

Corporate Office  
Highland Plant  
405 W. Main  
Highland, IL 62249  
Fax 618-654-1926  
Phone 618-654-2166



1-800-551-EMIX  
www.redemix.com

Troy Plant  
2160 Formosa Rd.  
Troy, IL 62294

Granite City Plant  
812 St. Thomas Rd.  
Granite City, IL 62040

O'Fallon Plant  
#55 Commerce Plaza Drive  
O'Fallon, IL 62269

Mascoutah Plant  
1420 N. County Rd.  
Mascoutah, IL 62258

Columbia Plant  
1509 Quarry Rd.  
Columbia, IL 62236

Litchfield Plant  
400 W. Tyler  
Litchfield, IL 62056

Jerseyville Plant  
9 Industrial Park  
Jerseyville, IL 62052

RED-E-MIX, LLC ("RED-E-MIX") is an Equal Opportunity Employer. Applicants are considered for employment without regard to race, color, sex, age, religion, national origin, marital status, disability, sexual orientation or any basis prohibited by state or federal law.

RED-E-MIX will conduct a background check on all applicants and procure a consumer report from a consumer reporting agency in compliance with the Fair Credit Reporting Act, 15 U.S.C. §1681, *et seq.* (FCRA), in addition to conducting investigations and inquires as required by §391.23 of the Federal Motor Carrier Safety Regulations (FMCSR).

Applicants who provide false or inaccurate information on this Application will not be considered. All sections of this Application must be completed even if a resume is attached. This Application will be active for 6 months from the date of application.

## DRIVER APPLICATION FOR EMPLOYMENT

Date Application submitted: \_\_\_\_\_

### PERSONAL INFORMATION:

Name: \_\_\_\_\_  
First Middle Last

Present Address: \_\_\_\_\_ Phone No.: ( ) \_\_\_\_\_  
Street Apt. No.

\_\_\_\_\_  
City State Zip Code County Length of Residency

E-Mail: \_\_\_\_\_

Have you resided at this address for the past 7 years? Yes  No

If not, provide your address(es) for the last 7 years on the back of this page.  
Include length of residency, street address, apt. no., city, state and zip code.

Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Required by DOT 49 CFR §391.21)

COMMERCIAL MOTOR VEHICLE OPERATOR'S LICENSES OR PERMITS				
(Driver licenses/permits for past 3 years <u>must</u> be shown.)				
Attach additional pages if more space is needed.				
State	License/Permit No.	License/Permit Type	Endorsements	Expiration Date

**APPLIED FOR POSITION:**

Position(s) applying for:  Mixer  Tandem  Slinger  Pump Operator  Other: \_\_\_\_\_

Date available: \_\_\_\_\_

Do you believe you will be able to perform the essential functions of the job for which you are applying with or without reasonable accommodations? Yes  No

If no, which essential functions do you believe you will be unable to perform? \_\_\_\_\_

Are you a United States citizen or an alien legally entitled to work in the position for which you have applied? Yes  No

(You will be required to present documentation to verify your identity and United States citizenship or, if an alien, legal authorization to work in the United States.)

**EDUCATION & TRAINING:**

**High School:** 0 1 2 3 4 (Circle # of years completed) Graduated? Yes  No   
 School name and location: \_\_\_\_\_  
 Received GED Certificate? Yes  No

**College:** 0 1 2 3 4 5 6 7 8 (Circle # of years completed) Graduated? Yes  No   
 School name and location: \_\_\_\_\_

**Truck driving schools** attended (indicate location and date of graduation): \_\_\_\_\_

List other special degrees, training, skills, specialized work experience or other factors that should be considered: \_\_\_\_\_

**GENERAL INFORMATION:**

If you answer "yes" to any of the following questions, you must attach a detailed explanation.

Have you ever been employed by RED-E-MIX? Yes  No

Do you have any relatives employed by RED-E-MIX? Yes  No

Were you referred by anyone? Yes  No



Have you had any felony convictions in the past 7 years? Yes  No   
(You are not obligated to disclose sealed or expunged records of conviction or arrest.)

