



## EMPLOYMENT APPLICATION

Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Company

Date: \_\_\_\_\_

Position applied for \_\_\_\_\_ Drivers License No. \_\_\_\_\_

Name \_\_\_\_\_

Last First Middle

Address \_\_\_\_\_

Street City State Zip Code

Date of Birth ( ) Cell # ( ) Email \_\_\_\_\_

If you are under 18, can you provide a work permit as proof of eligibility to work? \_\_\_\_\_ yes \_\_\_\_\_ no

If **No** please explain \_\_\_\_\_

Have you ever been employed here before? \_\_\_\_\_ yes \_\_\_\_\_ no If **yes**, give dates and supervisors

Are you authorized to work lawfully in the United States? \_\_\_\_\_ yes \_\_\_\_\_ no

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_ What is your desired salary range? \$ \_\_\_\_\_

Type of employment desired: \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Temporary \_\_\_\_\_ Seasonal

Provide a drivers license number in the event driving is required for the position in which you are applying

Number \_\_\_\_\_ State \_\_\_\_\_

*Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.*

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? \_\_\_\_\_ yes \_\_\_\_\_ no

If **Yes**, please provide date (s) and details \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY:** Starting with your most recent employer, provide the following information:

Employer \_\_\_\_\_ Telephone # \_\_\_\_\_

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_ Street address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Starting job title \_\_\_\_\_

Final job title \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Immediate supervisor and title \_\_\_\_\_

May we contact for reference? \_\_\_\_\_ Yes \_\_\_\_\_ No Why did you leave? \_\_\_\_\_

Summarize the type of work performed and job responsibilities? \_\_\_\_\_

\_\_\_\_\_



Employer \_\_\_\_\_ Telephone # \_\_\_\_\_  
 Dates Employed: \_\_\_\_\_ to \_\_\_\_\_ Street address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Starting job title \_\_\_\_\_  
 Final job title \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
 Immediate supervisor and title \_\_\_\_\_  
 May we contact for reference? \_\_\_\_\_ Yes \_\_\_\_\_ No Why did you leave? \_\_\_\_\_  
 Summarize the type of work performed and job responsibilities? \_\_\_\_\_  
 \_\_\_\_\_

Employer \_\_\_\_\_ Telephone # \_\_\_\_\_  
 Dates Employed: \_\_\_\_\_ to \_\_\_\_\_ Street address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Starting job title \_\_\_\_\_  
 Final job title \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
 Immediate supervisor and title \_\_\_\_\_  
 May we contact for reference? \_\_\_\_\_ Yes \_\_\_\_\_ No Why did you leave? \_\_\_\_\_  
 Summarize the type of work performed and job responsibilities? \_\_\_\_\_  
 \_\_\_\_\_

**SKILLS AND QUALIFICATIONS:**

*Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position which you are applying:*

\_\_\_\_\_  
 \_\_\_\_\_

*Computer Skills (Check where appropriate. Include software titles and years of experience.)*

\_\_\_\_\_  
 \_\_\_\_\_

**EDUCATIONAL BACKGROUND:**

*Starting with your most recent school attended, provide the following information:*

School (include City/State)	Yrs. Completed	Completed	GPA/Class Rank	Major/Minor
		___ Diploma ___ GED ___ Degree _____ ___ Certification _____ ___ Other _____		
		___ Diploma ___ GED ___ Degree _____ ___ Certification _____ ___ Other _____		

**REFERENCES:**

*List names and telephone numbers of three business/work references **not** related to you and are **not** previous supervisors. If not applicable, list three schools or personal references who are not related to you.*

Name	Title	Relationship to you	Telephone	Number of Years Known



**APPLICANT STATEMENT:**

I certify that all information I have provided, to apply for and secure work with this employer, is true complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for 180 days. After 180 days, if I have not heard from the employer and still wish to be considered for employment, I understand it is my responsibility to inquire as to whether applications are being accepted at that time.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I understand I may be required to successfully pass a pre-employment drug and/or alcohol test as a condition of employment

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States of America and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) eliminate me from further consideration for employment, or (2) may result in my immediate discharge from the employer's service, whenever it is discovered.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant \_\_\_\_\_

Date/\_\_\_\_/\_\_\_\_

Printed Name of Applicant \_\_\_\_\_



**LIST OF EXPERIENCE**

**Please complete the following:**

Please check the column that closest describes your experience:

	NO EXPERIENCE (Would like to learn)	SOME EXPERIENCE (Still Need Direction)	MUCH EXPERIENCE (Minimal Direction Needed)	COMMENTS
Supervision				
Other skill? – please list				
Overall:				



Bell Concrete, Inc.  
P.O. Box 479  
Sulphur Springs, TX 75483

I, \_\_\_\_\_, hereby give my permission to release information concerning myself to Bell Concrete, Inc and release the reference giver from all liability associated with this information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Applicants Complete Above Dotted Line Only.***

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TO: \_\_\_\_\_ (Company given as reference)

\_\_\_\_\_ has applied for employment with our company and has listed you as a reference. Please answer the following questions and return by mail or fax. Thank You.

