

# Blue Dot Readi-Mix

## Application for Employment

Pre-employment Questionnaire  
Equal Opportunity Employer

Date: \_\_\_\_\_

### Personal Information

Name (Last, First):		Social Security Number:		
Address:		City:	State:	Zip Code:
Phone Number:	Referred by:			

### Employment Desired

<b>Position:</b> _____ Concrete Truck Driver      _____ Other: _____		
Start Date:	Pay Rate Desired:	
Do you have experience driving a concrete truck?      _____ yes      _____ no		
Do you have a current, valid Commerical Drivers License (CDL)?      _____ yes (class _____)      _____ no		
CDL state Number & State:	Endorsements:	
Have you been convicted of a crime that would prevent you from being eligible for a CDL? _____ yes      _____ no		
Are you employed?      _____ yes      _____ no	May we contact your employer?      _____ yes      _____ no	

### Employment History (Please list below your last four employers, starting with the last one first)

Name & Phone Number of Employer	Date	Position	Pay Rate	Reason You Left Job

ALL PERSONS ARE SUBJECT TO PRE-EMPLOYMENT DRUG TESTING.  
IF YOU USE DRUGS, DO NOT APPLY.

**To be considered for employment, all applicants must sign the authorization for release of personal information on the back of this page. Pre-employment background checks are preformed.**

**Authorization for Release of Personal Information**

I, \_\_\_\_\_, do hereby authorize and request any present or former employer, school, law enforcement agency, financial institution or other persons having personal knowledge about me, to furnish Blue Dot Read-Mix, LLC or their authorized representative with any and all information in their possession regarding me in connection with an application for employment. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request. I understand this authorization is to be part of the written employment application that I sign.

I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability, which may be incurred as a result of furnishing such information.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Full Signature: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

\*Date of birth and social security number are used for identification purposes only.

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone number: \_\_\_\_\_

Driver License Number and State: \_\_\_\_\_