



APPLICATION FOR DRIVER'S EMPLOYMENT

Table Rock Asphalt Construction Company, Inc. and/or Southwest Materials, Inc.
 PO Box 1165, Branson, MO 65615
 310 North Commercial Street, Branson, MO 65616

NOTICE: TRAC REQUIRES A DRUG SCREEN BEFORE EMPLOYMENT

NAME: _____ DATE OF BIRTH _____
 (First) (Middle) (Last)

SOCIAL SECURITY NUMBER: _____ TELEPHONE NUMBER _____

MAILING ADDRESS: _____ HOW LONG? _____
 (Street) (City) (State & Zip Code)

ADDRESS FOR THE PAST THREE YEARS: _____ HOW LONG? _____
 (Street) (City) (State & Zip Code)

_____ HOW LONG? _____
 (Street) (City) (State & Zip Code)
 (ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS - DRIVER

DRIVER LICENSE:

STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE:

CLASS OF EQUIPMENT	DATES		APPROX. NO. OF MILES (TOTAL)
	TO	FROM	
MIXER TRUCK			
DUMP TRUCK			
TRACTOR AND SEMI-TRAILER			
OTHER			

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

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

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

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, PLEASE EXPLAIN: _____

WHAT POSITION ARE YOU INTERESTED IN? _____

EMPLOYMENT RECORD (Attach Sheet If More Space is Needed)

Note: DOT Requires That Employment for at Least 3 Years and/or Commercial Driving Experience for the Past 10 Years Be Shown

LAST EMPLOYER: _____

ADDRESS: _____ PHONE NUMBER _____

POSITION HELD: _____ FROM _____ TO _____ SALARY _____

REASON FOR LEAVING: _____

SECOND LAST EMPLOYER: _____

ADDRESS: _____ PHONE NUMBER _____

POSITION HELD: _____ FROM _____ TO _____ SALARY _____

REASON FOR LEAVING: _____

THIRD LAST EMPLOYER: _____

ADDRESS: _____ PHONE NUMBER _____

POSITION HELD: _____ FROM _____ TO _____ SALARY _____

REASON FOR LEAVING: _____

FOURTH LAST EMPLOYER: _____

ADDRESS: _____ PHONE NUMBER _____

POSITION HELD: _____ FROM _____ TO _____ SALARY _____

REASON FOR LEAVING: _____

HIGHEST SCHOOL GRADE COMPLETED: _____ WHERE: _____

ARE YOU RELATED OR ACQUAINTED WITH ANY PRESENT EMPLOYEE? Yes ___ No ___

IF SO, WHO? _____

HAVE YOU EVER HAD A BACK INJURY? Yes ___ No ___ HERNIA? Yes ___ No ___

HAVE YOU EVER DRAWN COMPENSATION FOR JOB INJURIES? Yes ___ No ___

IF YES, LIST DATE AND TYPE OF INJURY AND LENGTH OF DISABILITY: _____

DO YOU HAVE ANY MEDICAL CONDITION THAT WILL PREVENT YOU FROM PERFORMING THE WORK THAT YOU ARE APPLYING FOR? Yes ___ No ___ IF YES, PLEASE EXPLAIN: _____

TO BE READ AND SIGNED BY APPLICANT

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.

_____ Date

_____ Applicant's Signature



Table Rock Asphalt Construction Company, Inc. and/or Southwest Materials, Inc.
 PO Box 1165, Branson, MO 65615
 310 North Commercial Street, Branson, MO 65616
 Phone: 417-334-2144
 Fax: 417-334-2157

**This Inquiry To Past Employers Is Required Under Section 391.23
 Of The Federal Motor Carrier Safety Regulations**

To: _____

Date: _____

From: _____

Name

Title

Name Of Applicant: _____

Social Security Number: _____

Job Applied For: _____

This applicant lists dates of employment with your firm from _____ to _____.

Is this correct? Yes No

What kind(s) of work did he/she do for your firm? _____.

If employed as a driver, what type of truck did he/she drive? _____.

Number of accidents in which applicant was at fault? _____.

To your knowledge, was this applicant's license ever suspended while under your Employment?
 Yes No If Yes, please explain _____.

To the extent, that he/she may have handled company funds, did he/she maintain accountability for such funds?
 Yes No

Did the applicant pose either repeated and/or severe disciplinary problems?
 Yes No

Why did this applicant leave your company?
 Resigned Discharged Laid off

Would you re-employ this applicant? Yes No

By: _____

Date: _____

(Signature of person supplying information)

I hereby authorize this company to release all information concerning records of employment, including oral assessments of my job performance, ability, and fitness, to each and every company, (or their authorized agents), which may request such information in connection with my application for employment with said company for the purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. I hereby release this company from any and all liability of any type, as a result of providing the above-mentioned information to the above-mentioned person.

Applicant's Signature _____

Date _____



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**Request/Consent Form for Information from Previous Employers
 For Alcohol & Controlled Substance Testing Records
 This is Required By 382.405(f) and (h) Of The
 Federal Motor Carrier Safety Regulations**

Date: _____ Applicants Social Security Number: _____

 PRINT NAME SIGNATURE

I, the above mentioned signed, hereby authorize that _____,
 PREVIOUS EMPLOYER
 release and forward all information on my Alcohol and Controlled Substances testing and training records to
 Table Rock Asphalt Construction Company, Inc.

