



Phone: (405)947-5566 | Fax: (405)946-4852

1617 S. Lowry Avenue, Oklahoma City, OK 73129-8343 | methenyconcrete.com

APPLICANT TO COMPLETE

(answer all questions - please print)

Position(s) Applied for _____

Name _____ Social Security # _____
Last First Middle

List your addresses of residency for the past 3 years

Current Address _____

Street _____ City _____
 State _____ Zip Code _____ Phone: _____ How Long? _____

Previous Addresses _____ How Long? _____ yr/mo

Street _____ City _____ State & Zip Code _____

Street _____ City _____ State & Zip Code _____ How Long? _____ yr/mo

Street _____ City _____ State & Zip Code _____ How Long? _____ yr/mo

Street _____ City _____ State & Zip Code _____ How Long? _____ yr/mo

Do you have the legal right to work in the United States? _____

Date of Birth ____ / ____ / ____ Can you provide proof of age? _____

(Required for Commercial Drivers)

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of Pay Expected _____

Have you ever been convicted of a felony? _____

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment -all circumstances will be considered. _____

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]? If yes, explain if you wish. _____

EMPLOYMENT HISTORY

All driver applicants to drive in interstate/intrastate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle* in interstate/intrastate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle,

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER	DATE			
NAME	FROM: MO.	YR.	TO: MO.	YR.
ADDRESS	POSITION HELD			
CITY, STATE, ZIP	SALARY/WAGE			
CONTACT PERSON PHONE NUMBER	REASON FOR LEAVING			
WERE YOU SUBJECT TO THE FMCSRS^ WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYMENT HISTORY (continued)

EMPLOYER	DATE	
NAME	FROM: MO. YR.	TO: MO. YR.
ADDRESS	POSITION HELD	
CITY, STATE, ZIP	SALARY/WAGE	
CONTACT PERSON PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRS [^] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO		

EMPLOYER	DATE	
NAME	FROM: MO. YR.	TO: MO. YR.
ADDRESS	POSITION HELD	
CITY, STATE, ZIP	SALARY/WAGE	
CONTACT PERSON PHONE NUMBER	REASON FOR LEAVING	
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ADDRESS	POSITION HELD	
CITY, STATE, ZIP	SALARY/WAGE	
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NAME	FROM: MO. YR.	TO: MO. YR.
ADDRESS	POSITION HELD	
CITY, STATE, ZIP	SALARY/WAGE	
CONTACT PERSON PHONE NUMBER	REASON FOR LEAVING	
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WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO		

*Includes vehicle having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

*The Federal Motor Carrier Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in quantity requiring placarding.

ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

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

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS - DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION 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, GIVE DETAILS: _____

DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM (M/Y)	TO (M/Y)	
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR & SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - 2 TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - 3 TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
MIXER TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO				
END DUMP TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO				
OTHER <input type="checkbox"/> YES <input type="checkbox"/> NO				

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: _____

EXPERIENCE AND QUALIFICATIONS - OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED: _____

COMPANY POLICIES

All applicants are required to submit to a physical examination and drug screen test. All drivers are required to satisfactorily fulfill all DOT requirements. All pre-employment testing costs will be paid for by the company.

All employees are required to adhere to and comply with the Company's Drug Policy, Safety Programs, and all Operational Guidelines as a requirement for continued employment.

If hired by the Company, the applicant will become a probationary employee for the first 90 days of employment. A probationary employee may be discharged by the Company from employment for any reason during the probationary period.

If applicants terminate their employment during the first 90 days they shall be responsible fro the cost of any pre-employment physicals and drug testing.

PLEASE READ THE FOLLOWING CAREFULLY

I understand that nothing contained in this employment application or in the granting of an interview for a position of employment is intended to create an employment contract between Metheny Concrete Products, Inc. and myself for either employment or for the providing of any benefits. If an employment relationship is established. I understand that I have the right to terminate my employment at the time for any reason that Metheny Concrete Products, Inc. retains the same right.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature of Applicant

Date

FOR COMPANY USE	
APPLICANT HIRED:	REJECTED:
DATE EMPLOYED:	LOCATION EMPLOYED:
SALARY/WAGE RATE:	
SIGNATURE OF INTERVIEWING OFFICER:	
REMARKS:	