



Application for Employment

Southern Concrete Materials and Subsidiaries
All SCM Divisions are Equal Opportunity Employers

Applying for: TRUCK DRIVER // YARD WORKER// OTHER DATE: _____
 (Circle as Appropriate)
 IF OTHER: SPECIFY: _____ Full Time? _____ Part Time? _____

NAME: _____ Social Security # _____
 Please Print Clearly Please Print Clearly

List your last two addresses:

1.Address: _____ CITY _____ County _____

State: _____ ZIP CODE _____ Phone # _____ How Long? _____

2.Previous Address: _____ CITY _____

State: _____ ZIP CODE _____ Phone # _____ How Long? _____

Do you have the legal right to work in the USA? _____yes/no Do you have a Green Card ? _____ Do you have SSN Card? _____

Date of Birth: Month _____ Day _____ Year _____ Can you provide proof of Age? _____

Have you worked for this company before? _____ If so, Where? _____ When: _____

Reason for Leaving? _____

Are you now employed? _____ If not, How long since last employment? _____

Did anyone refer you to SCM? _____ Who? _____ Rate of Pay expected? _____

Have you ever been convicted of a Felony or Misdemeanor _____ If yes, please explain:

Are you on any sex offender list in any state or country? _____ If yes, Where and for how long? _____

Are you currently on Probation? _____ If yes: Name/Telephone # of Probation Officer _____

(Criminal convictions are considered but will not necessarily mean that you will be rejected solely on that background)

Is there any reason you might be unable to perform the functions of the job for which you are applying as described in the attached job description? please explain below as you desire.

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years and further information on CDL driving jobs for seven years (10 years total) Please provide all information and add extra sheets if necessary.

EMPLOYER			DATE	
NAME			FROM: MO. YR.	TO: MO. YR.
ADDRESS			JOB HELD	
CITY	STATE	ZIP	WAGE	
CONTACT PERSON		Phone #	Reason for leaving	

EMPLOYER			DATE	
NAME			FROM: MO. YR.	TO: MO. YR.
ADDRESS			JOB HELD	
CITY	STATE	ZIP	WAGE	
CONTACT PERSON		Phone #	Reason for leaving	

EMPLOYER			DATE	
NAME			FROM: MO. YR.	TO: MO. YR.
ADDRESS			JOB HELD	
CITY	STATE	ZIP	WAGE	
CONTACT PERSON		Phone #	Reason for leaving	

EMPLOYER			DATE	
NAME			FROM: MO. YR.	TO: MO. YR.
ADDRESS				
CITY	STATE	ZIP	Contact phone	

EMPLOYER			DATE	
NAME			FROM: MO. YR.	TO: MO. YR.
ADDRESS				
CITY	STATE	ZIP	Contact phone	

EMPLOYER			DATE	
NAME			FROM: MO. YR.	TO: MO. YR.
ADDRESS				
CITY	STATE	ZIP	Contact phone	

EMPLOYER			DATE	
NAME			FROM: MO. YR.	TO: MO. YR.
ADDRESS				
CITY	STATE	ZIP	Contact phone	

Be Sure to list all CDL driving jobs for trucks operated which were over 26,001 pounds.

Accident / Traffic Record for the past TEN (10) years: Attach sheet if more room is needed:

Dates	Type of Accident/Ticket	Fatalities?	Injuries	Points
Most Recent Accident				
Other Accidents/Traffic Violations:	////////////////////	////////////////////	////////////////////	////////////////////

EDUCATION

Circle Highest grade completed: 1 2 3 4 5 6 7 8 High School 9 10 11 12 College 1 2 3 4 5

EXPERIENCE AND QUALIFICATIONS-DRIVER

YOU MUST PROVIDE A CURRENT DRIVER’S LICENSE Number AND STATE TO BE CONSIDERED

DRIVER Licenses	STATE	LICENSE #	TYPE	EXPIRATION DATE

Have you ever been denied a license, permit or privilege to operate a motor vehicle ? YES _____ NO _____
 Has any license, permit, or privilege ever been suspended or revoked? YES _____ NO _____
 Have you ever been charged with DWI / DUI or Reckless Driving? YES _____ NO _____
 Have you ever been charged for any type of DRUG OFFENSE YES _____ NO _____

*** If answer to any questions above is Yes, please explain on separate sheet of paper or on the back of this form.

DRIVING EXPERIENCE:

TRUCK	VAN / TANK / FLAT, ETC.	FROM	DATES TO	MILES/yr
Straight Truck				
Tractor / semi				
Tractor / two trailers				
Motor coach / school bus				
Other:				

States operated in during the last five Years? _____

Special Courses / Qualifications ? _____

Awards: ? _____

EXPERIENCE AND QUALIFICATIONS-OTHER

What other trucking, transport or related experience can you cite here that would help the Company?_____

List any other ITEMS or Training you want us to consider:_____



TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it are true and complete to the best of my knowledge. I further authorize SCM to make such investigations and inquiries of my personal, employment, financial, or personal history and other related matters as may be necessary in arriving at an employment decision. **I also agree, if hired, to periodic checks of background information by the company to ensure that I am upholding the standards of conduct and good driving record required by the company for continued employment.**

I hereby release employers, schools, and other persons from all liability in responding to inquiries and releasing information in connection with this application. In the event of an offer of employment, I understand that any false or misleading information given in this application or interview(s) may result in discharge. I understand that I will be required to abide by all company rules and regulations as described and those provided in the company handbook. **I also understand that the company is an "AT WILL" employer and that absolutely no contract of employment is offered nor implied by the company.**

DATE:_____ Signed:_____



RECORD

Applicant Hired_____ Date Employed_____

Plant Employed_____ Division_____

OTHER INFORMATION: (Continued from other sections of this form:)

TRANSFERS: between divisions:

Date:_____ From:_____ TO:_____ Reason_____

Date:_____ From:_____ TO:_____ Reason_____

Date Terminated:_____ Reason:_____