

PASCO READY MIX, LLC

Employment application

Complete all applicable fields. Use N/A where appropriate. Save your completed copy, then print and sign.

First name

Middle name / initial

Last name

Preferred name

Application date

Street address / apartment

City

State

ZIP code

Phone

Alternate phone

Email address

Date of birth

Social Security number

Driver's license number

Issuing state

Expiration date

POSITION & AVAILABILITY

Position desired

Preferred work location

Available start date

Desired pay (\$)

Pay basis (hourly / annual)

☐ Full time

☐ Part time

☐ Temporary

Preferred schedule:

☐ Weekdays

☐ Weekends

☐ Evenings

☐ Nights

How did you hear about us? Include referral name / advertisement source.

Have you worked for Pasco Ready Mix before?

☐ Yes

☐ No

If yes, dates / position

Name of anyone you know who works here

PASCO READY MIX, LLC

Employment history

List most recent employment first. Attach additional copies if you need more space.

Applicant name

EMPLOYER 1

Company name

Your position / title

Address, city, state and ZIP

From (MM/YYYY)

To (MM/YYYY or Present)

Company phone

Supervisor name / title

Supervisor phone

Main duties / type of business

Reason for leaving (voluntary / involuntary)

EMPLOYER 2

Company name

Your position / title

Address, city, state and ZIP

From (MM/YYYY)

To (MM/YYYY or Present)

Company phone

Supervisor name / title

Supervisor phone

Main duties / type of business

Reason for leaving (voluntary / involuntary)

PASCO READY MIX, LLC

Employment history - continued

List most recent employment first. Attach additional copies if you need more space.

Applicant name

EMPLOYER 3

Company name

Your position / title

Address, city, state and ZIP

From (MM/YYYY)

To (MM/YYYY or Present)

Company phone

Supervisor name / title

Supervisor phone

Main duties / type of business

Reason for leaving (voluntary / involuntary)

EMPLOYER 4

Company name

Your position / title

Address, city, state and ZIP

From (MM/YYYY)

To (MM/YYYY or Present)

Company phone

Supervisor name / title

Supervisor phone

Main duties / type of business

Reason for leaving (voluntary / involuntary)

PASCO READY MIX, LLC

Education, qualifications & references

Complete the sections that apply to the position you are seeking.

EDUCATION

High school / GED - name and location

Diploma / degree

Major / subject

Graduated?

☐ Yes

☐ No

College / graduate school - name and location

Diploma / degree

Major / subject

Graduated?

☐ Yes

☐ No

Trade school / other training - name and location

Diploma / degree

Major / subject

Graduated?

☐ Yes

☐ No

PROFESSIONAL DESIGNATIONS & LICENSES

Designation / license

Organization / issuing state

Number / completion date

Designation / license

Organization / issuing state

Number / completion date

THREE PROFESSIONAL REFERENCES

Name

Relationship

Company

Phone

Name

Relationship

Company

Phone

Name

Relationship

Company

Phone

PASCO READY MIX, LLC

Criminal history

Complete the question below and provide details if applicable.

Applicant name

FELONY CONVICTIONS

Do not report sealed or expunged records, juvenile adjudications, or records you are legally entitled to withhold. Do not report arrests or charges that did not result in a conviction.

Have you ever been convicted of a felony? (Select one.) ☐ Yes ☐ No

A conviction does not automatically disqualify an applicant from employment. Pasco Ready Mix, LLC will consider the nature and seriousness of the offense, the time elapsed, its relevance to the position, and any explanation or evidence of rehabilitation provided, consistent with applicable law.

IF YES, PLEASE EXPLAIN

Offense(s)

Date(s) of conviction

Court / county / state

Disposition / sentence and completion date, if applicable

Explanation / additional information you would like considered

Attach an additional page if needed. Include your name on any attachment.

PASCO READY MIX, LLC

Eligibility & applicant acknowledgment

Read each statement carefully. Complete this page and sign after printing.

