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**MODERN CONCRETE & MATERIALS LLC**  
**APPLICANT INSTRUCTIONS**

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Thank you for your interest in employment with our Company. We appreciate your application and look forward to the possibility of you joining our team. This sheet is for your information; please read it carefully.

If you need any assistance or accommodation to complete this form or during any of the application process, please notify the person who gave you this form and every effort will be made to provide you with the help you request.

Please print all information so it can be easily read. Be certain that all questions are **completely** answered. Incomplete applications will not be considered. Use the abbreviation "N/A" if a particular provision or section in the form is not applicable to you.

This application form is intended for use in evaluating your qualifications for employment. This is not a contract for employment. False or misleading information given in this form or during the interviewing process are grounds for terminating the application process or, if discovered after employment, for terminating employment. A background check and/or consumer report may be requested by the Company.

Employment decisions are made solely on the basis of qualifications to perform the work for which you are applying. Qualifications include education, training, and work experience. Credentials and experience will be verified through schools, former employers, and any other applicable sources. As an Equal Opportunity Employer, we make decisions to hire and promote without regard to race, color, age, religion, sex, national origin or ancestry, disability or physical condition, parental status, sexual orientation, gender identity, marital status, level of income, or other legally protected status.

You should understand that the position for which you are applying is considered at-will, which means that either you or the company can terminate employment for any reason or no reason at any time. No one except the company president has the authority to amend this agreement.

**Our business is a subscriber to Workers' Compensation of Texas.**

We appreciate your interest.

I have read and understood the above information.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**



# APPLICATION FOR EMPLOYMENT

*(Please Print)*

Position(s) Desired: \_\_\_\_\_ Date: \_\_\_\_\_

Desired Pay Rate: \_\_\_\_\_

## APPLICANT INFORMATION

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Street address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Have you ever worked for **Modern Concrete & Materials LLC**?  Yes  No

If so, when? \_\_\_\_\_

How did you learn about us? \_\_\_\_\_ Referred by: \_\_\_\_\_

Please list the names of any relatives or friends employed by **Modern Concrete & Materials LLC**

\_\_\_\_\_

Are you over 18 years of age?  Yes  No

Are you able to work overtime, nights, and weekends?  Yes  No

Can you perform the essential functions of this job with or without accommodations?  Yes  No

What accommodation, if any, would be needed?

\_\_\_\_\_

Are you currently employed?  Yes  No

Are you legally authorized to work in the United States?  Yes  No

*Proof of identity and work authorization will be required upon employment.*

On what date would you be available for work? \_\_\_\_\_

Availability:  Full-Time  Part-Time  Shift Work  Temporary

Do you have reliable transportation?  Yes  No

Can you travel if a job requires it?  Yes  No

Additional relevant information about availability to work: \_\_\_\_\_

\_\_\_\_\_

Fluent Language(s): \_\_\_\_\_

EDUCATION						
SCHOOL	NAME & CITY	COURSE OF STUDY	YEARS COMPLETED	GRADUATE? YES NO		DETAILS
HIGH SCHOOL						
COLLEGE						
OTHER						
<p>Please list any other qualifications that you have that should be considered including additional Vocational or Business Schools, training certifications, or specific equipment operated including amount of experience.</p>						

Complete the following information only if applying for a position that requires use of a vehicle while conducting company business. If hired, your information will be verified with a Motor Vehicle Report.

Do you have a valid driver's license?  YES  NO



**EMPLOYMENT HISTORY**  
**(last 10 years-attach additional sheets if necessary)**

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 for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained. Start with your last or current position, including any military experience, and work backwards. You are required to list the complete mailing address.

**CURRENT MOST RECENT EMPLOYER:**

EMPLOYER NAME:				Phone:		
ADDRESS:			City:	State:	Zip:	
Position Held:			From: Mo/Year	To: Mo/Year	Salary:	
Job Duties:						
Supervisor:			Reason for Leaving:			
Explain any gaps in employment:						
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?				<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If YES, 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?				<input type="checkbox"/> YES	<input type="checkbox"/> NO	

**SECOND MOST RECENT EMPLOYER:**

EMPLOYER NAME:				Phone:		
ADDRESS:			City:	State:	Zip:	
Position Held:			From: Mo/Year	To: Mo/Year	Salary:	
Job Duties:						
Supervisor:			Reason for Leaving:			
Explain any gaps in employment:						
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?				<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If YES, 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?				<input type="checkbox"/> YES	<input type="checkbox"/> NO	

**NEXT MOST RECENT EMPLOYER:**

EMPLOYER NAME:				Phone:		
ADDRESS:			City:	State:	Zip:	
Position Held:			From: Mo/Year	To: Mo/Year	Salary:	
Job Duties:						
Supervisor:			Reason for Leaving:			
Explain any gaps in employment:						
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?				<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If YES, 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?				<input type="checkbox"/> YES	<input type="checkbox"/> NO	



<b>NEXT MOST RECENT EMPLOYER:</b>				
EMPLOYER NAME:				Phone:
ADDRESS:		City:	State:	Zip:
Position Held:		From: Mo/Year	To: Mo/Year	Salary:
Job Duties:				
Supervisor:		Reason for Leaving:		
Explain any gaps in employment:				
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, 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?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>NEXT MOST RECENT EMPLOYER:</b>				
EMPLOYER NAME:				Phone:
ADDRESS:		City:	State:	Zip:
Position Held:		From: Mo/Year	To: Mo/Year	Salary:
Job Duties:				
Supervisor:		Reason for Leaving:		
Explain any gaps in employment:				
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, 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?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>NEXT MOST RECENT EMPLOYER:</b>				
EMPLOYER NAME:				Phone:
ADDRESS:		City:	State:	Zip:
Position Held:		From: Mo/Year	To: Mo/Year	Salary:
Job Duties:				
Supervisor:		Reason for Leaving:		
Explain any gaps in employment:				
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, 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?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>May we contact your present or previous employers? If No, please explain.</b>			<input type="checkbox"/> YES	<input type="checkbox"/> NO



**ACKNOWLEDGEMENT:**

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 180 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I understand that I may be required to successfully complete a pre-employment physical examination conducted by a company-authorized physician and that I may be required to successfully pass a pre-employment drug/alcohol screening after I accept a conditional offer of employment.

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 agree to 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 the 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.

**Modern Concrete & Materials subscribes to Worker’s Compensation of Texas.**

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Applicant Printed Name

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Signature Date