

**APPLICATION FOR EMPLOYMENT
L & L REDI-MIX, INC.
1939 Route 206 Southampton, NJ 08088**

DATE: _____

NAME: _____

COMPLETE ADDRESS: _____

LENGTH OF RESIDENCE: _____ PHONE : _____

(If length of residence is less than 3 years list all previous addresses for the last 3 years – attach sheet if more space is needed)

AUTO AND/OR CHAUFFEUR LICENSES

Section 383.21 FMCSR states “No person who operates a commercial motor vehicle shall at any time have more than one driver’s license”.
I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE _____ LICENSE NO. _____ TYPE _____ EXP. DATE _____

DRIVING EXPERIENCE

<u>CLASS OF EQUIPMENT</u>	<u>TYPE OF EQUIPMENT</u>	<u>DATES FROM - TO</u>	<u>APPROX. MILES</u>
STRAIGHT TRUCK	_____	_____	_____
TRUCK & FULL TRAILER	_____	_____	_____
TRACTORS & SEMI	_____	_____	_____
OTHERS	_____	_____	_____

DRIVING ACCIDENTS (Must list ALL accidents in past 3 years– attach sheet if more space is needed)

<u>DATE</u>	<u>NATURE OF ACCIDENT</u>	<u>FATALITIES</u>	<u>INJURY</u>	<u>CHEMICAL SPILL (yes or no)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TRAFFIC CONVICTIONS (Must list ALL accidents in past 3 years– attach sheet if more space is needed)

<u>NAME OF COURT</u>	<u>LOCATION</u>	<u>DATE</u>	<u>CHARGE</u>	<u>PENALTY</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes _____ No _____

If yes, explain _____

B. Has any license, permit or privilege ever been suspended or revoked? Yes _____ No _____

If yes, explain _____

L & L REDI-MIX, INC. IS AN "EQUAL EMPLOYMENT OPPORTUNITY" EMPLOYER

HISTORY OF EMPLOYMENT - ACCOUNT FOR ALL WITHIN THE PAST 10 YEARS. USE ADDITIONAL SHEETS IF NECESSARY

Any gaps in employment and/or unemployment must be explained.

Employer information must be complete including mailing address – street number and name, city, state, and zip code.

EMPLOYER NAME: _____ **ADDRESS (Complete):** _____

PHONE #: _____ **POSITION:** _____

DATES-FROM: _____ **TO:** _____ **REASON FOR LEAVING:** _____

Were you subject to Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes _____ No _____

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing as required by 49 CFR Part 40? Yes _____ No _____

Explain any gaps in employment include dates and reason: _____

EMPLOYER NAME: _____ **ADDRESS (Complete):** _____

PHONE #: _____ **POSITION:** _____

DATES-FROM: _____ **TO:** _____ **REASON FOR LEAVING:** _____

Were you subject to Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes _____ No _____

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing as required by 49 CFR Part 40? Yes _____ No _____

Explain any gaps in employment include dates and reason: _____

EMPLOYER NAME: _____ **ADDRESS (Complete):** _____

PHONE #: _____ **POSITION:** _____

DATES-FROM: _____ **TO:** _____ **REASON FOR LEAVING:** _____

Were you subject to Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes _____ No _____

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing as required by 49 CFR Part 40? Yes _____ No _____

Explain any gaps in employment include dates and reason: _____

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the Company.

“I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

Review information provided by current/previous employers.

Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer: and

Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.”

Date _____

Applicant Signature _____

This certifies that this application was completed by me, and that all entries on it and information in it, are true and complete to the best of my knowledge.

Date _____

Applicant Signature _____

PLEASE COMPLETE AN AUTHORIZATION FOR EACH OF YOUR FORMER EMPLOYERS DURING THE PAST 10 YEARS.

AUTHORIZATION RELEASE

(FORMER EMPLOYER)

You are hereby authorized to give L & L Redi-Mix, Inc. all information regarding my services, character, and conduct while in your employ. I also authorize the release of all information regarding my participation in the Drug and Alcohol Program.

I release you from any and all liability which may result from furnishing such information.

Signature _____ Date: _____ Witness: _____

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Signature _____ Date: _____ Witness: _____