



**EDUCATION**

School	Name and Address of School	Course of Study	No. Of Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

**WORK EXPERIENCE**

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)			
Starting/Present Job Title			
Supervisor	Hourly Rate/Salary		
	Starting	Final	
Reason for Leaving			May We Contact    Yes    No

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

Employer	<b>Dates Employed</b>		<b>Work Performed</b>
	<b>From</b>	<b>To</b>	
Address			
Telephone Number(s)			
Starting/Present Job Title	<b>Hourly Rate/Salary</b>		
	<b>Starting</b>	<b>Final</b>	
Supervisor			
Reason for Leaving	May We Contact    Yes    No		

Employer	<b>Dates Employed</b>		<b>Work Performed</b>
	<b>From</b>	<b>To</b>	
Address			
Telephone Number(s)			
Starting/Present Job Title	<b>Hourly Rate/Salary</b>		
	<b>Starting</b>	<b>Final</b>	
Supervisor			
Reason for Leaving	May We Contact    Yes    No		

**Comments: Include explanation of any gaps in employment.**


**Describe any job-related training received in the United States Military.**


**List Professional, trade, business or civic activities and offices held.**


**ADDITIONAL INFORMATION**

**Other Qualifications** *Summarize special-job related skills and qualifications acquired from employment or other experience.*


**Accident Record For Past 3 Years Or More ( ATTACH SHEET IF MORE SPACE NEEDED) IF NONE, WRITE NONE.**

<b>Date</b>	<b>Nature of Accident</b> (Head-ON, Rear-End, Upset, Etc.)	<b>FATALITIES</b>	<b>INJURIES</b>	<b>HAZARDOUS MATERIAL SPILL</b>
Last Accident				
Next Previous				
Next Previous				

**TRAFFIC CONVICTIONS AND FOREITURES FOR THE PAST 3 YEARS ( OTHER THAN PARKING VIOLATIONS ) IF NONE, WRITE NONE.**

<b>LOCATION</b>	<b>DATE</b>	<b>CHARGE</b>	<b>PENALTY</b>

(ATTACH SHEET IF MORE SPACE NEEDED)

**EXPERIENCE AND QUALIFICATIONS- DRIVER**

List all drivers licenses or permits held in the past 3 years.

<b>Drivers Licenses</b>	<b>STATE</b>	<b>LICENSE NO.</b>	<b>TYPE</b>	<b>EXPIRATION DATE</b>

- 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, GIVE DETAILS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**DRIVING EXPERIENCE CHECK YES OR NO**

<b>Class of Equipment</b>	<b>Circle Type of Equipment</b>	<b>Dates</b> From (M/Y)	<b>To (M/Y)</b>	<b>Approx. No. of Miles (Total)</b>
Straight Truck Yes___ No___	(Van, Tank, Flat, Dump, Refer)			
Tractor and Semi Trailer Yes___ No___	(Van, Tank, Flat, Dump, Refer)			
Tractor- Two Trailers Yes___ No___	(Van, Tank, Flat, Dump, Refer)			
Tractor- Three Trailers Yes___ No___	(Van, Tank, Flat, Dump, Refer)			
Motorcoach- School Bus More than 8 passengers Yes___ No___	_____			
Motorcoach – School Bus More than 15 passengers Yes___ No___	_____			
Other				

LIST STATES OPERATED IN FOR LAST FIVE YEARS: \_\_\_\_\_  
 \_\_\_\_\_

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER \_\_\_\_\_  
 \_\_\_\_\_

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? \_\_\_\_\_  
 \_\_\_\_\_

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

**SPECIALIZED SKILLS (Skills/Equipment Operated)**

State any additional information you feel may be helpful to us in considering your application.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PERSONAL/PROFESSIONAL REFERENCES**

Do not include family members or past supervisors.

