BARRY COUNTY READY MIX, LLC
PO BOX 542, 601 WEST 14TH ST.
CASSVILLE, MO 65625

DRIVER APPLICATION
( ) Over the Road ( ) Shuttle
( ) Company ( ) Lease
( ) Full Time ( ) Casual

TO THE APPLICANT

AS AN APPLICANT FOR A POSITION AS A **CMV** DRIVER, WE ARE REQUIRED TO ADVISE YOU THAT THIS COMPANY IS REQUIRED TO SEEK SAFETY PERFORMANCE HISTORY INFORMATION FOR A THREE (3) YEAR PERIOD FROM YOUR PREVIOUS EMPLOYERS WHOM YOU HAVE IDENTIFIED AS HAVING DRIVEN **CMV'S** AS A PART OF YOUR DUTIES AS AN EMPLOYEE. THIS INVESTIGATION IS REQUIRED BY 49 CFR PART 391.23 (d) AND (e) . AS A CONDITION OF EMPLOYMENT THE APPLICANT MUST SIGN A WAIVER/RELEASE ALLOWING THIS COMPANY TO SEEK THIS INFORMATION FROM YOUR PREVIOUS EMPLOYERS.

NAME_____ TELEPHONE _____ CELL_____

PRESENT _____
STREET CITY STATE ZIP

IF AT THE ABOVE RESIDENCE LESS THAN THREE YEARS, LIST BELOW ALL RESIDENCES FOR THE PAST THREE YEARS. ATTACH A SEPARATE SHEET IF NECESSARY.

_____
STREET CITY STATE ZIP

_____
STREET CITY STATE ZIP

The following information required on all DOT qualified OTR and Local Drives (show all)

Social Security Number_____-_____-_____ Date of Birth_____/_____/_____ (FMCSR 391.21 (b) (2)

Applicant list the states and license numbers of all licenses held to the past 3 years.

Current Drivers License

Number	State	Class	Endorsements	Expiration Date

Previous Licenses Held

Number	State	Class	Endorsements	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? ( ) Yes ( ) No
(D.) Have you ever been convicted of any alcohol related driving offenses? ( ) Yes ( ) No
(E.) Have you ever been convicted of a felony? ( ) Yes ( ) No

Please Detail any "Yes" answers above_____

_____

DRIVING EXPERIENCE / COMPLETE / EXPLAIN

Class of Equipment	Equipment Type (Reefer, Van, Flat, Etc)	Dates	Approximate Miles
Straight Truck		To	
Tractor Trailer		To	
Twin Trailers		To	
Other		To	

List States operated in during the last three years:

_____ _____
Date Applicants Signature

Accident / Crashes in the Past Three (3) Years (Attach separate sheet if necessary)
If none, state NONE (Effective 4-29-04)

Date	Type / Nature of Accident / Description / Explain Example: Head-on, Rear-end, Overturn	Tow	EMS	Location Street/Hwy City/State

Traffic Convictions & Forfeitures for the past Three Years (Other than non-moving)
If none state (NONE)

Date	Location	Charge	Penalty

Was the applicant subject to FMCSR's while employed at the previous employer? ( ) Yes ( ) No

Education and Training

Circle highest year completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 Last date school attended____/____/____

Do you have a High School Diploma ( ) Yes ( ) No G.E.D. (General Equivalency Diploma) ( ) Yes ( ) No

List any training program presently attending or completed (truck driving schools, service schools, etc).

_____ From_____ To_____
Month/Year Month/Year

_____ From_____ To_____
Month/Year Month/Year

Have you served in the U. S. Armed Forces? ( ) Yes ( ) No Dates of Service_____ To_____

Branch: ( ) Army ( ) Navy ( ) Air Force ( ) Marines ( ) National Guard ( ) Reserves
Status ( ) Active ( ) Discharged

APPLICATION DECLARATION

This form is used to fulfill the requirements of Part 40.25(j) of DOT Regulations. As an employer, you must ask the driver whether he/she has tested positive, or refused to test, on any pre-employment drug or alcohol test administrated by an employer to which the driver applied for, but did not obtain, safety-sensitive transportation work covered by DOT Agency Drug and Alcohol Testing rules during the past three (3) years.

DATE: _____

During the past three (3) years have you TESTED POSITIVE on a pre-employment drug or alcohol test administrated by an employer to which you applied for, but did not obtain, safety sensitive transportation work covered by the Department of Transportation Drug and Alcohol Testing rules? ( ) Yes ( ) No

During the past three (3) years, have you REFUSED TO TEST on a pre-employment drug or alcohol test administrated by an employer to which you applied for, but did not obtain, safety sensitive transportation work covered by the Dept. of Transportation Drug and Alcohol Testing rules? ( ) Yes ( ) No

If you answered YES to either of the above questions, please provide documentation of your successful completions of the Return-to-Duty process.

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

_____ _____
Date Applicants Signature

SHOW ALL EMPLOYMENT: PERSONAL HISTORY FOR PAST 10 YEARS FROM THIS DATE

Begin with your present experience and work backward in order, listing all employers, military service, self-employment, driving school, and other training programs for at least 10 years. Use a supplementary sheet if necessary. Leave NO gaps in time for past 10 years. All time must be accounted for. We must have complete addresses and telephone numbers (please include FAX number if available).

Employment Dates: From:____________ To:____________
Current Company: ______________________________ Phone:(____)______________
Address: ______________________________ FAX: (____)______________
Presently Employed? ( ) Yes ( ) No May we contact current employer? ( ) Yes ( ) No
Reason for Leaving: ______________________________
Number of Accidents: Comments:

Employment Dates: From:____________ To:____________
Current Company: ______________________________ Phone:(____)______________
Address: ______________________________ FAX: (____)______________
Presently Employed? ( ) Yes ( ) No May we contact current employer? ( ) Yes ( ) No
Reason for Leaving: ______________________________
Number of Accidents: Comments:

Employment Dates: From:____________ To:____________
Current Company: ______________________________ Phone:(____)______________
Address: ______________________________ FAX: (____)______________
Presently Employed? ( ) Yes ( ) No May we contact current employer? ( ) Yes ( ) No
Reason for Leaving: ______________________________
Number of Accidents: Comments:

Employment Dates: From:____________ To:____________
Current Company: ______________________________ Phone:(____)______________
Address: ______________________________ FAX: (____)______________
Presently Employed? ( ) Yes ( ) No May we contact current employer? ( ) Yes ( ) No
Reason for Leaving: ______________________________
Number of Accidents: Comments:

Employment Dates: From:____________ To:____________
Current Company: ______________________________ Phone:(____)______________
Address: ______________________________ FAX: (____)______________
Presently Employed? ( ) Yes ( ) No May we contact current employer? ( ) Yes ( ) No
Reason for Leaving: ______________________________
Number of Accidents: Comments:

Employment Dates: From:____________ To:____________
Current Company: ______________________________ Phone:(____)______________
Address: ______________________________ FAX: (____)______________
Presently Employed? ( ) Yes ( ) No May we contact current employer? ( ) Yes ( ) No
Reason for Leaving: ______________________________
Number of Accidents: Comments:

Employment Dates: From:____________ To:____________
Current Company: ______________________________ Phone:(____)______________
Address: ______________________________ FAX: (____)______________
Presently Employed? ( ) Yes ( ) No May we contact current employer? ( ) Yes ( ) No
Reason for Leaving: ______________________________
Number of Accidents: Comments:

Ten years are accounted for and there are no gaps between any of the above dates. ( ) Yes ( ) No
If answered "No", please explain: ______________________________

____________ Date

______________________________ Applicants Signature