



Corporate Office: 30701 W 10 Mile Rd, Suite 500, Farmington Hills, MI 48333
 Phone: 248-788-8000 * Fax: 248-592-9041 * Email: MiHR@superiormaterials.net

APPLICATION FOR EMPLOYMENT

DRIVER APPLICANTS ONLY: Please click on which plant(s) you would be willing to work: Lansing Detroit Auburn Hills Novi
 Sterling Heights Brighton Ann Arbor Flint Lapeer Romulus Mt.Clemens Portable Plant

We are an Equal Opportunity Employer. Applicants are considered for positions without regard to race, religion, sex, national origin, age, disability, or any other consideration made unlawful by applicable federal, state or local laws.

APPLICANT TO COMPLETE

(Answer all questions - Please Print Clearly)

Position Applying For _____ Date of Application _____

Applicant Name _____
 First Middle Last

Home Phone Number _____ Cell Phone Number _____

Current Address _____
 Street City State Zip How long at this address?

Previous Address _____
 Street City State Zip How long at this address?

Previous Address _____
 Street City State Zip How long at this address?

Can you provide proof of age? Yes No

Do you have the legal right to work in the U.S. Yes No Rate of Pay Expected

Have you ever applied with Superior Materials/Builders Redi-Mix? Yes No
 If yes, provide date _____

Have you ever worked for Superior Materials/Builders Redi-Mix? Yes No
 If yes, when? _____ Reason for leaving _____

Name _____

Are you currently employed? Yes No If no, how long since leaving last employer? _____

Were you referred? Yes No If yes, by whom? _____

Have you ever been convicted of a felony? Yes No If Yes, please explain below:
(Conviction of a crime is not an automatic bar to employment. All circumstances will be considered)

Can you fulfill the essential functions of the position which you are applying for with or without reasonable accommodation? Yes No

EMPLOYMENT HISTORY

List all employment in reverse order starting with the most recent.

Employer Information:

Name: _____	Dates From: _____ to _____ (Mo/Yr) (Mo/Yr)
Address: _____	Position Held _____
City: _____ State: _____ Zip: _____	Wage/Salary _____
Phone Number _____	
Contact Person _____	Contact Phone Number _____
Reason for Leaving: _____	
If Terminated, reason given by Supervisor _____	
Were you subject to the Federal Motor Carrier Safety Regulations while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer Information:

Name: _____	Dates From: _____ to _____ (Mo/Yr) (Mo/Yr)
Address: _____	Position Held _____
City: _____ State: _____ Zip: _____	Wage/Salary _____
Phone Number _____	
Contact Person _____	Contact Phone Number _____
Reason for Leaving: _____	
If Terminated, reason given by Supervisor _____	
Were you subject to the Federal Motor Carrier Safety Regulations while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name _____

Employer Information:

Name: _____ Dates From: _____ to _____
(Mo/Yr) (Mo/Yr)

Address: _____ Position Held _____
City: _____ State: _____ Zip: _____ Wage/Salary _____

Phone Number _____

Contact Person _____ Contact Phone Number _____

Reason for Leaving: _____

If Terminated, reason given by Supervisor _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Employer Information:

Name: _____ Dates From: _____ to _____
(Mo/Yr) (Mo/Yr)

Address: _____ Position Held _____
City: _____ State: _____ Zip: _____ Wage/Salary _____

Phone Number _____

Contact Person _____ Contact Phone Number _____

Reason for Leaving: _____

If Terminated, reason given by Supervisor _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes No

EDUCATION

Highest Grade Completed: Elem/Jr High High School College

Do you have a High School Diploma? Yes No G.E.D. (Graduate Equivalency Diploma) Yes No

Any special courses or training that will help you in the position you are applying for? _____

MILITARY SERVICE

Branch: Army Navy Air Force Marines Coast Guard Other _____

Dates of Service: From: _____ To: _____

Type of special training and work experience received while in service: _____

Name _____

DRIVING AND LICENSE INFORMATION

Driver License No: _____ State: _____
 Type: _____ Endorsements: _____

Driving Experience: (click all that apply)

Straight Truck Semi-Tractor-Trailer Bus Concrete Mixer Other (Specify) _____

List states operated in the last 5 years _____

Have you ever been denied a license or privilege to operate a motor vehicle? Yes No
 If yes, please explain _____

Has your license, permit or privilege ever been suspended or revoked? Yes No
 If yes, please explain _____

