



# INGRAM CONCRETE

## D.O.T./CDL APPLICATIONS

### To All Job Applicants: Please Read The Following Carefully Before Completing Application

To be considered for employment with Ingram Concrete you **must** have:

- Valid Texas CDL License with a clear driving record.
- At least one year verifiable truck driving experience.
- Reside within a reasonable distance to the Plant you wish to work.
- **All information on the application must be complete, legible and accurate. Any application with missing information (i.e. employers, addresses, dates, supervisors, phone numbers, etc...) will be disqualified.**
- **All questions should have a written answer. If the question does not apply to you, fill the blank in with N/A (Not Applicable).**
- There should be no gaps in job history. If so, please include documentation (i.e. proof of unemployment, DD-214).
- If offered employment you must successfully complete the WORK STEPS program, DOT physical and DOT drug screen.
- **Resumes may be attached to the completed application.**
- **Submitting false information on your application will be reason for disqualification.**
- **DO NOT CALL TO CHECK THE STATUS OF YOUR APPLICATION. THIS MAY DELAY THE PROCESS. AN INGRAM REPRESENTATIVE WILL CALL IF YOU ARE SELECTED FOR AN INTERVIEW.**
- **Acceptance of an application is not an offer of employment.**
- INGRAM CONCRETE, LLC is proud to be an Equal Opportunity Employer and a Drug Free Workplace.

All applications will be kept on file for thirty (30) days. At the conclusion of this time, if you are still seeking employment with our Company, it will be necessary to complete a new application following the same guidelines as stated above.

#### TEXAS MOTOR CARRIER SAFETY REGULATIONS – 391

- (1) The prospective employer must expressly notify drivers with Department of Transportation regulated employment during the preceding three (3) years – via the application form or other written document prior to any hiring decision – that he or she has the following rights regarding the investigative information that will be provided to the prospective employer pursuant to the following sections:
  - (i) The right to review information provided by previous employers;
  - (ii) 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.
  - (iii) 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.
- (2) Drivers who have previous Department of Transportation regulated employment history on the preceding three (3) years and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not received the requested information from the previous employer(s), then the five (5)-business days deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30)-days of the prospective employer making them available, the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

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Applicants Signature

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Date



4301 Danhil Drive  
Brownwood, TX 76801  
325-646-6518



**APPLICATION FOR EMPLOYMENT**

**We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.**

*(PLEASE PRINT CLEARLY)*

Last Name	First Name	Middle Initial
Address	Number	Street
	City	State
		Zip Code
Telephone Number	E-mail Address	Social Security Number

Position(s) Applied For	Wage/Salary Expected
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How did you learn about us? Please check one and include the **Name**.

Advertisement       Friend       Walk In  
 Employment Agency       Relative       Other      **Name** \_\_\_\_\_

Are you at least 18 years of age? (21 for applicants seeking a driving position)  Yes    No

Date of Birth \_\_\_\_\_

Have you been employed with us before?  Yes    No  
 If yes, what dates \_\_\_\_\_

Do we employ any of your relatives?  Yes    No  
 If yes, Name \_\_\_\_\_ Location \_\_\_\_\_ Relationship \_\_\_\_\_

Once employed, can you submit verification of your legal right to work in the U.S.?  
*(Such verification will be required upon employment)*  Yes    No

Are you currently employed?  Yes    No

On what date will you be available for work? Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Can you travel if a job requires it?  Yes    No

Are you available to work:       Full Time       Part Time       Shift Work       Temporary  
     Overtime       Evening       24-Hour Call       Nights

Have you ever had a conviction, deferred adjudication, or placement on probation for a felony or crime other than traffic violations:  Yes    No

If yes, please explain. (Disclosure of a criminal record does not automatically disqualify you for employment.  
 Consideration of your case will be judged on its own merit) \_\_\_\_\_  
 \_\_\_\_\_



Employer	Date Employed		Job Title and Describe Duties Performed:
	From	To	
City	State	Zip	
Telephone Number	Hourly Rate/Salary		
Reason for leaving	Starting	Final	<input type="checkbox"/> Air Brakes <input type="checkbox"/> Mixer <input type="checkbox"/> Straight Truck <input type="checkbox"/> Tractor Trailer <input type="checkbox"/> Standard Transmission <input type="checkbox"/> Automatic Transmission Commodity Hauled _____
Were you subject to the FMCSRs** while employed? YES NO Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? YES NO			

