Ewing Concrete Materials, LLC

EMPLOYMENT APPLICATION

| Name | | | Date | | |
|---|---|-------------------|-------------|-------------------|----------------------|
| Address _ | | | | | |
| | | | | | |
| Home Pho | one # | Ce | ell # | | |
| DOB | | | | | |
| If hired, wl | nen are you available to | start? | | | |
| | equires lifting up to 50 lb reme temperatures. Can | • | | | and working in No |
| Will you w | ork overtime when need | ed? | Yes | No | |
| Are you a | US Citizen? | | Yes | No | |
| Have you ever been convicted of a felony? | | | Yes | No | |
| If ye | es, dates & charges | | | | |
| Have you past 5 yea | tested positive for drugs | and/or alcohol, o | | drug and/or No | alcohol test in the |
| Do you ha | ve or ever had the follow | ving? (Circle) | | | |
| Heart Trou | uble Back Trouble | Eye Probl | ems Kr | nee Problem | S |
| Hernia | Lung Problems | Hearing P | roblems | | |
| Do you ha | ve any other health prob | olems which we s | should know | about? | |
| Yes | No | | | | |
| Explanation | nn | | | | |

| Can you lift? | | | |
|-------------------------|----------------------------------|---------------------------------------|--------------|
| | Yes | No | |
| 75 lbs. 100 lbs. | | No No | |
| | | ,,,, | |
| ADDITIONAL QUALI | FICATIONS: | | |
| | | | |
| | | | |
| | | | _ |
| DRIVER LICENSE | | | |
| State | Expiration Date _ | | |
| License # | | Class | |
| | | | |
| ACCIDENT RECORD | FOR PAST 3 YRS OR | MORE | |
| Date | Nature of Accident _ | | |
| Date | Nature of Accident _ | | |
| Any fatalities? Y | es No | | |
| | denied, suspended or re es No | evoked a license, permit or privilege | to operate a |
| If yes, please explain | | | |
| | | | |
| Traffic convictions and | d forfeitures for the past | 5 yrs. | |
| Location | Date | | |
| Penalty | | | |
| | | | |
| Location | Date | | |
| Penalty | | | |

EMPLOYMENT RECORD

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on ALL employers during the previous three years.

| Prese | ent Employer | | | |
|-------|----------------------|------|----|-----|
| | Company | | | |
| | Position Held | | | |
| | Date Hired | | | |
| | May we contact them? | | | |
| Last | Employer | | | |
| | Company | | | 1 1 |
| | Position Held | From | To | |
| | Reason for Leaving | | | |
| Seco | nd Last Employer | | | |
| | Company | | | |
| | Position Held | From | To | |
| | Reason for Leaving | | | |

I hereby authorize you to make sure investigations and inquires to my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended) I hereby release employers, schools, healthcare providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

I understand that Ewing Concrete Materials, LLC., has a drug free workplace policy, and as such I consent to drug testing as a condition of my employment as per the company drug testing policy.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in termination. I also understand that I am required to abide by all rules and regulations of Ewing Concrete Materials, LLC. Further, I understand and agree that my employment is at will and for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any notice.

"I understand that information I provide regarding current and/or previous employers may be used, and those employers(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23 (d) and (e). 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 re-send 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."

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

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.