Have you ever been known by a name other than the one on this Application? Yes  No

Have you ever been terminated from a job? Yes  No

Have you ever served in the U.S. Military? Yes  No

**If yes, complete the following:**

Branch of service: \_\_\_\_\_

Dates of active duty: From: \_\_\_\_\_ To: \_\_\_\_\_

Rank attained: \_\_\_\_\_

Special training: \_\_\_\_\_

Were you honorably discharged? Yes  No

### EMPLOYMENT HISTORY:

List all employment you have held for the past 10 years, beginning with the most recent.

Notice to applicants: The information that you supply may be used and your previous employers will be contacted for the purpose of investigating your safety performance history information as required by 49 CFR §391.23(d) and (e). 49 CFR §391.21.

#### Present or Most Recent Employment:

Name of Employer: \_\_\_\_\_ Phone No.: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State County Zip Code

Name of Supervisor: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title: \_\_\_\_\_ Type of Vehicle Operated: \_\_\_\_\_

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 alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes  No

Reason for Leaving (if discharged, attach detailed explanation): \_\_\_\_\_  
\_\_\_\_\_

May this employer be contacted? Yes  No

#### Second Most Recent Employment:

Name of Employer: \_\_\_\_\_ Phone No.: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State County Zip Code

Name of Supervisor: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title: \_\_\_\_\_ Type of Vehicle Operated: \_\_\_\_\_

Were you subject to the FMCSRs while employed? Yes  No



<b>DRIVING EXPERIENCE</b>				
State nature and extent of experience in the operation of motor vehicles.	Equipment Type (Bus, truck, truck tractors, semi-trailers, full trailers, pole trailers, van, tank, flat, etc.)	Dates: (mo/yr)		Approx. # Miles (Total)
		From	To	

*(Attach additional pages if more space is needed)*

<b>MOTOR VEHICLE ACCIDENT RECORD</b>			
<b>(List all accidents you have been involved in for the past 7 years)</b>			
Date	Nature of Accident (Head-on, Rear-end, Upset, etc.)	DOT recordable or non-DOT recordable?	Injuries/Fatalities

*(Attach additional pages if more space is needed)*

<b>VIOLATIONS OF MOTOR VEHICLE LAWS OR ORDINANCES</b>			
<b>(List all violations of motor vehicle laws or ordinances of which you were convicted or forfeited bond or collateral for the past 7 years – Do not include parking violations.)</b>			
Location	Date	Charge	Penalty

*(Attach additional pages if more space is needed)*



**APPLICANT'S STATEMENT**  
**READ AND SIGN BEFORE SUBMITTING THIS APPLICATION**

**Please indicate that you have read, understand and agree to each paragraph below by placing your signature and dating the bottom of the Applicant's Statement.**

I certify that the information that I provided in this Application and/or information otherwise provided by me verbally or in writing during my application process is true, accurate and complete to the best of my knowledge, information and belief.

I understand and agree that any falsification, misrepresentation or omission by me contained in this Application or otherwise provided by me verbally or in writing will result in rejection of this Application and/or discharge from RED-E-MIX, should I be employed, regardless of when or how it was discovered.

I release RED-E-MIX, all persons acting on its behalf or pursuant to its request, and all previous employers, from any and all liability for any damage that may result from acquiring or furnishing background information concerning me.

I understand that if I am offered employment, I am required to submit to and successfully pass a post-offer employment test and a physical examination, including a drug screen as part of the placement process. I authorize any doctor, hospital, clinic, laboratory, other medical care provider or facility, or other employee of a testing facility to furnish any information, including medical, with reference to me as may be necessary in conjunction with that examination and related medical evaluations. All medical results will be confidential and only will be released to the appropriate personnel for use in the employment decision.

