

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

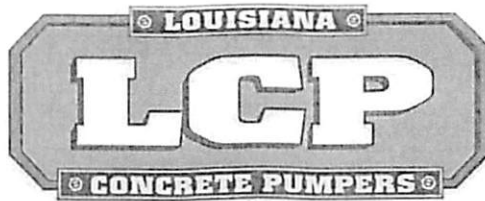
List three persons not related to you, whom you have known for at least one year.

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

3. _____	_____	_____	_____
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PREVIOUS 3 YEARS OF RESIDENCY

Street _____ City _____ State & Zip Code _____ Number of Years _____
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.

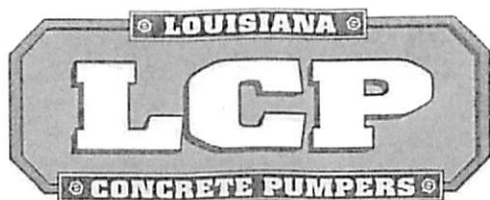
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No
Was the previous job position designed as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49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

EXPERIENCE AND QUALIFICATIONS - DRIVER

Driver licenses or permits held in the past 3 years	STATE	LICENSE NO.	CLASS	ENDORSEMENT(S)	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 _____

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS _____

DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT		CIRCLE TYPE OF EQUIPMENT	DATES FROM(M/Y) TO(M/Y)		APPROX. NO. OF MILES (TOTAL)
TRACTOR - THREE TRAILERS	☐ YES ☐ NO	(VAN,TANK,FLAT,DUMP,REFER)			
MOTORCOACH - SCHOOL BUS	☐ YES ☐ NO More than 8 passengers				
MOTORCOACH - SCHOOL BUS	☐ YES ☐ NO More than 15 passengers				
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? _____

DO YOU POSSESS A VALID TWIC CARD (Transportation Worker Identification Credential)?

___ Yes ___ No

Date Issued: _____ Date Expired: _____

USE THIS SHEET FOR ADDITIONAL EMPLOYMENT HISTORY INFORMATION
(NOTE: LIST EMPLOYERS IN REVERSE ORDER STARTING WITH THE MOST RECENT)

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years information on those employers for whom the applicant operated such vehicle. (NOTE: List employers in reverse order starting with the most recent.)

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? ☐ YES ☐ NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ☐ YES ☐ NO				

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? ☐ YES ☐ NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ☐ YES ☐ NO				

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? ☐ YES ☐ NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ☐ YES ☐ NO				

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? ☐ YES ☐ NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ☐ YES ☐ NO				

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? ☐ YES ☐ NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ☐ YES ☐ NO				

USE THIS SHEET FOR ADDITIONAL EMPLOYMENT HISTORY INFORMATION (CONTINUED)

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? ☐ YES ☐ NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ☐ YES ☐ NO				

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? ☐ YES ☐ NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ☐ YES ☐ NO				

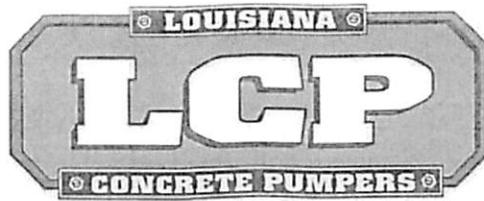
EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? ☐ YES ☐ NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ☐ YES ☐ NO				

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
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WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ☐ YES ☐ NO				

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? ☐ YES ☐ NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ☐ YES ☐ NO				

* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

† The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.



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: _____

Previous Employer Alcohol & Drug Test Information

Section 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name)

First,

MI,

Last

Social Security Number

Date of Birth

hereby authorize:

Previous Employer: _____ Email: _____

Street: _____ Telephone: _____

City, State, Zip: _____ Fax No: _____

To release and forward the information requested by section 2 (below) of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____

(date of employment application)

To:

Louisiana Concrete Pumpers, LLC

Attention: Denise Broussard Telephone: 337-267-7110

Address: P.O. Box 1497, Scott, LA 70583

In compliance with §40.25(g) and §391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

