THIS APPLICATION WILL BE VALID FOR 90 DAYS.

Application for Employment

TO REORDER FORM C0720
CALL 1 800 ATA-LINE 6/94

Company Name TUNE CONCRETE COMPANY

Street Address 2914 N. College MAIL ADDRESS: P.O. BOX 1826

City, State, Zip Code FAYETTEVILLE, AR 72702

Signature of Applicant _____ Date _____

Name _____ (First Middle Last) Phone: (____) _____

*Current Address _____ (Street City State Zip Code)

*If at the above residence less than three years, list below all residences for the past three years. Attach a separate sheet if necessary.

Street _____ City State Zip Code

Street _____ City State Zip Code

Position applying for _____ Temporary ____ Part Time ____ Full Time ____

Who referred you? _____ Rate of pay expected? _____

Have you worked for this company before? _____ Dates: From _____ (month/year) To _____ (month/year)

Where? _____ Rate of Pay _____ Position _____

Reason for leaving _____

Names of any relatives employed by this company _____

Are you currently employed? _____ If not, how long since leaving last employment? _____

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Last school attended _____ (Name Address)

GENERAL

Have you ever been bonded? _____ Name of bonding company _____
(Answer only if a job requirement)

Have you ever been convicted of a felony? _____

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment—all circumstances will be considered.

Have you ever worked for this company under another name? _____ If so, under what name? _____

Driver Experience & Qualification

Answer the questions in this section only if applying for driver position.

The U.S. Department of Transportation requires that driver applicants state their date of birth (391.21(b)(2))

Date of Birth _____ (Month/Day/Year) Social Security # _____

DRIVER EXPERIENCE & QUALIFICATION (Cont'd) Answer the questions in this section only if applying for driver position.

Licenses

Drivers	State	License No.	Class	Endorsement(s)	Expiration Date

Licenses held

in past 3 years

must be shown

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 for violations of the Federal Motor Carrier Safety Regulations? Yes____ No____

If you answered "yes" to A, B, or C, attach a statement giving details.

Driving Experience

Class of Equipment	Type of Equipment (Van,Tank,Flat,etc.)	Dates From	Dates To	Approximate Total Miles
Straight truck				
Tractor & Semi-Trailer				
Twin-Trailers - LVC's				
Other				

List states operated in during last five years

List special courses or training that will help you as a driver

List driving awards held and who awards were presented by?

Accident Review for past 3 years (Attach separate sheet of paper if more space is needed)

Dates	Nature of accident (Head-On,Rear-End,Overturn,etc)	Fatalities	Injuries
Last accident			
Nest Previous			
Next Previous			

Traffic Convictions and Forfeitures for the past 3 years other than parking violations

Location	Date	Charge	Penalty

MAINTENANCE EXPERIENCE & QUALIFICATIONS

List courses and training in maintenance work _____

Job Function

Indicate training and experience in the following:	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experiences
Drive Line Components			Body Work		
Diesel Engine Tune-up and Rebuild			Electrical Repair		
Gas Engine Tune-up and Rebuild			Frame and Wheel Alignment		
Tire Service			Brakes		
Trailer Repair			Cooling System		
Air Conditioning			Inspections		
			General Car Repair		

Shop Equipment

Indicate training and experience in the following:	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experiences
Electrical Diagnostic Equipment			Time Servicing Machine		
			Wheel & Tire Balancing Machine		
Sheet Metal Equipment			Tire Recapping Mold		
Frame & Axle Straightening Equipment			Engine Dynamometer		
Engine Rebuilding			Chassis Dynamometer		
Diesel Injection Equipment			Magnetic Crack Defector		
Electric Welder			Engine Analyzer		
Oxyacetylene Welder			Noise Measuring Equipment		
Paint Spray Gun			Smoke Measuring Equipment		
Air Conditioning			Inspections		
			General Car Repair		

USE THIS SHEET FOR ADDITIONAL EMPLOYMENT HISTORY INFORMATION

PLEASE GIVE COMPLETE ADDRESS AND TELEPHONE NUMBER - AND FAX, IF YOU KNOW IT!

