



UNITED READY MIX, LLC

150 Front Street, Platteville, CO 80651

15415 Hwy 14, Ault, CO 80610

Phone: 970-785-9256 Fax: 970-785-9257

APPLICANT INFORMATION

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| DATE OF APPLICATION: |
| FULL NAME: |
| ADDRESS: |
| PHONE: |
| EMAIL: |
| DATE OF BIRTH: |
| SOCIAL SECURITY # |
| POSITION APPLIED FOR: |
| RATE OF PAY EXPECTED: |
| DATE YOU ARE AVAILABLE TO START WORK: |
| DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| IS THERE ANY REASON THAT WOULD NOT BE ABLE TO DO THE JOB YOU ARE APPLYING FOR? Yes or No |

LICENSE INFORMATION No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years; attach additional sheets if needed. STATE LICENSE # TYPE/CLASS ENDORSEMENTS EXPIRATION DATE

DRIVERS LICENSE INFORMATION

| State | License No. | Class | Endorsements | Expiration Date |
|-------|-------------|-------|--------------|-----------------|
| | | | | |

ACCIDENT RECORD PAST 3 YEARS

| Dates | Nature of Accident | Fatalities | Injuries | Hazardous Material Spill |
|-------|--------------------|------------|----------|--------------------------|
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TRAFFIC CONVICTIONS

| Location | Date | Charge | Penalty |
|----------|------|--------|---------|
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Have you ever been denied a license, permit, or privilege to operate a motor vehicle? YES NO

If yes, explain:

Has any license, permit, or privilege ever been suspended or revoked? YES NO

If yes, explain:

EMPLOYMENT HISTORY: The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years) (add additional pages if needed). Any gaps in employment in excess of one (1) month must be explained. Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.

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| CURRENT (MOST RECENT) EMPLOYER |
| NAME |
| PHONE |
| ADDRESS |
| POSITION HELD |
| FROM MO/YR |
| TO MO/YR |
| REASON FOR LEAVING and SALARY |

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? YES NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? YES NO

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| SECOND EMPLOYER |
| NAME |
| PHONE |
| ADDRESS |
| POSITION HELD |
| FROM MO/YR |
| TO MO/YR |
| REASON FOR LEAVING and SALARY |

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? YES NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? YES NO

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| THIRD EMPLOYER |
| NAME PHONE |
| ADDRESS |
| POSITION HELD |
| FROM MO/YR |
| TO MO/YR |
| REASON FOR LEAVING and SALARY |

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? YES NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? YES NO

EDUCATION

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|----------------------------------|
| (Circle Highest Grade Completed) |
| High School: 1 2 3 4 |
| College: 1 2 3 4 |

TO BE READ AND SIGNED BY APPLICANT I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. 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 also understand that I am required to abide by all rules and regulations of the Company.

I understand that the information I provide regarding my current and/or prior employers may be used, and those employer(s) will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23. I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers, and for those previous employers to resend the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.

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| Applicant Signature and Date |
| Applicant Name (printed) |