I understand and agree that, as a condition of my employment, I will execute any and all necessary consumer report disclosures and releases as may be required by RED-E-MIX to allow it to conduct a background check on me and procure a consumer report from a consumer reporting agency in compliance with the federal Fair Credit Reporting Act, 15 U.S.C. § 1681 *et seq.* I also understand and agree that if I fail to give such authorization, RED-E-MIX may reject my Application and deny employment or discharge me, should I be employed.

I authorize release of this and other information covering job-related factors for the purpose of verification and determination of suitability for employment. I further authorize any of my references, employers, schools, or military authorities to furnish information requested by RED-E-MIX and thereby release all such information on record to RED-E-MIX.

I agree that if I am employed, I am required to abide by all company rules, policies and procedures, including but not limited to rules, policies and procedures prohibiting use of illegal drugs or alcohol, discrimination, harassment and workplace violence. I further understand and agree that a violation of any company rule, policy or procedure may result in disciplinary action, including termination of my employment.

I understand that acceptance of any offer of employment does not create a contractual obligation upon RED-E-MIX to continue to employ me in the future. Any employment resulting from this Application is at the will of and may be terminated at any time by RED-E-MIX or by me. I agree and understand that no policies, procedures, rules or employment handbook that I may subsequently receive will alter my employment-at-will status.

**THIS CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME, AND THAT ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

## REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

Notice: Pursuant to 49 CFR §391.23, drivers with Department of Transportation regulated employment during the preceding 3 years, have the following rights regarding investigative information that will be provided to RED-E-MIX, LLC ("RED-E-MIX") by previous employers:

1. The right to review information provided by your previous employer(s); (An applicant must submit a written request to RED-E-MIX at the time of application or as late as 30 days after being employed or being notified of denial of employment);
2. The right to have errors in the information, if any, corrected by your previous employer(s) and for those previous employer(s) to re-send corrected information to RED-E-MIX; and
3. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and the driver cannot agree on the accuracy of the information.

I hereby authorize my previous employer(s) to release the below requested information to RED-E-MIX for purposes of investigation as required by §391.23 of the Federal Motor Carrier Safety Regulations. My previous employer(s) are released from any and all liability, which may result from furnishing such information.

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Print name

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Social Security Number

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Signature

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Date

**FOR OFFICE USE ONLY  
TO BE COMPLETED BY APPLICANT'S PRIOR EMPLOYER**

**Please fax to RED-E-MIX at 618-651-0127 as soon as possible.**

Print name of Driver Applicant \_\_\_\_\_ Social Security Number \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone No.: ( ) \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Dates of employment with your Company: From: \_\_\_\_\_ To: \_\_\_\_\_

Employed as driver? Yes  No  Full Time? Yes  No  Part Time? Yes  No

Equipment Operated:  Semi  Straight Truck  Concrete Mixer  Other: \_\_\_\_\_

Number of Accidents: \_\_\_\_\_ Number Chargeable: \_\_\_\_\_ Describe: \_\_\_\_\_

Type of Separation:  Resigned  Terminated  Laid Off  Other: \_\_\_\_\_

Eligible for Rehire:  Anytime  Upon Review  Never  Company Policy Forbids

Would you rate employee as:  Excellent  Average  Below Average  Poor

Pursuant to 49 CFR §40.25(b) and 49 CFR §391.23(e), prospective employers must investigate and obtain the following information from all previous DOT regulated employers who employed this driver:

1. Has this driver had an alcohol test with a result of 0.04 or higher alcohol concentration in the past two years? Yes  No
2. Has this driver tested positive for a controlled substance and/or received a verified positive drug test in the past two years? Yes  No
3. Has this driver refused to be tested (including verified adulterated or substituted drug test results) in the past two years? Yes  No
4. Has this driver violated other DOT drug and alcohol testing regulations in the past two years? Yes  No

If **YES** to any of the above questions, give the SAP's name, address, and telephone number for further reference:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Phone No.: ( ) \_\_\_\_\_ Fax No.: ( ) \_\_\_\_\_

This form completed by: \_\_\_\_\_ Date: \_\_\_\_\_