Fax number: 337-267-7220

Email address: denise@lcpumpers.com

Applicant Signature

Date

This information is being requested in compliance with §40.25 and §391.23. (See back of form for regulations)

Section 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here ☐ , fill in dates of employment from _____ to _____, complete bottom of Section 2, sign and return

Driver was subject to Department of Transportation testing requirements from _____ to _____

Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? YES NO
☐ ☐

Has this person had tested positive or adulterated or substituted a test specimen for controlled substances? ☐ ☐

Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? ☐ ☐

Has this person committed other violations of Subpart B of Part 382, or Part 40? ☐ ☐

If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return to duty and follow-up tests? If yes, please send documentation back with this form. ☐ ☐

For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, Did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?

YES NO

☐ ☐

In answering these questions, include any required DOT drug and alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown in Section 1.

Name: _____

Company: _____

Street: _____

City, State, Zip: _____ Telephone: _____

Section 2 Completed by (Signature): _____ Date: _____

Section 3: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) ☐ Faxed to previous employer ☐ Mailed ☐ Emailed ☐ Other _____
Date

Complete below when information is obtained.

Information received from: _____

Recorded by: _____ Method: ☐ Fax ☐ Mail ☐ Email ☐ Telephone

Date: _____ ☐ Other _____

§391.23 Investigations and inquiries

(e) In addition to the investigations required by paragraph (d) of this section, the prospective motor carrier employers must investigate the information listed below in this paragraph from all previous DOT regulated employers that employed the driver within the previous 3 years from the date of the employment application, in a safety sensitive function that required alcohol and controlled substance testing specified by 49 CFR part 40.

- (1) Whether, within the previous 3 years, the driver had violated the alcohol and controlled substance prohibitions under subpart B of Part 382 of this chapter, or 49 CFR part 40.
- (2) Whether the driver failed to undertake or complete a rehabilitation program prescribed by substance abuse professionals (SAP) pursuant to §382.605 of this chapter, or 49 CFR part 40, subpart O. If the previous employer does not know this information (eg., an employer that terminated an employee who tested positive on a drug test), the prospective motor carrier must obtain documentation of the driver's successful completion of the SAP's referral directly from the driver.
- (3) For a driver who had successfully completed a SAP's rehabilitation referral, and remained in the employ of the referring employer, information on whether the driver had the following testing violations subsequent to completion of a §382.605 or 49 CFR part 40, subpart O referral:
 - (i) Alcohol tests with a result of 0.04 or higher alcohol concentration;
 - (ii) Verified positive drug tests;
 - (iii) Refusals to be tested (including verified adulterated or substituted drug test results).

(f) A prospective motor carrier employer must provide to the previous employer the driver's written consent meeting the requirements of §40.321(b) for the release of the information in paragraph (e) of this section. If the driver refuses to provide this written consent, the prospective motor carrier employer must not permit the driver to operate a commercial motor vehicle for that motor carrier.

§40.25 Must an employer check on the drug and alcohol testing record of employees it is intending to use to perform safety-sensitive duties?

(a) Yes, as an employer, you must, after obtaining an employee's written consent, request the information about the employee listed in paragraph (b) of this section. This requirement only applies to employees seeking to begin performing safety-sensitive duties for you for the first time (i.e., a new hire, an employee transfers into a safety-sensitive position). If the employee refuses to provide written consent, you must not allow the employee to perform safety-sensitive functions.

(b) You must request the information listed in this paragraph (b) from DOT-regulated employers who have employed the employee during any period during the 2 years before the date of the employee's application or transfer:

- (1) Alcohol tests with a result of 0.04 or higher alcohol concentration;**
- (2) Verified positive drug tests;**
- (3) Refusals to be tested (including verified adulterated or substituted drug test results);**
- (4) Other violations of DOT agency drug and alcohol testing regulations; and**
- (5) With respect to any employee who violated a DOT drug and alcohol regulation, documentation of the employee's successful completion of DOT return-to-duty requirements (including follow-up tests). If the previous employer does not have information about the return-to-duty process (e.g., an employer who did not hire an employee who tested positive on a pre-employment test), you must seek to obtain this information from the employee.**

(c) The information obtained from a previous employer includes any drug or alcohol test information obtained from previous employers under this section or other applicable DOT agency regulations.

