

# Stanwood Redi-Mix Application for Employment

PRE-EMPLOYMENT QUESTIONNAIRE  
EQUAL OPPORTUNITY EMPLOYER

DATE: \_\_\_\_\_

## PERSONAL INFORMATION:

Name: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Present Address  
Last First Middle

Home Phone Street City State Zip  
Alternate Phone:

Are you 18 years or older?  Yes  No Are you related to any SRM Employees?  Yes  No

In Case of  
Emergency Notify

Name Address Phone No.  
Have you ever been convicted of, plead guilty to or plead no contest to any criminal offense other than parking violations. An affirmative response to this inquiry will not necessarily automatically disqualify you from employment. Yes or No

Are you prevented from lawfully becoming employed in this country because of visa or immigration status?  Yes  No

## EMPLOYMENT DESIRED:

Position: \_\_\_\_\_ Date Available: \_\_\_\_\_ Salary Desired: \_\_\_\_\_  
If so, may we inquire of your present employer?

Are you employed now? \_\_\_\_\_

Have you ever applied to this company before: \_\_\_\_\_ Where? \_\_\_\_\_ When? \_\_\_\_\_

Have you ever worked for this company before: \_\_\_\_\_ Where? \_\_\_\_\_ When? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Name of last supervisor at this company: \_\_\_\_\_

Who referred you to this company?  Employment Agency  Newspaper Advertisement  Other

State Employment Office  College Placement Service  Friend  Walk In

## EDUCATION:

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE SCHOOL				

## GENERAL:

SPECIAL TRAINING: \_\_\_\_\_

SPECIAL SKILLS: \_\_\_\_\_

SPECIAL AREAS OF STUDY: \_\_\_\_\_

**FORMER EMPLOYERS List below employers for the last 10 years, starting with last one first (Use extra sheet of paper if necessary)**

Name and address of present or last employer				Are you still working?	Yes	No
				If yes, may we contact them? (If not, why?)	Yes	No
Starting Date:	Month	Year	Starting Weekly Salary:	Starting Job Title:		
Leaving Date:	Month	Year	Leaving Weekly Salary:	Leaving Job Title:		
Name and Title of Supervisor:					Phone No.	
Description of Work:						
Reason For Leaving:						

Name and address of present or last employer				Are you still working?	Yes	No
				If yes, may we contact them? (If not, why?)	Yes	No
Starting Date:	Month	Year	Starting Weekly Salary:	Starting Job Title:		
Leaving Date:	Month	Year	Leaving Weekly Salary:	Leaving Job Title:		
Name and Title of Supervisor:					Phone No.	
Description of Work:						
Reason For Leaving:						

Name and address of present or last employer				Are you still working?	Yes	No
				If yes, may we contact them? (If not, why?)	Yes	No
Starting Date:	Month	Year	Starting Weekly Salary:	Starting Job Title:		
Leaving Date:	Month	Year	Leaving Weekly Salary:	Leaving Job Title:		
Name and Title of Supervisor:					Phone No.	
Description of Work:						
Reason For Leaving:						

**REFERENCES: Give below the names of two persons not related to you, whom you have known at least one year.**

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED

**AUTHORIZATION**

I certify that the information I have supplied on this application, resume, and/or supporting documents is true and complete, and I understand that any falsifications, misrepresentations, or omissions of fact may be grounds for rejection of my application or dismissal from subsequent employment. I further authorize SRM to contact my former employer(s) and any listed references or other persons who can verify information, and I give my consent to my former employer(s) and other contacted persons to respond to questions pertaining to information on this application. Further, I release from liability such former employer(s) or other persons contacted by and providing information to SRM. I further authorize SRM to conduct a criminal history check on me and I understand and agree that any offer of employment is contingent on satisfactory result of both a criminal history and reference check.

I understand that nothing in this application is intended to imply or create an employment relationship or contract for employment. If SRM hires me, I agree to conform to SRM's rules and regulations and further agree that my employment is at will and can be terminated at any time, with or without notice, and for any reason. I also understand that while personnel policies, programs and procedures may change from time to time, such at-will status is not subject to change absent a written agreement signed by SRM's president or a designated authorized representative.

I certify that I have read and understand the foregoing statements.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**COMPLETE THIS SECTION ONLY IF YOU ARE APPLYING FOR A DRIVING JOB:**

DRIVERS LICENSES (Any held in the last three years must be shown)	State	License Number	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 \_\_\_\_\_
- C. Have you ever been disqualified subject to section 391 of the Federal Motor Carrier Safety Regulations? Yes \_\_\_\_\_ No \_\_\_\_\_
- D. Have you tested positive for drugs or alcohol or refused a test in the past two years? Yes \_\_\_\_\_ No \_\_\_\_\_

**IF THE ANSWER TO ANY OF THE PRECEDING THREE QUESTIONS IS YES, ATTACH A STATEMENT GIVING DETAILS.**

**DRIVING EXPERIENCE:**

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates: From	To	Approx. number of miles (Total)
Straight Truck _____				
Tractor and Semi _____				
Tractor-two trailers _____				
Other _____				

List states operated in for the 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? \_\_\_\_\_

Accident review for past three years (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			

Describe all traffic convictions and forfeitures for the past three years (other than parking violations):

1) Date \_\_\_\_\_ City/State: \_\_\_\_\_ Charge: \_\_\_\_\_

Penalty: \_\_\_\_\_ Comments: \_\_\_\_\_

2) Date \_\_\_\_\_ City/State: \_\_\_\_\_ Charge: \_\_\_\_\_

Penalty: \_\_\_\_\_ Comments: \_\_\_\_\_

3) Date \_\_\_\_\_ City/State: \_\_\_\_\_ Charge: \_\_\_\_\_

Penalty: \_\_\_\_\_ Comments: \_\_\_\_\_