

Burlington Ready-Mix Division  
 755 N. Highway 385  
 Burlington, CO 80807  
 Main Office: 719-346-8806  
 Fax: 719-346-8088



Goodland Ready-Mix Division  
 1301 W. 25th Street  
 Goodland, KS 67735  
 Main Office: 785-899-6535  
 Fax: 785-899-6536

**Drivers Applicant Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment / Unit#  
 \_\_\_\_\_  
City State Zip Code

Phone: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Full Time:  Part Time:  Temp:

**Experience and Qualifications - Driver**

Drivers Licenses:	State:	License #:	Type:	Expiration Date

**Driving Experience:**

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Approx No. Of Miles Total
		From	To	
Straight Truck				
Tractor & Semi Trailer				
Tractor - Two Trailers				
Other				

**Accident Record For Past Three (3) Years Or More (ATTACH SHEET IF MORE SPACE IS NEEDED)**

Dates	Nature of Accident (Head On, Rear-end, Upset, Ect.)	Fatalities	Injuries
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

**Traffic Convictions and Forfeitures for the Past Three (3) Years (OTHER THAN PARKING VIOLATIONS)**

Location	Date	Charge	Penalty

- 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 ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS.
- C. Are you taking any medication, prescription or over-the-counter, that would adversely affect your judgement? Yes No  
 IF YES, PLEASE ATTACH DETAILED INFORMATION.

## Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Did you Graduate?: \_\_\_\_\_ Degree: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Did You Graduate?: \_\_\_\_\_ Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Did You Graduate?: \_\_\_\_\_ Degree: \_\_\_\_\_

## References

*Please List Three Professional References*

**Full Name:** \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_

**Full Name:** \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_

**Full Name:** \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_

## Previous Employment

**Company:** \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason For Leaving: \_\_\_\_\_

May we contact this employer / supervisor for reference? \_\_\_\_\_

**Company:** \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason For Leaving: \_\_\_\_\_

May we contact this employer / supervisor for reference? \_\_\_\_\_

**Company:** \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason For Leaving: \_\_\_\_\_

May we contact this employer / supervisor for reference? \_\_\_\_\_

### ***Disclaimer and Signature***

*I certify that my answers are true and complete to the best of my knowledge. I further understand and agree that any misrepresentations, omissions or false statements on this application shall be considered sufficient cause for immediate discharge. I authorize Schlosser Concrete Inc. to investigate any of the information contained on this application, including the examination of past employment records, references and other facts stated on application.*

*I understand that my filling out this application does not obligate Schlosser Concrete Inc. to offer me employment. I understand that any offer of employment would be contingent upon my providing Schlosser Concrete Inc. with acceptable documents to establish identity and employment eligibility in compliance with law.*

*If extended a job offer, I consent to have my employment contingent upon successful completion of a medical examination (which may include a drug and /or alcohol test) if required by Schlosser Concrete Inc. I also consent to participate in future background checks and medical examinations (including drug and alcohol testing) that Schlosser Concrete Inc. may, to the extent permitted by law, require. If hired, I agree to conform with all rules, regulations and company policy.*

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