



Corporate Office: 30701 W. 10 Mile, Suite 500
 Farmington Hills, MI 48333
 P:248-788-8000 F: 248-592-9130



APPLICATION FOR EMPLOYMENT

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

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? _____	
Do you have the legal right to work in the U.S. _____	Rate of Pay Expected _____
Have you ever <u>applied</u> with Superior Materials/Builders Redi-Mix? _____	yes/no _____
If yes, provide date _____	
Have you ever <u>worked</u> for Superior Materials/Builders Redi-Mix? _____	yes/no _____
If yes, when? _____	Reason for leaving _____

Name _____

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

Were you referred? _____ If yes, by whom? _____

Have you ever been convicted of a felony?
(If Yes, please explain. 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:		Dates:	
Name _____	From: _____	Mo/Yr to Mo/Yr	_____
Address: _____		Position Held	_____
City _____ State _____ Zip _____		Wage/Salary	_____
Phone Number _____	If Terminated, reason given by Supervisor	Reason for Leaving	_____
Contact Person _____	Phone Number _____		
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:		Dates:	
Name _____	From: _____	Mo/Yr to Mo/Yr	_____
Address: _____		Position Held	_____
City _____ State _____ Zip _____		Wage/Salary	_____
Phone Number _____	If Terminated, reason given by Supervisor	Reason for Leaving	_____
Contact Person _____	Phone Number _____		
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:		Dates:	
Name _____	From: _____	Mo/Yr	to Mo/Yr _____
Address: _____		Position Held	_____
City _____	State _____	Wage/Salary	_____
	Zip _____	Reason for Leaving	_____
Phone Number _____		If Terminated, reason given by Supervisor	_____
Contact Person _____		Phone Number	_____
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:		Dates:	
Name _____	From: _____	Mo/Yr	to Mo/Yr _____
Address: _____		Position Held	_____
City _____	State _____	Wage/Salary	_____
	Zip _____	Reason for Leaving	_____
Phone Number _____		If Terminated, reason given by Supervisor	_____
Contact Person _____		Phone Number	_____
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			

EDUCATION			
Circle Highest Grade Completed	1 2 3 4 5 6 7 8	High School 1 2 3 4	College 1 2 3 4
Do you have a High School Diploma?	<input type="checkbox"/>	G.E.D. (Graduate Equivalency Diploma)	
Any special courses or training that will help you in the position you are applying for? _____			

MILITARY SERVICE			
Branch:	<input type="checkbox"/> Army	<input type="checkbox"/> Navy	<input type="checkbox"/> Air Force
	<input type="checkbox"/> Marines	<input type="checkbox"/> Coast Guard	<input type="checkbox"/> Other _____
Dates of Service: From _____ To _____			
Type of special training and work experience received while in service _____			

DRIVING AND LICENSE INFORMATION

Driver License No. _____ State _____ Type _____ Endorsements _____

Driving Experience: 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 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					

Shop Equipment: Indicate 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 Equip			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 & Qualifications

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)			Dispatcher		
Word Processing Equipment			Adding Machine		
Calculator			Photocopier		

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.

Signature _____

Date _____

Printed Name _____

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; and
- ◆ 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.

Signature _____

Date _____

Printed Name _____

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.

Signature _____

Date _____

Printed Name _____