



ALTAVIEW
CONCRETE

Copies of: <u>MVR</u> <u>CDL</u> <u>Medical Card</u>	<input type="checkbox"/>	Wage offered _____ SS card <input type="checkbox"/> Drug test results <input type="checkbox"/> Functional Cap. <input type="checkbox"/>
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

DRIVER'S APPLICATION FOR EMPLOYMENT

Company Altaview Concrete, Inc.

Address 9547 South 500 West

City Sandy State Utah Zip 84070

(Answer all questions – please print)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, religion, sex, national origin, age, marital status, or non-job related disability.

Date of application _____

Position(s) Applied for _____

Name _____ Social Security No. _____
Last First Middle

List your addresses of residency for the past 3 years.

Current Address _____
 Street City
 State Zip Code Phone How Long? _____

Previous Addresses _____
 Street City State & Zip Code How Long? _____
 Street City State & Zip Code How Long? _____
 Street City State & Zip Code How Long? _____

Do you have the legal right to work in the United States? _____

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for Leaving _____

Are you now employed? _____ If not, how long since leaving past employment? _____

Who referred you? _____ Rate of pay expected _____

Have you ever been convicted of a felony in the past 10 years which has not been annulled, expunged or sealed by a court? If yes, describe the in full (such conviction may be relevant if job related, but does not bar you from employment. _____

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]?

If yes, explain if you wish. _____

A TYPICAL DAY IN THE LIFE OF A DRIVER

- 1) Do daily pre-trip inspection of truck (may involve some climbing)**
 - in and out of cab at least twice

- 2) Pull truck over to loading area**
 - in and out of cab at least once

- 3) Pull truck over to plant and fill water tank.**

- 4) Maneuver truck to be loaded at plant.**

- 5) Pull truck from underneath plant to wash down.**
 - in and out of cab once
 - up and down ladder once.

- 6) Drive truck to job site – traveling time anywhere between 10 & 60 minutes.**

- 7) Pull onto job site.**
 - do pre-examination of jobsite for hazards
 - in and out of cab to position truck on job site when necessary
 - complete delivery ticket paperwork and collect COD when necessary
 - place chutes on mixer truck when necessary
 - pour concrete
 - move truck when necessary
 - wash down mixer
 - in and out of cab once
 - up and down ladder once

- 8) Drive truck back to yard and repeat the cycle beginning with #2**
 - turn in previous delivery ticket

- 9)When necessary, other miscellaneous duties may include, but are not limited to:**
 - shoveling and sweeping
 - climbing into the plant
 - washing exterior of truck
 - cleaning interior of truck
 - misc. tasks as necessary

EMPLOYER		DATE	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON _____ PHONE NUMBER _____ Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes <input type="checkbox"/> No <input type="checkbox"/> Were you subject to 49 CFR part 40 controlled substance & alcohol testing during this period? Yes <input type="checkbox"/> No <input type="checkbox"/>		REASON FOR LEAVING	

EMPLOYER		DATE	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON _____ PHONE NUMBER _____ Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes <input type="checkbox"/> No <input type="checkbox"/> Were you subject to 49 CFR part 40 controlled substance & alcohol testing during this period? Yes <input type="checkbox"/> No <input type="checkbox"/>		REASON FOR LEAVING	

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NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON _____ PHONE NUMBER _____ Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes <input type="checkbox"/> No <input type="checkbox"/> Were you subject to 49 CFR part 40 controlled substance & alcohol testing during this period? Yes <input type="checkbox"/> No <input type="checkbox"/>		REASON FOR LEAVING	

* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE IS NEEDED) IF NONE, WRITE NONE

	DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8

HIGH SCHOOL: 1 2 3 4

COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED _____
(NAME) (CITY)

EXPERIENCE AND QUALIFICATIONS - DRIVER

DRIVER LICENSES	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 _____

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

DRIVING EXPERIENCE IF NONE, WRITE "NONE"

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR – TWO TRAILERS				
MOTORCOACH				
OTHER				

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS – OTHER

SHOW ANY TRUCKING , TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOW)

TO BE READ AND SIGNED BY APPLICANT

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.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) 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 the company administers pre-employment drug tests. If I refuse to take such a test or fail such a test, I understand that my application will not be further considered and the any job offer made to me may be revoked.**

 Date

 Applicant's Signature

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____
 DATE EMPLOYED _____ POINT EMPLOYED _____
 DEPARTMENT _____ CLASSIFICATION _____
(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD IN FILE
1. APPLICATION						
2. INTERVIEW						
3. PAST EMPLOYMENT						
4. WRITTEN EXAM						
5. ROAD TEST						
6. CRIMINAL AND TRAFFIC CONVICTIONS						

SIGNATURE OF INTERVIEWING OFFICER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____
 DISMISSED _____ VOLUNTARY QUIT _____ OTHER _____
 TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____