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## EDUCATION AND MILITARY SERVICE

Schools	Name	Location	Years Completed	Graduate		Year	Degree	Major Subjects
				Yes	No			
High School								
College								
Graduate								
Military Service - <b>PLEASE ATTACH DD-214 TO APPLICATION</b>								
Branch:			From:			To:		
Type of Discharge <input type="checkbox"/> Honorable <input type="checkbox"/> Dishonorable <input type="checkbox"/> General and Other								

## DRIVER EXPERIENCE AND QUALIFICATIONS

U.S. Department of Transportation. 49 CFR 391.21 requires questions contained in this section

Driver's License Information						
If applying for a position requiring the use of a company vehicle, complete the following:						
Type of Driver's License currently held _____			Issuing State _____		Date Issued _____	
Driver's License Number _____			Expiration Date ____ / ____ / ____			
Do you currently hold a valid commercial vehicle operator's license? <input type="checkbox"/> Yes <input type="checkbox"/> No                      Class: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C						
Have you ever had your driver's license suspended, revoked or been denied a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, please explain _____						
Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No						
List any traffic citations, other than parking, that you have received during the previous three years. _____						
_____						
Class and Weight of Vehicles Driven						
List Class of Vehicles Driven:						
Class 1-3 GVW up to 14,000# - Approx Miles Driven _____						
Class 4-6 GVW 14,000# - 26,000# - Approx Miles Driven _____						
Class 7-8 GVW 26001# and above - Approx Miles Driven _____						
List any violation of motor vehicle laws or ordinances (other than parking) for which you have been convicted or forfeited bond or collateral during the preceding 3 years.						
_____						
_____						
_____						
_____						
List all motor vehicle accidents in which you have been involved during the preceding 3 years.						
Accident	Vehicle	Date	City And State	Injuries	Fatalities	Brief Description of Accidents
<input type="checkbox"/> DOT <input type="checkbox"/> NON-DOT	<input type="checkbox"/> Personal <input type="checkbox"/> Commercial			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> DOT <input type="checkbox"/> NON-DOT	<input type="checkbox"/> Personal <input type="checkbox"/> Commercial			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> DOT <input type="checkbox"/> NON-DOT	<input type="checkbox"/> Personal <input type="checkbox"/> Commercial			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## MAINTENANCE EXPERIENCE AND QUALIFICATIONS

List formal training and years of experience in the following areas:

Area	Formal Training	Years of Experience	Area	Formal Training	Years of Experience
Drive Line Components			Air Conditioning		
Diesel Tune-up / Rebuild			Frame and Wheel Alignment		
Gasoline Tune-up / Rebuild			Hydraulics		
Brakes			Trailer Repair		
Electrical Repair			Body Work		
Cooling System			Mechanical Inspections		

List formal training and years of experience with the following equipment:

Equipment	Formal Training	Years of Experience	Equipment	Formal Training	Years of Experience
Electrical Diagnostic Equipment			Electric Welder		
Frame/Axle Straightening Equipment			Oxy / Acetylene Welder		
Engine Rebuilding Equipment			Wheel Balancing Equipment		
Diesel Injection Equipment			Air Conditioning Equipment		

List additional maintenance training or certifications: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Summarize special job-related skills, qualifications, training, and apprenticeships.

List any business and personal references

Name	Address and Telephone Number	Occupation

## ADDITIONAL INFORMATION

State additional information you feel may be helpful to us in considering your application.

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List references familiar with your employment history.

Name	Position
Address	Phone #
Name	Position
Address	Phone #
Name	Position
Address	Phone #

### Applicants Statement

I hereby certify that answers given herein are true and complete to the best of knowledge. I understand and agree that any falsified answer or omission may disqualify me from consideration for employment.

