

Buckeye Ready-Mix Application for Driver

7657 Taylor Rd., Reynoldsburg, Ohio 43068 Phone (614) 575-2132 FAX (614) 575-1307

Name: _____ Date: _____

Home Address: _____

City, State _____ Zip: _____

Home phone: () _____ Other phone () _____

Position desired: _____ Full time? _____ Part-time? _____ Temporary? _____

Rate of pay expected: _____

Have you worked for us before? _____ When and where? _____

Who referred you to Buckeye Ready-Mix? _____

Driver Applicant:
 Date of birth: ____/____/____ Social Security No. ____ - ____ - ____

List all States in which you have held a driver's license (at least 3 years must be shown:)

State	License No.	Class	Endorsements	Expiration date

1. Have you ever been denied a license or privilege to operate a motor vehicle? Yes _____ No _____
 2. Has any license or privilege ever been suspended or revoked? Yes _____ No _____
 3. Have you ever been disqualified to drive a Commercial Motor Vehicle under the Federal Motor Carrier Safety Regulations. Yes _____ No _____

If your answer to 1. ,2. or 3. above is yes, explain: _____

Driving Experience

Class of Equipment	Type (dump, flat bed, etc.)	From/to dates	Approx. miles
Straight Truck			
Tractor Trailer			
Other			

Are You Bondable? Yes _____ No _____
 (Refers to any criminal convictions that would prevent you from becoming bonded)

Safety Record: List all accidents for the past 5 years

Dates	Describe accident	Injuries or fatalities?

Traffic Convictions: List all for at least the past 5 years

Date	Location	Charge	Penalty

Employment Record (Show employment for at least 10 years, if applicable.)

Current Employer: _____ Phone: () _____

Full Address: _____ zip: _____

Position Held: _____ From (mo./yr.) _____ To (mo./yr.) _____

Reason for Leaving: _____ Ending Wage _____

Who may we contact to verify your employment? _____

Next Previous Employer: _____ Phone: () _____

Full Address: _____ zip: _____

Position Held: _____ From (mo./yr.) _____ To (mo./yr.) _____

Reason for Leaving: _____ Ending Wage _____

Who may we contact to verify your employment? _____

Next Previous Employer: _____ Phone: () _____

Full Address: _____ zip: _____

Position Held: _____ From (mo./yr.) _____ To (mo./yr.) _____

Reason for Leaving: _____ Ending Wage _____

Who may we contact to verify your employment? _____

APPLICANT PLEASE READ AND SIGN: “I certify that I read and understood the employment application, and I am submitting this application for the sole purpose of seeking employment with Buckeye Ready-Mix. It is agreed and understood that Buckeye Ready-Mix or its agents may investigate my background and employment history, whether same is of record or not. I authorize, without reservation, any party or agency contacted by Buckeye Ready-Mix to furnish requested information concerning my work history and character. I release all employers, USIS, and other persons named herein from all liability for damages due to furnishing such information. I certify that this application was completed by me and all answers I have given are truthful to the best of my knowledge. I understand that any misrepresentations or omissions may result in my rejection or dismissal parties from any liability whatsoever as a result of furnishing such information. I agree to furnish additional information and complete examinations and drug tests as may be required.”

NOTICE: The Fair Credit Reporting Act (Public Law 91-508) requires that we notify you that we may request an inquiry into your character, general reputation, personal characteristics and mode of living.

APPLICANT SIGNATURE: _____ **DATE:** _____

Buckeye Ready-Mix, 7657 Taylor Rd., Reynoldsburg, Ohio 43068
Phone: (614) 575-2132 FAX (614) 575-1307
Consumer Report Disclosure Drug/Alcohol Test Information Release

In connection with my application for employment (including contract services) with Buckeye Ready-Mix, I understand that consumer reports which may contain public records information may be requested by Buckeye Ready-Mix. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which may maintain such records, as well as information from Buckeye Ready-Mix concerning previous driving record requests made by others from such state agencies and state provided driving records. I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY BUCKEYE READY-MIX TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I understand that I have the right to demand a complete and accurate disclosure of the nature and scope of any investigative consumer report requested on my background, as well as a summary of my rights under the Fair Credit Reporting Act.

In conformity with The Federal Motor Carrier Safety Regulations, I hereby authorize the carriers listed below to furnish to Buckeye Ready-Mix the following information concerning drug and alcohol tests, including pre-employment tests, the carriers conducted during the past two years: 1.) The dates on which I tested positive for drugs, and the drug(s) involved; 2.) the dates on which I tested 0.02 or greater for alcohol and the test result levels; and 3.) the dates on which I refused to be tested for drugs and/or alcohol.

I fully understand that the information I authorize Buckeye Ready-Mix to receive involves test which were required by the Department of Transportation (DOT), and may also include information concerning tests which DOT did not require but which the carriers listed below may have voluntarily conducted under their own authority unless I instruct the carriers in writing not to release information concerning non-DOT tests to Buckeye Ready-Mix. If any carrier listed below furnishes Buckeye Ready-Mix with information concerning items 1.), 2.), or 3.), I also authorize that carrier to release and furnish 4.) the dates of my negative drug and/or alcohol tests and/or tests with results below 0.02 during the two-year period and 5.) the name and phone number of any substance abuse professional who evaluated me during the past two years.

CDL Positions Only

Company (Previous Employers)	City	State	Phone
			()
			()
			()
			()

Attach additional form if needed, and sign additional form.

By signing below, I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that, I executed this release voluntarily and with the knowledge that this information which I have furnished on this form is true and complete, and that I have listed every company for which I worked as a driver during the past two years, and every company where I took a pre-employment drug and/or alcohol test during the past two years.

Print name: _____ Sign: _____

Social Security Number: _____ - _____ - _____ Date: ____/____/____