List any safe driving awards you have received _____

MAINTENANCE EXPERIENCE & QUALIFICATIONS

Job Function: Indicate Years of Training and experience in the following:					
Area	Formal Training	Years Experience	Area	Formal Training	Years Experience
Driveline Components			Body Work		
Diesel Engine Tune-up/Rebuild			Electrical Repair		
Gas Engine Tune-up/Rebuild			Frame and Wheel Alignment		
Tire Service			Brakes		
Trailer Repair			Cooling System		
Air Conditioning			Inspections		
General Car Repair			Other		

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

Clerical Experience and Qualifications: Indicate Years of Training and experience in the following:

Area	Formal Training	Years Experience	Area	Formal Training	Years Experience
Typing (wpm)			Switchboard Equipment (type)		
Shorthand (wpm)			Accounting		
Billing			OS & D		
Filing			Claims		
Computers (indicate software below)			Dispatcher		
			Adding Machine		
Word Processing Equipment			Photocopier		
Calculator			Other		

APPLICANT'S STATEMENT

I certify that all the information on this application, my resume, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment, or, if employed, disciplinary action, up to and including immediate termination. I hereby authorize investigation of all answers, statements or other information contained in this application as may be deemed necessary in arriving at an employment decision. I also authorize each and every person named in this application to provide any information deemed relevant by The Company and its subsidiaries in arriving at an employment decision. Furthermore, I hereby release The Company and its subsidiaries and such other persons named in this application from all liability and for any damage whatsoever incurred in providing, receiving, or investigating such information.

I understand that neither this application nor any communication by a management representative is intended to create or does create a contract of employment, offer, or promise of employment for a definite term. I acknowledge that if hired by the company, employment is on an at-will basis in accordance with state law. This means the company is free to terminate my employment at any time, with or without cause or advance notice, in accordance with state law, and acceptance of employment is not a contract of employment for any specified time. Similarly, I am free to terminate my employment with the company at any time for any reason. This at-will provision may be modified or waived only in a written agreement signed by an authorized representative of the company and me. I agree to conform to the rules and regulations of the company, and I understand that the company has complete discretion to modify such rules and regulations at any time, except that it will not modify its policy of employment of at-will.

I agree that before being employed, I am to submit to and must pass a controlled substance test to be conducted in accordance with The Company's policy. I agree that any offer of employment is contingent upon successful completion of a post offer medical examination by a physician designated by The Company. I further agree to take physical exams and controlled substance and alcohol testing when required during my employment.

In the event of employment, I fully understand that this application will become a part of my personnel record and that false and misleading information given in my application or interview(s) may result in discharge. I agree to abide by all policies, rules and regulations of The Company and/or its subsidiaries and, if requested, to sign The Company's agreements relating to discoveries, inventions, and confidential information.

I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete appropriate documents in this regard.

Initial: _____
(REQUIRED)

DRIVER APPLICANTS

I understand that information I provide regarding current and/or previous employers may be used and those employer(s) will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23 (d) and (e). I understand that I have the right to:

- ➡ Review information provided by previous employers
- ➡ Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer
- ➡ Have a rebuttal statement attached to the alleged erroneous information, if the previous employer (s) and I cannot agree on the accuracy of the information.

I have read the paragraphs above and fully understand their importance and effect upon my employment. I also acknowledge the same as a condition of my employment with The Company and/or its subsidiaries.

I understand that this application shall be considered active for a period of time not to exceed 90 days from the date indicated below. I understand that if I wish to be considered for employment beyond this time period, I must inquire as to whether applications are being accepted at this time. Initial: _____ (REQUIRED FOR DRIVER OR ENTER "N/A")

FUNCTIONAL CAPACITY EXAM ACKNOWLEDGEMENT
DRIVER/MECHANIC APPLICANTS ONLY

As an applicant for the position of ready-mix truck driver or mechanic I understand that if offered employment, it will be conditional on the successful completion of a post-offer/pre-placement Functional Capacity Examination (FCE). I hereby agree to comply with the procedure and request that my application for employment be processed pursuant to this policy. Failure to successfully complete and pass the FCE shall be grounds for withdrawal of The Company's offer. When necessary to enable an otherwise qualified applicant with a "disability" to participate in testing, The Company will provide reasonable accommodations when requested. The Company requests that anyone given a conditional offer of employment who feels he or she needs such accommodations in order to participate in the testing program, to so indicate to the medical examiner. Initial: _____ (REQUIRED FOR DRIVER/MECHANIC OR ENTER "N/A")

Signature: _____

Date: _____

Printed Name: _____

(REQUIRED)

After clicking the "Save/Email Application" button, You may be prompted to save the application to your computer. There also may be a brief delay before an email appears to send this form as an attachment from your Email to our HR department. If this function is not responding, please save the completed application and email it to **MiHR@superiormaterials.net**