



PO Box 1477 Fairfield, Iowa 52556 (641) 919-8912

APPLICATION FOR EMPLOYMENT

Royale Concrete is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

PERSONAL INFORMATION:

Name _____ Date _____
Last, First, Middle

Address _____
Number & Street City State Zip Code

Position Sought _____ Full Time ___ Part Time ___

Date Available _____ Salary Desired _____ Phone Number _____ Cell Number _____

Email Address _____

Social Security Number _____ Are you over 18 years old? ___ Yes ___ No

Are you legally eligible for employment in the United States? ___ Yes ___ No

(If offered employment, you will be required to provide documentation to verify eligibility.)

Would you be willing to travel if required? ___ Yes ___ No ___ Occasionally ___ Frequently

EDUCATION: Please indicate education or training which you believe qualifies you for the position you are seeking.

High School: No. of Yrs Completed (circle one) 1 2 3 4 Diploma: ___ Yes ___ No G.E.D.: ___ Yes ___ No

School(s) _____ City/State _____

College and/or Vocational School: Number of Years Completed (circle one) 1 2 3 4

School(s) _____ City/State _____

Major _____ Degrees Earned _____

Other Training, Certifications or Degrees:

School(s) _____ City/State _____

Course _____ Degree or Certificate Earned _____

PROFESSIONAL LICENSE OR MEMBERSHIP:

Type of License(s) Held _____

State License Number _____

License Expiration Date _____

Other Professional Memberships _____

(You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.)

SKILLS :

Concrete: _____

Carpentry: _____

Operator: _____

Office: _____

Other: _____

Have you ever been employed by Royale Concrete? Yes No

If so, please state dates of employment:

RECORD OF CONVICTION :

During the last ten years, have you ever been convicted of a crime other than minor traffic offense?

Yes No

If yes, explain: _____

(A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered).

As a prospective employer, we must ask any applicant for a driving position with our company whether he/she has tested positive, or refused to test, or any pre-employment drug or alcohol test administered by an employer to which the applicant applied for, but did not obtain, "safety-sensitive transportation work" (driving commercial vehicle) during the past three years.

____ Yes, I have tested positive for drugs/alcohol, or refused to take pre-employment drug/alcohol test in the three years preceding the date of this application.

____ No, I have not tested positive for drugs/alcohol, or refused to take a pre-employment drug/alcohol test in the three years preceding the date of this application.

DOT regulations prohibit our utilizing you to perform a "safety-sensitive function" such as driving a commercial motor vehicle if you had a positive test or a refusal to test, until and unless you provide documents showing successful completion of the return-to-duty process in accordance with DOT regulations.

EMPLOYMENT: List last employer first, including U.S. Military Service. Show all employment for the last three years and all commercial driving experience for the past 10 years.

May we contact your present employer? ____ Yes ____ No

If any employment was under a different name, indicate name _____

Last Employer

Employer _____ Address _____

Telephone _____ Position _____

Dates of Employment: From _____ To _____
Mo/Yr Mo/Yr

Salary _____ Supervisor _____ Department _____

Duties _____ FT ____ PT ____ No. of Hrs. _____

Reason for Leaving _____

Subject to Federal Motor Carrier Safety Regulations? __Yes__ No Subject to Drug/Alcohol Testing? _Yes_ No

Second Last Employer

Employer _____ Address _____

Telephone _____ Position _____

Dates of Employment: From _____ To _____
Mo/Yr Mo/Yr

Salary _____ Supervisor _____ Department _____

Duties _____ FT ____ PT ____ No. of Hrs. _____

Reason for Leaving _____

Subject to Federal Motor Carrier Safety Regulations? __Yes__ No Subject to Drug/Alcohol Testing? _Yes_ No

Third Last Employer

Employer _____ Address _____

Telephone _____ Position _____

Dates of Employment: From _____ To _____
Mo/Yr Mo/Yr

Salary _____ Supervisor _____ Department _____

Duties _____ FT ____ PT ____ No. of Hrs. _____

Reason for Leaving _____

Subject to Federal Motor Carrier Safety Regulations? __Yes__ No Subject to Drug/Alcohol Testing? _Yes_ No

Fourth Last Employer

Employer _____ Address _____

Telephone _____ Position _____

Dates of Employment: From _____ To _____
Mo/Yr Mo/Yr

Salary _____ Supervisor _____ Department _____

Duties _____ FT __ PT __ No. of Hrs. _____

Reason for Leaving _____

Subject to Federal Motor Carrier Safety Regulations? __Yes__ No Subject to Drug/Alcohol Testing? __Yes__ No

Fifth Last Employer

Employer _____ Address _____

Telephone _____ Position _____

Dates of Employment: From _____ To _____
Mo/Yr Mo/Yr

Salary _____ Supervisor _____ Department _____

Duties _____ FT __ PT __ No. of Hrs. _____

Reason for Leaving _____

Subject to Federal Motor Carrier Safety Regulations? __Yes__ No Subject to Drug/Alcohol Testing? __Yes__ No

Sixth Last Employer

Employer _____ Address _____

Telephone _____ Position _____

Dates of Employment: From _____ To _____
Mo/Yr Mo/Yr

Salary _____ Supervisor _____ Department _____

Duties _____ FT __ PT __ No. of Hrs. _____

Reason for Leaving _____

Subject to Federal Motor Carrier Safety Regulations? __Yes__ No Subject to Drug/Alcohol Testing? __Yes__ No

DRIVING QUALIFICATIONS: Please provide copy of valid driver's license.

LICENSE

State _____ License No. _____ Type _____ Exp Date _____

State _____ License No. _____ Type _____ Exp Date _____

State _____ License No _____ Type _____ Exp Date _____

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? ___Yes___ No

B. Has any license, permit, or privilege ever been suspended or revoked? ___Yes___ No

If the answer to either A or B is yes, attach a statement giving details.

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	From	To	Number of Miles (Total)

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE

Dates	Nature of Accident (Rear-end, Upset, Etc.)	Fatalities	Injuries

TRAFFIC CONVICTIONS FOR PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

Location	Date	Charge	Penalty

REFERENCES: Include persons not related to you that you have known for at least one year.

Name _____ Phone: _____

Address: _____

Professional ____ Personal ____

Name _____ Phone: _____

Address: _____

Professional ____ Personal ____

Name _____ Phone: _____

Address: _____

Professional ____ Personal ____

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Royale Concrete to verify their accuracy and to obtain reference information on my work performance. I hereby release Royale Concrete from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information. Further, I authorize Royale to conduct complete background investigations which may include but are not limited to; criminal, motor vehicle, credit – the results of any investigations will be disclosed in accordance with all state and federally regulated disclosure processes.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

Signature of Applicant _____ Date: _____