TO BE COMPLETED BY THE PREVIOUS EMPLOYER:

Has this person ever had an alcohol test with a Breath Alcohol Concentration of 0.04 or greater in the last two
 years? Yes No

Has this person ever tested positive for a controlled substance in the last two years? Yes No

Has this person ever refused a required test for drugs or alcohol in the last two years? Yes No

If you answered yes to any of the above 3 questions, please give the substance abuse Professionals name,
 address, and phone number for further reference:

Name: _____

Address: _____

Phone Number: _____

Please return this information to the above listed fax number.

Thank you!

Background Check Release Form for Table Rock Asphalt Construction Co., Inc.

I _____ release Table Rock Asphalt Construction Co., Inc. (TRAC Materials, Inc.), Paragon Investigations LLC and Employee Screening Services to conduct a comprehensive employee background check. I release them to make any inquiries with my current and previous employers or others, who may have knowledge of me, or with consumer credit, investigative, or other private or governmental agencies. I understand and am aware that I must provide my date of birth to help verify and complete the employee background check and that my date of birth and age will not effect the hiring process or decision. I authorize any such person or agency (i.e. Paragon Investigations LLC and Employee Screening Services) to give you any information concerning my personal record, including but not limited to an assessment of my job performance, verification of my social security number, verification of residence, verify employment history, verify education and references, driving record, civil records, criminal records, sex offenders list, credit history and or any other information they may have personal or otherwise. I or anyone related or associated to me release and indemnify Table Rock Asphalt Construction Co., Inc. (TRAC Materials, Inc.) and all parties that they may use (i.e. Paragon Investigations LLC and Employee Screening Services) in obtaining this information from any and all liability, claims or damages that may directly or indirectly result at anytime from furnishing this information. I also am aware that this release form is and will be valid in its original form, faxed copy or email and scanned copy.

This form must be filled out in its entirety and as legible as possible for the background check to be ordered

Social Security Number: _____

Driver License Number: _____ State of Issuance: _____

Date of Birth: _____ State: _____

(Ms. Mrs. Mr. Miss.) Full Name: _____ (Include Jr., Sr.)

Maiden Name or Alias: _____

Current Address: _____

Previous Address: _____

Do you have a criminal history yes or no? _____

If yes please explain: _____

License, Certification, or Registration Information: _____

May we contact your employer and references: _____

Locations of Residency the past five years. Most recent first.

State: _____ County: _____

State: _____ County: _____

State: _____ County: _____

State: _____ County: _____

After reading this above statement I _____ certify that I have read, fully understand, and accept all terms of this agreement and that any untruthfulness or omissions may be grounds for termination or grounds to not extend an offer of employment and that the information set out by me in this application is true and correct.

Signature of applicant: _____ Date: _____

Requested by: _____ Date: _____

Is this position for: (Circle one) Employment or Volunteer

Background Check Release Form for Southwest Materials, Inc.

I _____ release Southwest Materials, Inc., Paragon Investigations LLC and Employee Screening Services to conduct a comprehensive employee background check. I release them to make any inquiries with my current and previous employers or others, who may have knowledge of me, or with consumer credit, investigative, or other private or governmental agencies. I understand and am aware that I must provide my date of birth to help verify and complete the employee background check and that my date of birth and age will not effect the hiring process or decision. I authorize any such person or agency (i.e. Paragon Investigations LLC and Employee Screening Services) to give you any information concerning my personal record, including but not limited to an assessment of my job performance, verification of my social security number, verification of residence, verify employment history, verify education and references, driving record, civil records, criminal records, sex offenders list, credit history and or any other information they may have personal or otherwise. I or anyone related or associated to me release and indemnify Southwest Materials, Inc. and all parties that they may use (i.e. Paragon Investigations LLC and Employee Screening Services) in obtaining this information from any and all liability, claims or damages that may directly or indirectly result at anytime from furnishing this information. I also am aware that this release form is and will be valid in its original form, faxed copy or email and scanned copy.

This form must be filled out in its entirety and as legible as possible for the background check to be ordered

Social Security Number: _____

Driver License Number: _____ State of Issuance: _____

Date of Birth: _____ State: _____

(Ms. Mrs. Mr. Miss.) Full Name: _____ (Include Jr., Sr.)

Maiden Name or Alias: _____

Current Address: _____

Previous Address: _____

Do you have a criminal history yes or no? _____

If yes please explain: _____

License, Certification, or Registration Information: _____

May we contact your employer and references: _____

Locations of Residency the past five years. Most recent first.

State: _____ County: _____

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Signature of applicant: _____ Date: _____

Requested by: _____ Date: _____

Is this position for: (Circle one) Employment or Volunteer

This Employer Participates in E-Verify



This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this employer is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants or to re-verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9.

In order to determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo screening tool to match the photograph appearing on some permanent resident and employment authorization cards with the official U.S. Citizenship and Immigration Services' (USCIS) photograph.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or

citizenship status, please call the Office of Special Counsel at 1-800-255-7688 (TDD: 1-800-237-2515).

NOTICE:

Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.

Employment Verification.  Done.

For more information on E-Verify, please contact DHS at:
1-888-464-4218



E-VERIFY IS A SERVICE OF DHS AND SSA