I hereby authorize investigation of all answers, statements or other information contained in this application as may be deemed necessary in arriving at an employment decision. I also authorize each and every person named in this application to provide any information deemed relevant by The Company and its subsidiaries in arriving at an employment decision. Furthermore, I hereby release The Company and its subsidiaries and such other persons and organizations named in this application from all liability and for any damage whatsoever incurred in providing, receiving, or investigating such information. I further agree that The Company may obtain my credit report in accordance with 1681(b)(2) of Title 15 of the United States Code, commonly known as the Fair Credit.

I understand that this application shall be considered active for a period of time not to exceed 60 days from the date indicated below. I understand that if I wish to be considered for employment beyond this time period, I must inquire as to whether applications are being accepted at that time.

**I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with The Company and/or its subsidiaries is of an “at will” nature, which means the employee may resign at any time and the employer may discharge employee at any time with or without cause or reason.** I further understand that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the President and Chief Executive Officer of The Company.

I agree that before being employed, I am to submit to and must pass a controlled substance test to be conducted in accordance with The Company’s policy. I agree that any offer of employment is contingent upon successful completion of a post offer medical examination by a physician designated by The Company. I further agree to take physical exams and controlled substance and alcohol testing when required during my employment.

In the event of employment, I fully understand that this application will become a part of my personnel record and that false and misleading information given in my application or interview(s) may result in discharge. I agree to abide by all policies, rules and regulations of The Company and/or its subsidiaries and, if requested, to sign the company’s agreements relating to discoveries, inventions, and confidential information.

**I have read the paragraphs above and fully understand their importance and effect upon my employment. I also acknowledge the same as a condition of my employment with The Company and/or its subsidiaries.**

Signature of Applicant

Date



**The following three pages must be completed in order to process your application:**

- ◆ Background Investigation Consent
- ◆ Former Employer Verification
- ◆ Release of CDL Holders Reported Positive Alcohol or Controlled Substance Test Results  
For any position you are applying this form is required.

**If these forms are not completed your application will not be processed.**

## U.S. CONCRETE

### BACKGROUND INVESTIGATION CONSENT

I, \_\_\_\_\_, hereby authorize *U.S. Concrete* and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for employment now and, if applicable, during the tenure of my employment with *U.S. Concrete*.

I release *U.S. Concrete* and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information contained herein is true and correct to the best of my knowledge:

\_\_\_\_\_  
Applicant/Employee Name and Signature

\_\_\_\_\_  
Date

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security Number \*

\_\_\_\_\_  
Date of Birth \*

\*NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for employment. *U.S. Concrete* is an Equal Opportunity Employer, and does not discriminate on the basis of Sex, Race, Religion, Age (40 and over), Handicap or National Origin.

**CA, MN & Oklahoma Residents please note:** In connection with your application for employment, your credit report will be obtained and reviewed. Under CA & MN law, you have a right to receive a free copy of your credit report by checking the appropriate box below. Your credit report will be mailed to you by the credit bureau. Under Oklahoma law, you have the right to receive a free copy of your consumer report.

YES, I am a California resident and would like a free copy of my credit report.

YES, I am a Minnesota resident and would like a free copy of my credit report.

YES, I am an Oklahoma resident and would like a free copy of my consumer report.

Printed Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

FORMER EMPLOYER VERIFICATION

Revised 10/23/13

**SECTION 1: Previous Employee Information and Release**

**\*\* APPLICANTS COMPLETE SECTION 1 ONLY \*\***

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 (Print Full Name)

I hereby authorize the following companies (list previous employers) \_\_\_\_\_ ,  
 \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_

to release the below requested information to Ingram Concrete L.L.C. for the purposes of investigation and qualifying me to drive a commercial motor vehicle including any pre-employment drug test results. You are now required by the U.S. DOT and Federal Motor Carrier Safety Regulations 49 CFR Parts 40, 382, and 391 to furnish this information. Your quick response to this request will be greatly appreciated.

