

Please verify all information before hitting submit.

Consumers



CONCRETE CORPORATION
P.O. BOX 2229, Kalamazoo, MI 49003-2229
Corporate Phone 269.342.0136
Fax 269.384.0974

EMPLOYMENT APPLICATION

Consumers Concrete Corporation is an Equal Employment Employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, age, national origin, disability/handicap, height, weight, marital status, familial status, veteran status, genetic information, citizenship or any other status protected by law. The Company will, however, hire only those individuals who are legally authorized to work in the United States.

Qualified applicants with a disability will be provided with reasonable accommodation in order to complete the application process, if necessary.

Please print your answers in ink. If sufficient space is not provided here for you to give complete answers to certain questions, or if you wish to give pertinent information not called for, please attach such additional information to this Employment Application.

1. Name in full: _____
Last First Middle

2. Current Address: _____
House/Apt # and Street Name
City State Zip Code

3. Home Phone: () _____ Cell Phone: () _____

4. Position(s) applying for: _____ Location applying for: _____

5. Full/Part/Seasonal position: _____ Rate of pay expected: \$ _____

6. Are you 18 years of age or older? Yes No
(This question is only asked for the purpose of determining whether the applicant is of legal age for employment).

7. Are you legally eligible and authorized for employment in the United States? Yes No

8. Have you worked for the Company before? Yes No
If yes, give dates: From: _____ To: _____ Position: _____

9. Whom should the Company notify in case of an emergency? Include full name and phone number(s):

10. Are you a Military Veteran? Yes No Branch of Service: _____
If yes, give dates: From: _____ To: _____

11. Education. What is the highest grade you completed? _____
List last school attended: _____
School Name Address City/State/Zip Code

12. List special training, skills, abilities, educational and work experience which you feel qualifies you for the position you are seeking:

A. _____

13. References: List 3 people unrelated to you that we may contact).

A. _____ (_____) _____
Name City/State/Zip Code Phone Number

B. _____ (_____) _____
Name City/State/Zip Code Phone Number

C. _____ (_____) _____
Name City/State/Zip Code Phone Number

14. Who referred you to apply for a job here?: _____

15. Employment History

List names and all the information requested below for previous employment the last **Ten (10) years**. Include any unemployment or self-employment periods. Attach other sheets if necessary.

Current/Last Employer Name: _____

House/Apt # and Street Name City State Zip Code

Supervisor's Name and Job Title Phone Number

Position Held From: _____ (Month/Year) To: _____ (Month/Year)

Starting Pay Ending Pay Reason for Leaving

(CDL Applicants Only) Were you subject to the FMCSRs while employed here? Yes No
Was your job subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Second to Last Employer Name: _____

House/Apt # and Street Name _____ City _____ State _____ Zip Code _____

Supervisor's Name and Job Title _____ (_____) _____ Phone Number _____

Position Held _____ From: _____ (Month/Year) To: _____ (Month/Year)

Starting Pay _____ Ending Pay _____ Reason for Leaving _____

(CDL Applicants Only) Were you subject to the FMCSRs while employed here? Yes No
Was your job subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Third to Last Employer Name: _____

House/Apt # and Street Name _____ City _____ State _____ Zip Code _____

Supervisor's Name and Job Title _____ (_____) _____ Phone Number _____

Position Held _____ From: _____ (Month/Year) To: _____ (Month/Year)

Starting Pay _____ Ending Pay _____ Reason for Leaving _____

(CDL Applicants Only) Were you subject to the FMCSRs while employed here? Yes No
Was your job subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Fourth to Last Employer Name: _____

House/Apt # and Street Name _____ City _____ State _____ Zip Code _____

Supervisor's Name and Job Title _____ (_____) _____ Phone Number _____

Position Held _____ From: _____ (Month/Year) To: _____ (Month/Year)

Starting Pay _____ Ending Pay _____ Reason for Leaving _____

(CDL Applicants Only) Were you subject to the FMCSRs while employed here? Yes No
Was your job subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

NOTE: Please complete this section if you are applying for a Commercial Driver's License position.

A. Name in full: _____
Last First Middle

Date of Birth: _____ Social Security #: _____
(Month/Day/Year)

B. List other addresses besides current address that you have lived in the last Three (3) Years:

1. _____
House/Apt # and Street Name

_____ City State Zip Code

2. _____
House/Apt # and Street Name

_____ City State Zip Code

DRIVING EXPERIENCE for CDL Drivers Only

C. Class of Equipment	Date From	Date To	Approximate # of Miles
Straight Truck:	_____	_____	_____
Tractor & Semi trailer:	_____	_____	_____
Tractor & multiple trailers:	_____	_____	_____
Other:	_____	_____	_____

D. List current driver's license and all Licenses held in the last Three (3) years:

State License # Type Endorsements Expiration Date

E. Accident Record for the last Three (3) years:

Date Nature (Head-on, etc) Location # Fatalities # People Injured

F. Traffic Convictions and Forfeitures for the last Three (3) years (other than parking violations):

Date Location Charge Penalty

G. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
Has any license, permit, or privilege ever been suspended or revoked? Yes No

If the answers to any questions listed above are "yes", give complete details:

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Applicant Certification and Agreement

For All Applicants

1. **Drug Screen.** I understand and agree that prior to my employment with the Company I must submit and pass a physical examination which will include a drug test. The physical examination will be performed by the Company's doctor at the Company's expense. I understand and agree to submit to the required physical examination and I do hereby agree and authorize the examining doctor to release any and all medical findings to the Company including the results of any drug test given.

