



DATE OF APPLICATION: \_\_\_\_\_

INSTRUCTIONS: Thank you for your interest in employment with Louisiana Concrete Pumps. Please complete all portions of this employment application to be considered for employment with Louisiana Concrete Pumps. If you require accommodation during the employment application process, including assistance in the completion of this employment application, please let us know. We are an Equal Opportunity Employer, and we do not discriminate on the basis of age, race, sex, religion, color, national origin, or disability. This application is valid for a one year period after submission to Louisiana Concrete Pumps, and will only be valid for the position applied for. Consideration for employment after one year requires completion and submission of a new application.

Please mail completed application to: Louisiana Concrete Pumps, P.O.Box 1497, Scott, LA 70583

### **PERSONAL INFORMATION**

Name: \_\_\_\_\_ Referred by: \_\_\_\_\_  
LAST FIRST MIDDLE

Address: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

### **EMPLOYMENT DESIRED**

Some information requested below is required for certain positions within the company, please ask for assistance if you are not certain that Louisiana Concrete Pumps will need this information for you to be considered for employment.

Position(s) Applying for: \_\_\_\_\_ Date Available: \_\_\_\_\_

Is there any reason you may be unable to perform the function of the job in which you have applied? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ If yes, explain fully: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (as instructed by CFR 391.21b)

Are you employed now? \_\_\_\_\_ If yes, may we contact your present employer? \_\_\_\_\_

Have you worked for Louisiana Concrete Pumps before? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Are you over the age of 18? \_\_\_\_\_ 21? \_\_\_\_\_ Are you legally eligible for employment in the United States? \_\_\_\_\_

Are you willing to work overtime? \_\_\_\_\_ if no, please explain. \_\_\_\_\_

Are you available for all shifts? \_\_\_\_\_ if no, please explain. \_\_\_\_\_

### **EDUCATION**

High School \_\_\_\_\_ Years completed \_\_\_\_\_ Diploma/ Degree \_\_\_\_\_

College/ University/ Technical \_\_\_\_\_ Years completed \_\_\_\_\_

Diploma/ Degree \_\_\_\_\_ Course of Study \_\_\_\_\_

### **GENERAL**

Describe any Specialized Training, Apprenticeship, or job related skills. Also if you have a valid **TWIC or Safety Card**:

### **PERSONAL/BUSINESS REFERENCES**

List three persons not related to you, whom you have known for at least one year.

Name	Address	Position	Years Acquainted
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**PREVIOUS 3 YEARS OF RESIDENCY**

<i>Street</i>	<i>City</i>	<i>State &amp; Zip Code</i>	<i>Number of Years</i>
1. _____			
2. _____			
3. _____			

**EMPLOYMENT HISTORY/ PREVIOUS EMPLOYERS (minimum 5 years)**

Previous Employer: Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_

Job Duties \_\_\_\_\_

Reasons for leaving \_\_\_\_\_

Any gaps in employment and/or unemployment must be explained. Include dates (month/year) and reason.

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?	Yes	No
Was the previous job position designed as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?	Yes	No

Prior Employer: Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_

Job Duties \_\_\_\_\_

Reasons for leaving \_\_\_\_\_

Any gaps in employment and/or unemployment must be explained. Include dates (month/year) and reason.

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?	Yes	No
Was the previous job position designed as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?	Yes	No

Prior Employer: Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_

Job Duties \_\_\_\_\_

Reasons for leaving \_\_\_\_\_

Any gaps in employment and/or unemployment must be explained. Include dates (month/year) and reason.

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?	Yes	No
Was the previous job position designed as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?	Yes	No

(attach sheet if more space is needed for previous employers)



## **LICENSE REQUIREMENTS**

Section 383.21 FMRCR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license information for which is listed below.

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

## **DRIVING EXPERIENCE**

Class of Equipment	Type of Equipment (van, end dump, bulk, straight, flat, etc.)	Dates From To	Approx. No. of miles (total)	Local, OTR, Both
Straight Truck				
Tractor and Semi- Trailer				
Tractor- Two Trailers				
Other				

## **MOTOR VEHICLE DRIVER'S CERTIFICATION OF VIOLATIONS/ACCIDENTS**

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 3 years.

## **ACCIDENT RECORD**

Dates	Nature of Accident (head-on, rear-end, upset, etc.)	Number of Fatalities	Number of Injuries	Chemical Spills
				Yes No NA
				Yes No NA
				Yes No NA

(past 3 years or more – attach sheet if more space needed)

## **TRAFFIC CONVICTIONS/FORFEITURES/VIOLATIONS**

Date Convicted (month/year)	Violation/Offense	State of Violation Location	Penalty (forfeited bond, collateral, and/or points)

(past 3 years (other than parking violations)- attach sheet if more space is needed)

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past three (3) years. I also certify that my commercial driver's license has not been denied, revoked, or suspended in the past three (3) years. \_\_\_\_\_ (Please initial). If yes please complete applicable question(s) A or B below.

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle?

Yes \_\_\_\_ No \_\_\_\_

If yes explain \_\_\_\_\_

B. Has any license, permit or privilege ever been suspended or revoked?

Yes \_\_\_\_ No \_\_\_\_

If yes explain \_\_\_\_\_



#### **AUTHORIZATION/RELEASE/AGREEMENT**

I certify the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Company.

I understand that any employment is conditioned on a background check. I authorize the Company to thoroughly investigate all statements contained in my application or resume, including obtaining my motor vehicle records, criminal records, credit records, or any other necessary information pertinent to the company. I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employers and all references listed above from any and all claims, demands or liabilities arising out of such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during my interview is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the company. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing.

If I am offered employment, I agree to submit to a medical examination or drug test before starting work. If employed, I also agree to submit to a medical examiner or drug test at any deemed appropriate time by the company and as permitted by law. I consent to such examinations and tests and I request that the examining disclose to the company the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by the Company's Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the Company to offer me employment. If hired or offered employment, I agree to abide by all Company work rules, policies and procedures. The Company retains the right to revise its policies or procedures, in whole or in part at any time without any notification.

I understand that if I am offered employment by the company, I will be required to attest to my identity and employment eligibility, and to present documents confirming my identity and employment eligibility. I understand that I will not be offered employment if I cannot comply with these requirements.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_