Please Rate:

	Excellent	Good	Fair	Poor
Performance	_____	_____	_____	_____
Reliability	_____	_____	_____	_____
Cooperation	_____	_____	_____	_____
Quality of Work	_____	_____	_____	_____
Attitude	_____	_____	_____	_____

Would you rehire this person? \_\_\_\_\_Yes \_\_\_\_\_No

If "No" please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## **Notice Regarding Background Investigation**

### BEFORE SIGNING ACKNOWLEDGEMENT

**Bell Concrete, Inc.** may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a consumer report and/or an investigative consumer report which may include information about your character, general reputation, personal characteristics and/or mode of living and which can involve personal interviews with sources such as your neighbors, friends or associates. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made after receipt of this notice, to request disclosure of the nature and scope of an investigative consumer report.

### ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of these forms. I hereby authorize the obtaining of consumer reports and/or investigative consumer reports at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer or insurance company to furnish any and all background information requested by any consumer reporting agency acting on behalf of the employer. I also agree that facsimile (fax) or photographic copy of this Authorization shall be valid as the original.

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Employee Name – Printed

Signature

Date



## Consent to Drug and/or Alcohol Testing

I hereby agree, upon a request made under the Drug/Alcohol testing policy of **Bell Concrete** (the Company), to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis. I understand and agree that if I at any time refuse to submit to a drug or alcohol test under company policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination. I further authorize and give full permission to have the Company and/or its company physician send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to the Company and/or to any governmental entity involved in a legal proceeding or investigation connected with the test. Finally, I authorize the Company to disclose any documentation relating to such test to any governmental entity involved in a legal proceeding or investigation connected with the test.

I understand that only duly-authorized company officers, employees, and agents will have access to information furnished or obtained in connection with the test; that they will maintain and protect the confidentiality of such information to the greatest extent possible; and that they will share such information only to the extent necessary to make employment decisions and to respond to inquiries or notices from government entities.

I will hold harmless the Company, its company physician, and any testing laboratory the Company might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of employment or any other kind of adverse job action that might arise as a result of the drug or alcohol test, even if the Company or laboratory representative makes an error in the administration or analysis of the test or the reporting of the results. I will further hold harmless the Company, its company physician, and any testing laboratory the Company might use for any alleged harm to me that might result from the release or use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of this policy and the procedures as explained in the paragraph above.

This policy and authorization have been explained to me in a language I understand, and I have been told that if I have any questions about the test or the policy, they will be answered.

**I UNDERSTAND THAT THE COMPANY MAY REQUIRE A DRUG SCREEN AND/OR ALCOHOL TEST UNDER THIS POLICY FOR PRE-EMPLOYEEMENT, REASONABLE SUSPICION OR WHENEVER I AM INVOLVED IN AN ON-THE-JOB ACCIDENT OR INJURY UNDER CIRCUMSTANCES THAT SUGGEST POSSIBLE INVOLVEMENT OR INFLUENCE OF DRUGS OR ALCOHOL IN THE ACCIDENT OR INJURY EVENT. REFUSAL TO SUBMIT TO A DRUG SCREEN AND/OR ALCOHOL TEST WILL CONSTITUTE GROUNDS FOR DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION.**

Employee Name – Printed	Signature	Date
Company Representative Name – Printed	Signature	Date



## DRIVER'S RIGHTS PERTAINING TO RELEASE OF DRIVER INFORMATION UNDER REGULATION 391.23

Motor carriers have the responsibility to make the following investigations and inquiries with respect to each driver employed, other than a person who has been a regularly employed driver of the motor carrier for a continuous period, which began before January 1, 1971.

- (a)(1) An inquiry into the driver's driving record during the preceding three years to the appropriate agency of every State in which the driver held a motor vehicle operator's license or permit during those three years; and
- (a)(2) An investigation of the driver's employment record during the preceding three years.
- (b) A copy of the driver record(s) obtained in response to the inquiry or inquiries to each State driver record agency as required must be placed in the Driver Qualification File within 30 days of the date the driver's employment begins and be retained in compliance with 391.51.
- (c) Replies to the investigations of the driver's safety performance history must be placed in the Driver Investigation History File within 30 days of the date the driver's employment begins. This goes into effect after October 29, 2004.
- (d) Prospective motor carrier must investigate the information from all previous employers of the applicant the employed the driver to operate a CMV within the previous three years. This information must cover general driver identification and employment verification and employment verification information, data elements as specified in 390.15 for accident involving the driver that occurred in the three-year period preceding the date of the employment application and any accidents the previous employer may wish to provide.
- (e) Prospective motor carrier must investigate the information from all previous DOT regulated employers that employed the driver within the previous three years from the date of the employment application in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40.

Drivers have the following rights:

1. The right to review information provided by previous employers.
2. The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer.
3. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Drivers who wish to review previous employer-provided investigative information must submit a written request to the previous employer when applying or as late as 30 days after employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five business days of receiving the written request. If the driver has not arranged to pick up or receive the requested records within 30 days of the prospective employer making them available, the prospective employer may consider the driver to have waived his/her request to review the records.

Drivers wishing to request correction of erroneous information in records must send the request for the correction to the previous employer that provided the records. After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer or notify the driver within 15 days of receiving the driver's request to correct the data that it does not agree to correct the data. Drivers wishing to rebut information in records must send the rebuttal to the previous employer with instruction to include the rebuttal in the driver's safety performance history.

I acknowledge that I have read and understand the contents of this document.

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Driver's Printed Name

Signature

Date