Company:_____ Supervisor's Name:_____

Address:_____ Phone: ( )_____

Position Held:_____ From _____ To _____ Salary_____
month/year month/year

Reason for leaving_____

Company:_____ Supervisor's Name:_____

Address:_____ Phone: ( )_____

Position Held:_____ From _____ To _____ Salary_____
month/year month/year

Reason for leaving_____

Company:_____ Supervisor's Name:_____

Address:_____ Phone: ( )_____

Position Held:_____ From _____ To _____ Salary_____
month/year month/year

Reason for leaving_____

Company:_____ Supervisor's Name:_____

Address:_____ Phone: ( )_____

Position Held:_____ From _____ To _____ Salary_____
month/year month/year

Reason for leaving_____

Company:_____ Supervisor's Name:_____

Address:_____ Phone: ( )_____

Position Held:_____ From _____ To _____ Salary_____
month/year month/year

Reason for leaving_____

Company:_____ Supervisor's Name:_____

Address:_____ Phone: ( )_____

Position Held:_____ From _____ To _____ Salary_____
month/year month/year

Reason for leaving_____

(Over)

APPLICANT MUST READ AND SIGN

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include and investigative Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

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 _____ Applicant Signature _____

NOTICE!

I understand that this employment application is not a contract of employment, and that any individual who is hired may voluntarily leave employment upon proper notice and may be terminated by the employer at any time for any reason. I understand that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee."

Name _____ Date _____

NOTICE TO DRIVERS
&
CERTIFICATE OF COMPLIANCE

(Note: Original to be retained by carrier, copy for driver)

I. NOTICE TO DRIVERS

The Commercial Motor Vehicle Safety Act of 1986 provides for stronger controls over drivers of commercial vehicles. The new law applies to all drivers operating vehicles and combinations with a Gross Vehicle Weight Rating over 26,000 pounds, and to any vehicle, regardless of weight, transporting hazardous materials in a quantity requiring placarding.

The following provisions of this legislation became effective July 1, 1987:

1. No driver may possess more than one license, and no motor carrier may use a driver having more than one license.

2. A driver convicted of a traffic violation (other than parking) in any vehicle must notify the motor carrier **AND** the state which issued the license to that driver of the conviction within 30 days.

3. Any person applying for a job as a commercial vehicle driver must inform the prospective employer of all previous employment as the driver of a commercial vehicle for the past 10 years, in addition to any other required information about the applicant's employment history.

4. The Federal Motor Carrier Safety Regulations require that a driver who loses any privilege to operate a commercial vehicle, or who is disqualified from operating a commercial vehicle, must advise the motor carrier the next business day after receiving notification.

   PENALTIES - Any violation of the above is punishable by a fine not to exceed $2,500. Willful violation of (1) or (3), above, or failure to notify the motor carrier within 30 days of the loss of any privilege to operate a commercial vehicle can result in criminal penalties not to exceed $5,000 and/or 90 days in jail.

II. CERTIFICATION BY DRIVER

I hereby certify that I have read the above and understand the driver provisions of the Commercial Motor Vehicle Safety Act of 1986, which became effective on July 1, 1987.

Driver's Name (print) _____ Soc. Sec. # _____

Driver's Address _____

License: State _____ Type/Class _____ ID No _____

Driver's Signature: _____

To Reorder Form #C1600 Call 1 800 ATA-LINE

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INQUIRY TO PAST EMPLOYERS

FROM - Prospective Employer

Company TUNE CONCRETE COMPANY

Individual Amanda Jenkins / FAX 479-443-9722

Street P.O. BOX 1826

City FAYETTEVILLE State AR Zip 72702

TO - Previous Employer

Company _____

Name _____

Street _____

City _____ State _____ Zip _____

Personnel Manager:

The person named below has applied to this company for employment. Your firm is listed by the applicant as a past employer. Kindly reply to this inquiry respecting this applicant. As you will note from the waiver stated below, **the applicant has waived any claim of liability against your company (and its agents) for information submitted in response to this inquiry.**

For your convenience in replying by return mail, we have enclosed a stamped, self-addressed envelope.

Very Truly Yours,

Name of applicant: _____

Social Security No. _____

Job applied for: _____

1. This applicant lists dates of employment with your firm from: _____ to: _____ Is this correct? Yes ☐; No ☐;
   If no, please explain: _____
2. What kind(s) of work did he/she do? Driver ☐ (type of vehicle _____); Dock ☐; Office ☐; Shop ☐; Other (Specify) _____
3. If employed as a driver, please indicate type of equipment driven. Tractor trailer ☐; Straight truck ☐; Twin - Trailers ☐; Bus ☐; Other (Specify) _____
4. Number of reportable accidents _____; number of accidents in which applicant was ticketed _____; number of accidents in which the applicant was at fault _____ (please explain) _____; Date of each accident _____
5. To your knowledge, was this person's chauffeur/operator's license suspended while in your employ? _____ If so, please explain: _____
6. (Respond only if checked*)[ ] Was this person bonded while with your company? _____. If so, were there any circumstances that were reported to the bonding company? _____
   **Prospective employer - check this question only if bonding is required for this position.*
7. Is there anything in the applicant's history that could suggest he or she may not be trusted to handle company funds? _____
8. Did the applicant pose either repeated and/or severe disciplinary problems? Yes ☐; No ☐; If so, please explain: _____
9. Why did this employee leave your company? Resigned ☐; Discharged ☐; Laid off ☐.
10. Would you re-employ this person? Yes ☐; No ☐ Please explain: _____
11. Remarks: _____