2. **False Statements or Omissions.** I hereby certify that the facts set forth in the Employment Application are true and that the answers given to the questions are true. I understand that if I do not answer all questions on the Employment Application I may not be considered further for employment. I further understand that if employed by the Company, any false statements, misrepresentation, unanswered question or omission, whenever discovered, shall be considered sufficient cause for disqualification or dismissal from employment.

3. **Employment At-Will.** I certify and understand that no individual contract of employment exists between myself and the Company in any form whatsoever, either written or verbal. I further understand that, unless I become a member of a bargaining unit represented by a union that has a contract with the Company that provides otherwise, if employed by the Company my employment with the Company will be at-will with no fixed term or length and it may be terminated by either me or the Company at any time, with or without notice, and with or without cause. I further understand that this at-will relationship may not be changed or altered by any person except in writing signed by the President and/or CEO.

4. **Dispute Resolution and Statute of Limitations.** I understand and agree that any controversy or claim arising out of my application for, interest in, interview(s) with, or attempt to gain employment with Consumers Concrete Corporation shall be settled solely by arbitration in the County of Kalamazoo, State of Michigan, in accordance with the rules of the American Arbitration Association then pertaining. The decision of the Arbitrator shall be final and binding and neither party shall have any right of appeal therefrom. Judgment upon the award rendered by the Arbitrator may be entered in the Circuit Court of the County of Kalamazoo. The demand for arbitration must be submitted in writing, to Consumers Concrete Corporation and to the American Arbitration Association at 1101 Laurel Oak Road, Suite 100, Voorhees, NJ 08043. The demand must be received by the American Arbitration Association within one hundred eighty (180) days after the alleged violation, misconduct, or incident which gives rise to the request for arbitration. Failure to file the demand with the American Arbitration Association within the said one hundred eighty (180) day time period shall constitute a full and complete waiver of the claim, and a complete waiver of any rights to compensation, benefits or damages. If the written demand for arbitration is not filed within said one hundred eighty (180) day period, it is forever barred. The parties shall bear their own attorney's fees associated with the arbitration. I further understand that if offered employment with the Company, I will be required, as a condition of employment, to sign an agreement providing for binding arbitration of any claims arising out of my employment relationship with the Company, including any claim of discrimination or harassment.

APPLICANT CERTIFICATION: This certifies that this Employment Application was completed by me and that all entries or information in it are true and complete to the best of my knowledge. I further agree to all terms and conditions of this Applicant Certification and Agreement Form.

Applicant Signature

Date Employment Application Completed (Month/Day/Year)

Checking this box authorizes Consumers Concrete to obtain any and all information necessary to verify the information and statements provided in this Consumers Concrete Employment Application.



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Background Check
For All Applicants

In connection with my application for employment with the Company, I authorize the Company or any agency it designates, to obtain my consumer credit report, criminal history, driving record, prior employment history and educational records and background for use in considering my application for employment and, if I am hired, for continued employment. I also authorize the Company or any agency it designates, to conduct an investigation and to obtain an investigative consumer report into my creditworthiness, credit standing, credit capacity, and general reputation. I specifically authorize my former employers, educational institutions and any other person to furnish the Company or any agency it designates with any information relevant to their investigation of my fitness for employment. I release Consumers Concrete Corporation and its past and present agents, as well as all of my former employers, educational institutions, and any other persons releasing information regarding me, from any and all liability in connection with the disclosure of any information regarding my creditworthiness, credit standing, credit capacity, general reputation, personal characteristics or mode of living. I understand that I have the right to obtain a free copy of any consumer report provided to the Company as well as information about the nature and scope of the investigative consumer report. I also understand that, upon written request from me, the Company will provide me with a written summary of my rights under the Fair Credit Reporting Act.

To be considered further for employment, please complete the following for the Company and our designated third party company to conduct a Background Check.

A. Name in full: _____
Last First Middle

B. Former Name(s) (Alias, changed name, or maiden name) in full:

Last First Middle

Last First Middle

C. Date of Birth: _____ Social Security #: _____
(Month/Day/Year)

D. Current Address: _____
House/Apt # and Street Name

City State Zip Code

E. List current driver's license held and any license held in the last Three (3) years.
State License # Type Endorsements Expiration Date

Applicant Signature/Authorization _____ **Date Complete (Month/Day/Year)** _____

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