Buckeye Ready-Mix, L.L.C. Application for Driver 7657 Taylor Road, Reynoldsburg, Ohio 43068 PHONE (614) 575-2132 FAX (614) 575-1307

Name:				Date: _	
Home Address:					
City, State				Zip:	
Home phone: ()		Other	phone ()	
Position desired:		Full	time	_ Part-time	Temporary
Rate of pay expected:					
Have you worked for	us before?V	Vhen and where?			
Did anyone refer you	to Buckeye Ready-Mix?	Yes if so, name :	:		No
Are you authorized to	der? Yes No _ work in the United Stat	tes? Yes No			
List all States in v	which you have hel License No.			st 3 years n	
State	License No.	Class	Enu	or sements	Expiration date
3. Have you ever Safety Regula	e or privilege ever been been disqualified to dritions? "YES" to any of the abo	ve a Commercial Mot	or Vehicle	under the Fed	No eral Motor Carrier No
Driving Experien					
Class of Equipment Straight Truck	Type (dump,	flat bed, etc.)	Fron	n/to dates	Approx. miles
Tractor Trailer					
Other					
Are you bondable	9 Vos No	(D. S			
•	? Yes No _ st all accidents for t		riminai convict	ions that would prev	vent you from becoming bonded)
Dates Dates		ribe Accident		Iniı	ıries or fatalities
Dutes	Desc	2150 1100100111		111)(or raturately
				1	

Traffic Convictions: List all for the past 5 years

Date Location Charge Penalty

Employment Recor	rd (Show employment for at	least 10 years, if applic	able.)		
Current/Most Recent Employer: Phone: ()					
			Zip:		
		From (Mo./Yr.) To (Mo./Yr.)			
-			Ending Wage		
Who may we contact to	o verify your employment?				
Next Previous Employ	/er:		_ Phone: ()		
Full Address:			Zip:		
Position Held:		From (Mo./Yr.)	To (Mo./Yr.)		
Reason for Leaving: _			Ending Wage		
J					
Next Previous Employ	/er:		_ Phone: ()		
Full Address:			Zip:		
			To (Mo./Yr.)		
			Enumg Wage		
Who may we contact t	to verny your employment:				
Next Previous Employ	/er:		Phone: ()		
Full Address:			Zip:		
Position Held:		From (Mo./Yr.)	To (Mo./Yr.)		
Reason for Leaving: _			Ending Wage		
Who may we contact t	to verify your employment?				

Next Previous Employ	yer:		Phone: ()	
Full Address:			Zip:	
Position Held:		From (Mo./Yr.)	To (Mo./Yr.)	
Reason for Leaving: _			Ending Wage	
Who may we contact	to verify your employment	i?		
application for the sole processes application for the sole processes and character. It is such informations and result from obtaining such information, complete export the Fair Croyour character, general	purpose of seeking employ. L.C. or its agents may inverse agency contacted by Buck I release all employers, US ation. I certify that this application of the certification of th	ment with Buckeye Ready-Mix estigate my background and emockeye Ready-Mix, L.L.C. to furds, and other persons named he pplication was completed by more presentations or omissions max, L.L.C from any/all liability of ment decision based on such in as as may be required." Law 91-508) requires that we reacteristics and mode of living.	ent application, and I am submittin, L.L.C. It is agreed and understood ployment history. I authorize, with nish requested information concerns erein from all liability for damages of and all answers I have given are truly result in my rejection or dismissa whatever kind and nature which, a formation. I agree to furnish additionally you that we may request an in	d that nout ing my work due to ruthful to the il of at any time, onal
APPLICANT SIGNA	ATURE:	DA	TE:	

Buckeye Ready-Mix, 7657 Taylor Rd., Reynoldsburg, Ohio 43068 Phone: (614) 575-2132 FAX (614) 575-2058 Consumer Report Disclosure Drug/Alcohol Test Information Release

In connection with my application for employment (including contract services) with Buckeye Ready-Mix, I understand that consumer reports which may contain public records information may be requested by Buckeye Ready-Mix. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which may maintain such records, as well as information from Buckeye Ready-Mix concerning previous driving record requests made by others from such state agencies and state provided driving records. I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY BUCKEYE READY-MIX TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I understand that I have the right to demand a complete and accurate disclosure of the nature and scope of any investigative consumer report requested on my background, as well as a summary of my rights under the Fair Credit Reporting Act.

In conformity with The Federal Motor Carrier Safety Regulations, I hereby authorize the carriers listed below to furnish to Buckeye Ready-Mix the following information concerning drug and alcohol tests, including pre-employments tests, the carriers conducted during the past two years: 1.) The dates on which I tested positive for drugs, and the drug(s) involved; 2.) the dates on which I tested 0.02 or greater for alcohol and the test result levels; and 3.) the dates on which I refused to be tested for drugs and/or alcohol.

I fully understand that the information I authorize Buckeye Ready-Mix to receive involves test which were required by the Department of Transportation (DOT), and may also include information concerning tests which DOT did not require but which the carriers listed below may have voluntarily conducted under their own authority unless I instruct the carriers in writing not to release information concerning non-DOT tests to Buckeye Ready-Mix. If any carrier listed below furnishes Buckeye Ready-Mix with information concerning items 1.), 2.), or 3.), I also authorize that carrier to release and furnish 4.) the dates of my negative drug and/or alcohol tests and/or tests with results below 0.02 during the two-year period and 5.) the name and phone number of any substance abuse professional who evaluated me during the past two years.

CDL Positions Only

Company (Previous Employers)	City	State	Phone
			()

Attach additional form if needed, and sign additional form.

By signing below, I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that, I executed this release voluntarily and with the knowledge that this information which I have furnished on this form is true and complete, and that I have listed every company for which I worked as a driver during the past two years, and every company where I took a pre-employment drug and/or alcohol test during the past two years.

Print name:			Signature:			
Social Security Number:	-	-	Date:	1	1	