By: _____ Date _____
(Signature of person supplying information)

(Detach here for your files)

WAIVER

_____ _____
(Former Employer) Date)

I hereby authorize you to release all information concerning my employment, including oral assessments of my job performance, ability, and fitness, to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release you from any and all liability of any type as a result of providing the above mentioned information to the above mentioned person.

_____ _____
(Applicant's signature) (Witness's signature)

To reorder form C0760, call 1-800-ATA-LINE

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FORM C0680, Reorder from:
American Trucking Associations
2200 Mill Road
Alexandria, VA 22314
1 800 ATA-LINE

7/91

VIOLATION AND REVIEW RECORD

Driver's Name _____
(Please Print or Type)

I. CERTIFICATION OF VIOLATIONS

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 36 months.

Date of Conviction	Offense	Location	Type of Vehicle Operated

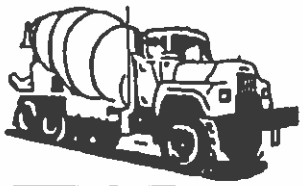
If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

(Date of Certification) (Driver's Signature)

Tune Concrete Products, P.O. Box 1826, Fayetteville, AR 72702

(Motor Carrier's Name) (Motor Carrier's Address)

(Reviewed by: Signature) (Title)



TUNE CONCRETE COMPANY

P.O. Box 1826 • Fayetteville, Arkansas 72702
479-442-8251 • FAX 479-443-9722

TO: All employees who drive company vehicles
FROM: Dennis Tune

All employees who drive company vehicles, even occasionally, are required to furnish the information requested and sign underneath your printed name. By signing the following authorization you are giving Tune Concrete Co. permission to check your driving record and authorizing release be valid over the course of your employment.

Name	Date of Birth	Driver's License Number
Signature	Date of Signature	State and Expiration Date of DI

Disclosure: Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such reports, we must have you written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your Rights Under the Fair Credit Reporting Act.

STATE OF ARKANSAS
Department of Finance and Administration

OFFICE OF DRIVER SERVICES
Arkansas Commercial Driver Drug and Alcohol Testing Database
Ragland Building, Room 1130
Post Office Box 8079
Little Rock, Arkansas 72203-8079
Phone: (501) 682-7207
Fax: (501) 682-2075
http://www.arkansas.gov/drugtest

RELEASE OF RECORD OF ALCOHOL AND DRUG TESTS RESULTS

I, _____ do hereby authorize the Office of Driver Services to release my record of alcohol and drug tests results to:

_____
Company name

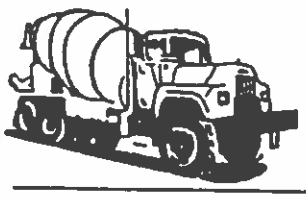
_____
Address State Zip

Signature_____ Date_____

Date of Birth_____

Driver License Number_____

This Consent is only valid for pre employment and employment purposes as required by Arkansas Code Annotated §27-23-207.



TUNE CONCRETE COMPANY

P.O. Box 1826 • Fayetteville, Arkansas 72702
479-442-8251 • FAX 479-443-9722

Request/Consent for information from Previous Employer on Alcohol & Controlled Substances Testing

The person identified below has sought qualification with this company as a driver subject to the alcohol and controlled substances testing provisions of the Federal Motor Carrier Safety Regulation of 49CFR Part 382. Pursuant to 49CFR 382.413, with the drivers written consent, we are requesting the results of such testing of this driver while in your service. Federal regulations require your company to provide this information.

Company Name: _____ Date: _____

Employee Name: _____ Employee Signature: _____

Social Security #: _____ Dates of Employment: _____

Position: _____ Eligible for rehire: _____

Please call Tune Concrete @ 479-442-8251 if you should happen to have any questions.

Yes _____ No _____ 1. Has this person ever tested with a Breath Alcohol Concentration of 0.04 or greater in the last 3 years?

Yes _____ No _____ 2. Has this person ever tested positive for a controlled substance in the last 3 years?

Yes _____ No _____ 3. Has this person ever refused a required test for Drugs or Alcohol in the last 3 years?