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

**\*\* APPLICANTS DO NOT COMPLETE PAST THIS LINE \*\***

**SECTION 2: Previous Employee Work History**

Dates of Employment From: \_\_\_\_\_ to \_\_\_\_\_ Job Duties \_\_\_\_\_  
 (month) (year) (month) (year)

Did employee drive a motor vehicle? ..... Yes  No

Types of equipment operated:  Tractor/Trailer  Straight Truck  Other

**SECTION 3: Safety Performance History Per 49 C.F.R. 391.23(2)**

Was this employee a safe and efficient driver? ..... Yes  No

Was this employee involved in any accidents in the last three years? ..... Yes  No

If yes, were any accidents preventable? ..... Yes  No

If yes, please provide details, including dates: \_\_\_\_\_

Reason for Leaving:  Discharged  Resigned  Laid Off  Other, list: \_\_\_\_\_

**SECTION 4: Previous Drug and Alcohol Results Per 49 C.F.R. 40.25**

Was this person in a DOT controlled substance testing program with your company? ..... Yes  No

1. Did the employee have alcohol tests with a result of 0.04 or higher? ..... Yes  No
2. Did the employee have verified positive drug test? ..... Yes  No
3. Did the employee refuse to be tested? ..... Yes  No
4. Did the employee have other violations of DOT agency drug and alcohol testing Regulations? ..... Yes  No
5. Did any previous employers report any drug or alcohol rule violations to you? ..... Yes  No

Name of person completing form: \_\_\_\_\_ Title: \_\_\_\_\_  
 Company Name \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Date: \_\_\_\_\_



# RELEASE OF CDL HOLDER'S REPORTED POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST RESULTS



**Use this form to obtain the CDL holder's reported positive alcohol or controlled substance test results information.**

**This form should ONLY be used if you wish to inquire whether or not a prospective driver (CDL Holder) has had a positive alcohol or controlled substance test result reported to the Texas Department of Public Safety in compliance with state law.**

**THIS FORM IS NOT REQUIRED FOR REPORTING A POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST.**

1. This form must be completed in full and include the driver's original signature.
2. Deliver, mail or FAX the completed form to:

**Texas Department of Public Safety  
Motor Carrier Bureau, MSC #0521  
6200 Guadalupe, Building P  
Austin, Texas 78752-4019**

**Facsimile: 512-424-5310**

I, \_\_\_\_\_, Print Name of CDL Holder

of \_\_\_\_\_, Print Address of CDL Holder

authorize release of the CDL holder's reported positive alcohol or controlled substance test results reported under state law

to INGRAM CONCRETE, LLC ATTN: DENNIS MORRIS, Print Name

of 4301 DANHIL DRIVE, BROWNWOOD, TX 76801, Print Address

Driver License Number \_\_\_\_\_ State \_\_\_\_\_ Date of Birth \_\_\_\_\_

Signature of Driver

Date

**X**

**If you wish to request and receive this information by electronic mail, submit a completed and notarized Electronic Mail Verification Form (MCS-32), available at the following web address:  
<http://www.txdps.state.tx.us/forms/index.htm>.**



A U.S. CONCRETE COMPANY 

## VOLUNTARY SELF-IDENTIFICATION FORM

Ingram Concrete, LLC is an Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, sexual orientation, or any other classification protected by federal, state or local law. Providing this information is voluntary, kept confidential, and used only in accordance with applicable laws and regulations.

Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Position Applied For:	Date of Birth:

### Ethnic Group (Check One)

<input type="checkbox"/>	American Indian or Alaskan Native	A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment
<input type="checkbox"/>	Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, China, India, Japan, Korea, Pakistan, Philippines, and Vietnam
<input type="checkbox"/>	Black or African-American	A person having origins in any of the Black racial groups of Africa. Does not include Hispanics or Latinos
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
<input type="checkbox"/>	White	A person having origins in any of the original peoples of Europe, North Africa, or the Middle East
<input type="checkbox"/>	Hispanic or Latino (all races)	A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin
<input type="checkbox"/>	Other	Some other race or two or more race/ethnicities

### Veteran Status

<input type="checkbox"/> Vietnam Era Veteran	<input type="checkbox"/> Recently Separated Veteran
<input type="checkbox"/> Disabled Veteran	<input type="checkbox"/> Armed Forces Service Medal Veteran

<input type="checkbox"/> I do not wish to Self-Identify
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\_\_\_\_\_  
Applicant's Signature