Are you authorized to work in the United States?	☐ Yes	☐ No
Are you under 18 years of age?	☐ Yes	☐ No
If under 18, can you furnish a work permit if required?	☐ Yes	☐ No
Can you perform the essential functions of the position with or without reasonable accommodation?	☐ Yes	☐ No

Pasco Ready Mix, LLC will verify identity and employment authorization for individuals offered employment using the documents required by law.

PLEASE READ BEFORE SIGNING

I submit this application for the purpose of obtaining employment. Completing this application does not indicate that a position is open or obligate the Company to offer employment or further process my application.

I certify that the information I provide in this application, my resume, interviews and other materials is true and complete to the best of my knowledge. I authorize verification of the information provided. I understand that misrepresentation or omission may result in refusal of employment or termination if employed.

I will disclose any agreement with a former employer that may restrict my ability to accept or perform the position for which I am applying.

Employment at will. This application is not an employment contract for any specific period. If hired, my employment will be at will: either the Company or I may end the employment relationship with or without cause or notice, subject to applicable law. Company handbooks, policies and practices do not create a contract of employment and may be changed by the Company, subject to applicable law.

References. I authorize Pasco Ready Mix, LLC to contact employers, schools and references listed in this application to verify my employment, education and qualifications. Any separate background-screening disclosures and authorizations will be provided as applicable.

Printed name	Date

Signature (sign after printing)

Pasco Ready Mix, LLC is an equal opportunity employer. Employment decisions are made without unlawful discrimination. Reasonable accommodation is available to qualified applicants and employees in accordance with applicable law.

PASCO READY MIX, LLC

Clearinghouse limited query consent

Driver applicants / employees only | FMCSA Drug and Alcohol Clearinghouse

Driver full name

I authorize **Pasco Ready Mix, LLC** to conduct limited queries of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse to determine whether drug or alcohol violation information about me exists.

This consent authorizes unlimited limited queries during my employment with Pasco Ready Mix, LLC, including the required annual queries.

If a limited query indicates that information exists, I understand that additional specific consent is required before FMCSA discloses that information to Pasco Ready Mix, LLC.

I understand that refusing consent for a required limited query prevents Pasco Ready Mix, LLC from permitting me to perform safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA drug and alcohol regulations.

This form authorizes limited queries only. It does not provide electronic consent for a full Clearinghouse query.

Date

Driver signature (sign after printing)

PASCO READY MIX, LLC

DOT drug & alcohol records authorization

BackgroundChecks.com | Transcribed from the supplied provider form - Part I

BackgroundChecks.com customer

Pasco Ready Mix, LLC

Company contact name

Sarah Romancky

DISCLOSURE & AUTHORIZATION FOR RELEASE OF INFORMATION

For employment purposes - 49 CFR Part 391.23, DOT drug and alcohol testing
Send to Fax # (800) 257-8069

In accordance with DOT Regulation 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to BackgroundChecks.com for the purpose of BackgroundChecks.com transmitting such records to the BackgroundChecks.com customer listed above. I understand that information/documents released pursuant to this Part I is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous three (3) years: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated and/or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a violation.

If any company listed below furnishes BackgroundChecks.com with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to BackgroundChecks.com, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous three (3) years; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous three (3) years.

List all DOT-regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous **three (3) years**. If necessary, attach additional pages, including the date, your name, social security number and signature.

Previous DOT-regulated employer

City

State

Phone number

Previous DOT-regulated employer

City

State

Phone number

Previous DOT-regulated employer

City

State

Phone number

Previous DOT-regulated employer

City

State

Phone number

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part I disclosure and authorization for release as well as the attached FMCSA Notification of Driver Rights and any applicable state law notices; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and (vi) facsimile or photographic copies of this authorization are as valid as an original.

Applicant last name

First name

Middle name

Date

Applicant signature (sign after printing)