Yes _____ No _____ 4. Has this person violated other DOT drug/alcohol regulations in the last 3 years?

Yes _____ No _____ 5. Have you received information from a previous employer that this person violated DOT drug/alcohol regulations in the last 3 years?

Yes _____ No _____ 6. Has this person ever failed to undertake or complete a rehibilitation referral prescribed by a SAP within the past 3 years?

Yes _____ No _____ 7. Has this person ever illegally used alcohol or controlled substances after having completed a rehabilitation referral within the past 3 years?

SAP Name: _____ Phone: _____

Driving History for Past Three (3) Years: _____

_____

_____

_____

Signature: _____ Date: _____

TUNE CONCRETE COMPANY
P.O. Box 1826 • Fayetteville, Arkansas 72702
479-442-8251 • FAX 479-443-9722

Pre-Employment Urinalysis Consent Form

I understand that as required by the Federal Motor Carrier Safety Regulations, Title 49 United States Code of Federal Regulations, Section 391.103, and company policy, all prospective drivers and employees must submit to a controlled substances test.

A urine sample will be collected and tested for controlled substances.

I also certify that if I test positive for use of controlled substances, I am not medically qualified to operate a commercial motor vehicle.

For D.O.T. qualified drivers, the results of the drug test will be maintained by the Medical Review Officer for the company who will report whether the test results were negative or positive, and if positive, the identity of the controlled substance for which the test was positive. The results will not be released to any additional parties without my written authorization.

For all other employees, the test results will be given to the company officer in charge of the drug program. If the test results are positive then the person will not be considered for employment. The test results will remain within the records of the company and will not be released to any other party without the written authorization of the tested individual.

I hereby agree to submit to a drug screen urinalysis.

_____ _____

Print Applicant's Name Date

_____

Applicant's Signature

Attention ALL drivers:

In 2019 the FMCSA (Federal Motor Carrier Safety Administration) developed and is implementing a federal nationwide Drug and Alcohol Clearinghouse in which employers of commercial drivers of safety sensitive functions must report and manage drug and alcohol violations. Employers are obligated to manage and conduct electronic queries through the FMCSA Clearinghouse. Because of the new implementation all drivers of commercial vehicles must sign a limited query consent form that is attached. Please see the information below from the FMCSA website and let me know if you have any questions.

Commercial Driver's License Drug and Alcohol Clearinghouse

The Federal Motor Carrier Administration (FMCSA) is establishing the Commercial Driver's License (CDL) Drug and Alcohol Clearinghouse (Clearinghouse). This new database will contain information pertaining to violations of the U.S. Department of Transportation (DOT) controlled substances (drug) and alcohol testing program for holders of CDLs.

The Clearinghouse rule requires FMCSA-regulated employers, Medical Review Officers (MROs), Substance Abuse Professionals (SAPs), consortia/third party administrators (C/TPAs), and other service agents to report to the Clearinghouse information related to violations of the drug and alcohol regulations in 49 Code of Federal Regulations, parts 40 and 382 by current and prospective employees.

The Clearinghouse will also require the following:

- Employers will be required to query the Clearinghouse for current and prospective employees' drug and alcohol violations before permitting those employees to operate a commercial motor vehicle (CMV) on public roads.
- Employers will be required to annually query the Clearinghouse for each driver they currently employ.

The Clearinghouse will provide FMCSA and employers the necessary tools to identify drivers who are prohibited from operating a CMV based on DOT drug and alcohol program violations and ensure that such drivers receive the required evaluation and treatment before operating a CMV on public roads. Specifically, information maintained in the Clearinghouse will enable employers to identify drivers who commit a drug or alcohol program violation while working for one employer, but who fail to subsequently inform another employer (as required by current regulations). Records of drug and alcohol program violations will remain in the Clearinghouse for five years, or until the driver has completed the return-to-duty process, whichever is later.

For more information on the Clearinghouse, please visit https://clearinghouse.fmcsa.dot.gov/.

Amanda Harderson
Human Resources Manager
Tune Concrete Company

General Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse

I, _____, hereby provide consent to Tune Trucking, Inc. (DBA: Tune Concrete Company) to conduct a limited query 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. By signing the following authorization, you are giving Tune Trucking, Inc., DBA: Tune Concrete Company, permission to check the Clearinghouse for drug and alcohol violations over the course of your employment.

I understand that if the limited query conducted by Tune Trucking, Inc. indicates that drug and alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Tune Trucking, Inc. without first obtaining additional specific consent from me.

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

_____ _____

Employee Signature Date