule violation.
2. Safety Performance Investigation Results within the last 3 years

Previous Employer _____	Prospective Employer _____	Hawkeye Ready Mix
Attention _____	Attention _____	Manki Rickels
Address _____	Address _____	PO Box 5541
City, State, Zip _____	City, State, Zip _____	Cedar Rapids, IA 52406
Email _____	Email _____	mrickels@kingsmaterial.com
Phone _____	Phone _____	319.364.4144 x2135
Fax _____	Secure Fax _____	877.919.5572

Applicant's Signature

Date

Section 2 – TO BE COMPLETED BY PREVIOUS EMPLOYER

Employment Verification

The applicant listed above was employed by us. Yes No

Applicants Job Title: _____ Employed from (m/y) _____ To (m/y) _____ .

Did the applicant drive a commercial motor vehicle for you? Yes No

If yes, what type?

Straight Truck Tractor-Semi Bus Cargo Tank Doubles/Triples Other: _____

Reason for leaving company: Voluntary Discharged Laid Off Other: _____

Has applicant had any safety performance issues in the last 3 years? Yes No

If yes, list accidents included on your accident register 390.15(b), or check box if there is no register data for this driver:

Date	Location	No. of Injuries	No. of Fatalities	HazMat Spill

Please provide any other accidents recorded for other governmental agencies or internal company policies:

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

Section 3 – TO BE COMPLETED BY PREVIOUS EMPLOYER

Drug and Alcohol History

If employee was NOT subject to the DOT Drug and Alcohol testing requirements, check here:

If employee was subject to the DOT Drug and Alcohol testing requirements, complete the following:

1. Driver was subject to DOT testing requirements from (m/y) _____ to (m/y) _____ .
2. Did the employee have alcohol tests with a result of 0.04 or higher? YES NO
3. Did the employee have verified positive drug tests? YES NO
4. Did the employee refuse (including adulterated or substituted tests) to be tested? YES NO
5. Did the employee have other violations of DOT agency drug and alcohol testing regulations? YES NO
6. Did a previous employer report a drug and alcohol rule violation to you? YES NO
7. If "yes" to any of the above items, did the employee complete the return-to-duty process? YES NO

NOTE: If you answered "yes" to item 6, you must provide the previous employer's report. If you answered "yes" to item 7, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

Section 4 – TO BE COMPLETED BY PREVIOUS EMPLOYER

Verification

Sections 2 & 3 completed by: _____

Title: _____

Contact Phone Number: _____

Contact Email: _____

For Internal Office Use Only

Form was sent to previous employer by: Fax Mail Email

Person requesting information: _____ Title: _____

Date(s) Requested: 1st Attempt: _____ 2nd Attempt: _____

Drug & Alcohol Clearinghouse Consent for Limited Queries for Hawkeye Ready Mix

I, _____, hereby provide consent to Hawkeye Ready Mix to conduct a limited query per 49 CFR Part 382 of the FMCSA Drug and Alcohol Clearinghouse to determine whether drug or alcohol violation information about me exists in the Clearinghouse. I am consenting to multiple limited inquiries throughout the duration of my employment with Hawkeye Ready Mix.

I understand that if the limited query conducted by Hawkeye Ready Mix indicates that drug or alcohol violation information about me exists in the Clearinghouse a full query will be ran. Per §382.701 the FMCSA will not disclose that information to Hawkeye Ready Mix without first obtaining additional electronic consent from me authorizing a full Query to be ran within 24 hours.

I further understand that if any limited query reveals that the Clearinghouse contains information regarding any violations, I must grant electronic consent with the 24-hour period (via the Clearinghouse website) for the company to obtain my full Clearinghouse record. A refusal to provide consent to conduct a full query of the Clearinghouse will result in Hawkeye Ready Mix prohibiting me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

This consent form is valid from the date shown below until my employment with Hawkeye Ready Mix ceases or until I am no longer subject to the drug & alcohol testing rules in 49 CFR Part §382.701(b).

To run a full query, which is a requirement of pre-employment, I understand I **MUST** be registered with the Clearinghouse.

Yes, I have registered with the Clearinghouse.

(If you are not registered and need help registering, please see your hiring manager for more information.)

Employee Signature

Date

CDL# /State issued

DOB