(d) If feasible, you must obtain and review this information before the employee first performs safety-sensitive functions. If this is not feasible, you must obtain and review the information as soon as possible. However, you must not permit the employee to perform safety-sensitive functions after 30 days from the date on which the employee first performed safety-sensitive functions, unless you obtained or made and documented a good faith effort to obtain this information.

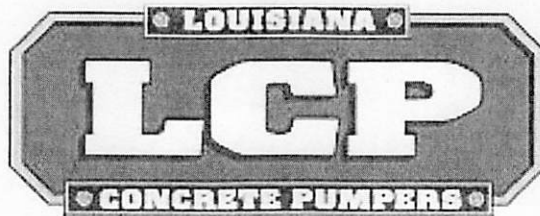
(e) If you obtain information that the employee has violated a DOT agency drug and alcohol regulation, you must not use the employee to perform safety-sensitive functions unless you also obtain information that the employee has subsequently complied with the return-to-duty requirements of subpart O of this part and DOT agency drug and alcohol regulations.

(f) You must provide to each of the employers from whom you request information under paragraph (b) of this section written consent for the release of the information cited in paragraph (a) of this section.

(g) The release of information under this section must be in any written form (e.g., fax, email, letter) that ensures confidentiality. As the previous employer, you must maintain a written record of the information released, including the date, the party to whom it was released, and a summary of the information provided.

(h) If you are an employer from whom information is requested under paragraph (b) of this section, you must after reviewing the employee's specific, written consent, immediately release the requested information to the employer making the inquiry.

(i) As the employer requesting the information required under this section, you must maintain a written, confidential record of the information you obtain or of the good faith efforts you made to obtain the information. You must retain this information for three years from the date of the employee's first performance of safety-sensitive duties for you.



MVR RELEASE FORM

I, _____, do hereby authorize the Division of Motor Vehicles
to release my driving record to LOUISIANA CONCRETE PUMPERS, LLC.

This release shall remain in full force and effect until I, myself file formal withdrawal.

Driver's Full Name: _____

Date of Birth: _____

Driver's License Number: _____

Social Security Number: _____

Years CDL held: _____

Signature

Date

**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL
ACCOUNT HOLDERS**

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

In connection with your application for employment with Louisiana Concrete Pumpers (“Prospective Employer”), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Louisiana Concrete Pumpers (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

- I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I
- sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

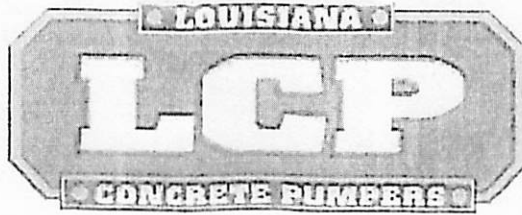
Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 2/11/2016



GENERAL CONSENT FOR UNLIMITED QUERIES OF THE FEDERAL MOTOR
CARRIER SAFETY ADMINISTRATION (FMCSA) DRUG AND ALCOHOL
CLEARINGHOUSE

I, _____, hereby provide consent to Louisiana Concrete Pumpers to conduct unlimited queries of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse to determine whether drug or alcohol violation information about me exists in the Clearinghouse. This consent is valid for the duration of my employment.

I understand that if the queries conducted by Louisiana Concrete Pumpers indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Louisiana Concrete Pumpers without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for Louisiana Concrete Pumpers to conduct queries from the Clearinghouse, Louisiana Concrete Pumpers must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

EMPLOYEE SIGNATURE

DATE



DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Louisiana Concrete Pumpers ("the Company") may obtain information about you from a third party consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your criminal history, social security verification, motor vehicle records ("driving records"), education or employment history, or other background checks.

The investigations will be conducted by **Universal Background Screening, P.O. Box 5920, Scottsdale, AZ 85261, 877-263-8033, www.universalbackground.com**.

Signature: _____

Date: _____