Name	Phone Number	Best Time to Call	Occupation

**I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE, I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.**

Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

It is the policy of the company to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, expunged juvenile records, or pregnancy, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, any and other characteristic protected by Federal, State or Local law.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

If hired, I agree to abide by all of the company rules and regulations, and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the company or me, I further understand that no representation, whether oral or written by any representative or agent of the Company, at any time, can constitute a contract of employment. I understand that the Company and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the Company, has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the President or Executive Vice President, or to make any agreement contrary to the foregoing.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

**APPLICANT SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

# ALLIED CONCRETE COMPANY

## Disclosure Regarding Employment Background Report

**Allied Concrete Company** may obtain from **Sterling Infosystems, Inc., 1 State Street, New York, NY 10004, (877) 424-2457, [www.sterlinginfosystems.com](http://www.sterlinginfosystems.com)**, a consumer report and/or an investigative consumer report ("REPORT") that contains background information about you in connection with your employment or employment application. If you are hired, to the extent permitted by law, **Allied Concrete Company** may obtain from **STERLING** further reports throughout your employment for an employment purpose without providing further disclosure or obtaining additional consent.

The REPORT may contain information about your character, general reputation, personal characteristics and mode of living. The REPORT may include, but is not limited to, credit reports and credit history information; criminal and other public records and history; public court records (e.g., bankruptcies, tax liens and judgments); motor vehicle and driving records; educational and employment history, including professional disciplinary actions; drug/alcohol test results; and Social Security verification and address history, subject to any limitations imposed by applicable federal and state law. This information may be obtained from public record and private sources, including credit bureaus, government agencies and judicial records, former employers and educational institutions, and other sources.

If an investigative consumer REPORT is obtained, in addition to the description above, the nature and scope of any such REPORT will be employment verifications and references, or personal references.

# ALLIED CONCRETE COMPANY

## *Authorization to Obtain Employment Background Report*

I have read the Disclosure Regarding Employment Background Report provided by **Allied Concrete Company** and this Authorization to Obtain Employment Background Report. By my signature below, I hereby consent to the preparation by Sterling Infosystems, Inc. ("STERLING"), a consumer reporting agency located at 1 State Street, New York NY 10004, (877) 424-2457, www.sterlinginfosystems.com, of background reports regarding me and the release of such reports to the **Allied Concrete Company** and its designated representatives, to assist the **Allied Concrete Company** in making an employment decision involving me at any time after receipt of this authorization and throughout my employment, to the extent permitted by law. To this end, I hereby authorize, without reservation, any state or federal law enforcement agency or court, educational institution, motor vehicle record agency, credit bureau or other information service bureau or data repository, or employer to furnish any and all information regarding me to STERLING and/or the **Allied Concrete Company** itself, and authorize STERLING to provide such information to the **Allied Concrete Company**. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

I acknowledge receipt of a copy of the Consumer Financial Protection Bureau's "A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT."

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Signature:

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Today's Date:





## STATE OF VIRGINIA WORKERS COMPENSATION CONSENT AND DISCLOSURE



Applicant's First Name or Initial

Last Name

I understand that [Company Name] will utilize the services of STERLING INFOSYSTEMS, INC. as part of the procedure for processing my application for employment. I understand such information may also be obtained through direct or indirect contact with public agencies or other persons who may have such knowledge.

\*\* I give my full consent to STERLING INFOSYSTEMS, INC., 1 State Street, New York, NY 10004, to obtain any and all information regarding my workers compensation records and/or claims within the State of Virginia \*\*

I am consenting that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any entity which may provide information based on this authorized request.

I hereby consent to this investigation and authorize Allied Concrete Company to procure a report on my background as stated above from STERLING INFOSYSTEMS, INC.

First Name

Middle Name or Initial

Last Name

Date of Birth (MMDDYYYY)

Other Names Known By



Male

Female

Social Security Number

Primary Telephone Number (no dashes)

Current Address

Apt #

#yrs at this address

City

State

Zip Code

Previous Address

Apt #

#yrs at this address

City

State

Zip Code

Driver's License Number (no dashes)

License State



Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

## A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a

furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

• **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:**

TYPE OF BUSINESS:	CONTACT:
1. a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.	a. Consumer Financial Protection Bureau 1700 G Street NW Washington, DC 20552
b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the Bureau:	b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above:	
a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050
b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act	b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480
c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations	c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106
d. Federal Credit Unions	d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Department of Transportation 1200 New Jersey Avenue, SE Washington, DC 20590
4. Creditors Subject to Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street SW Washington, DC 20423
5. Creditors Subject to Packers and Stockyards Act	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, SW, 8th Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F St NE Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive Mclean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357

To: \_\_\_\_\_ Re: \_\_\_\_\_  
 \_\_\_\_\_ SSN \_\_\_\_\_  
 \_\_\_\_\_ Who states he/she was employed by you from: (MM/DD/YY)  
 \_\_\_\_\_ to \_\_\_\_\_  
 From: \_\_\_\_\_ working in the capacity of \_\_\_\_\_  
 \_\_\_\_\_ has applied to us for the position of \_\_\_\_\_  
 \_\_\_\_\_ His/Her CDL# (if applicable) \_\_\_\_\_

Gentlemen:

To assist us in evaluating this person's qualifications, would you please answer the questions listed below along with any other information which might be helpful. All information furnished will be held in strict confidence. The information is needed to comply with DOT regulations. Federal Law requires a response of all drug and alcohol testing information (Federal Motor Carrier Safety Regulation 382.413) within 14 days on this applicant. Please note this person's signed release at the bottom of this letter authorizing this inquiry. A duplicate copy of the request can be made for retention in your files.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Is the information shown above regarding employment with your organization correct? \_\_\_\_\_

If no, please explain \_\_\_\_\_

Reason for Termination \_\_\_\_\_

If "discharged" or "resigned" what was the reason? \_\_\_\_\_

Because of Drug or Alcohol test results? \_\_\_\_\_

Would you re-employ? \_\_\_\_\_ If no, why not? \_\_\_\_\_

Would you recommend this person for the position for which he is applying? \_\_\_\_\_ If no, please explain \_\_\_\_\_

Please give your evaluation of this person with respect to the following:

	Excellent	Very Good	Good	Fair	Poor		Excellent	Very Good	Good	Fair	Poor
Quality of Work						Job Knowledge					
Quantity of Work						Attendance					
Cooperation						Attitude					

If employed by you as a driver:

**Federal Law requires a response of all drug and alcohol testing information. (FMCSR 382.413) within 14 days of this application**

A. Please Itemize each accident briefly as follows:

Date	Nature of accident, coding each as (C) chargeable or (N) nonchargeable.

- A. If a driver, how would you rate their driving ability? Good Fair Poor
- B. Type of equipment driven: \_\_\_\_\_
- C. Has this person tested positive for a controlled substance in the last three years? Yes No
- D. Has this person had an alcohol test with a Breath Alcohol Concentration of 0.04 or greater in the last three years? Yes No
- E. Has this person ever refused a required test for drugs or alcohol in the last three years? Yes No
- F. Any Substance Abuse Professional (SAP) recommendations? Yes No

Who is SAP? \_\_\_\_\_ Phone # \_\_\_\_\_

Remarks: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_

**AUTHORITY TO RELEASE INFORMATION**

PLEASE READ CAREFULLY BEFORE SIGNING

TO WHOM IT MAY CONCERN:

I understand that Allied Concrete Co. (ACC), or an agent of its choice, will conduct a thorough background investigation before rendering a final decision regarding my eligibility as a contractor or for employment. This investigation will include inquiries as to my previous experience or abilities, character and reputation. Also, it will include any drug or alcohol testing result or refusals, and Substance Abuse Professional recommendations and any rehabilitation program results.

To facilitate this investigation, I do hereby give my consent and authority for any previous employer, hospital, medical doctor, police agency, rehabilitation agency, credit reporting agency to furnish information from their records to ACC, or an agent of its choice.

With regard to any credit reporting agency which might be contacted by ACC, or an agent of its choice. I understand that I may inquire as the identification of those credit reporting agencies contacted and the company will advise me as the their identity and the nature and scope of the information they furnished, upon receipt of my written request for such.

I realize becoming a contractor of an employee on a permanent basis can depend on the result of this inquiry.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness's Full Name \_\_\_\_\_

Witness's Address \_\_\_\_\_

Witness's City/State \_\_\_\_\_

Witness's Telephone \_\_\_\_\_