



3580 FM 482 NEW BRAUNFELS, TX 78132 • PHONE 830-625-9156 • FAX 830-625-9174

PRE-EMPLOYMENT PACKET

APPLICATIONS MUST BE APPROVED BY HR/SAFETY DEPARTMENT BEFORE AN APPLICANT IS OFFERED A POSITION.

APPLICANT NAME (FIRST, MIDDLE, LAST):
PLANT SUBMITTING APPLICATION:
DATE APPLICATION SUBMITTED:

PLEASE SEND COMPLETED PACKET AND TWO FORMS OF IDENTIFICATION TO CORPORATE OFFICE FOR REVIEW.

ALL PAGES OF PRE-EMPLOYMENT PACKET (1-4) MUST BE GIVEN TO APPLICANT FOR COMPLETION/REVIEW.

- United States Work Eligibility/ E-Verify Information Sheet for applicants review (page 1)
- Employment Application (page 2-4)
- Fair Credit Act Disclosure Authorization, and Release of Information from Department of Transportation regulated Drug and Alcohol (page 4-5)

UNITED STATES WORK ELIGIBILITY

Federal Law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States. Upon employment, and after completion of the I-9, Ingram Readymix, Inc. will use E-Verify to verify with the Social Security Administration (SSA) and the Department of Homeland Security (DHS) that each employee has authorization to work in the United States. If the Government cannot confirm that you are authorized to work, we will provide you with written instructions and an opportunity to contact SSA and/or DSHS in accordance with the E-Verify Memorandum of Understanding.

CORPORATE USE ONLY (BELOW THIS LINE)

CMI RESULTS	CMI DELETE	IIX RESULTS	IIX DRIVER FILE		DATE PLANT NOTIFIED	PLANT NOTIFIED BY
			DELETED	TRANSFERRED		EMAIL PHONE

INGRAM READYMIX, INC.

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PRE-EMPLOYMENT APPLICATION

DATE APPLICATION SUBMITTED: _____ PLANT SUBMITTING APPLICATION: _____

APPLICANT INFORMATION					
NAME (FIRST, MIDDLE, LAST)					
PHYSICAL ADDRESS	APT #	CITY	STATE	ZIPCODE	HOW LONG
CELL #	HOME #	EMERGENCY CONTACT (NAME, PHONE #)			

ADDRESS FOR THE PAST THREE (3) YEARS (ATTACH SHEET IF MORE SPACE IS NEEDED)					
PHYSICAL ADDRESS	APT #	CITY	STATE	ZIPCODE	HOW LONG
PHYSICAL ADDRESS	APT #	CITY	STATE	ZIPCODE	HOW LONG

(v) CHECK ALL POSITIONS APPLYING FOR:								
MIXER (A/B)	HAULER (A)	TANKER (A)	LOADER	YARDWORKER	CHIPPER	MECHANIC	DISPATCH/CLERICAL	OTHER

HOW DID YOU HEAR ABOUT INGRAM READYMIX, INC.?	
WERE YOU REFERRED BY A CURRENT EMPLOYEE?	NO _____ YES _____
IF YES, WRITE DOWN NAME OF EMPLOYEE THAT REFERRED YOU.	
HAVE YOU EVER WORKED FOR INGRAM READYMIX, INC.?	NO _____ YES _____ YEAR _____

(v) CHECK ALL PLANTS YOU ARE WILLING TO WORK AT (TRANSFERRING TO ANOTHER PLANT IS LIMITED)			
BANDERA	DEVINE	HOUSTON SHOP	SAN ANTONIO 2 (SOUTH WEST)
BLANCO	FREDERICKSBURG	KERRVILLE	SAN ANTONIO 3 (SOUTH EAST)
BOERNE	GONZALES	LAREDO	SAN ANTONIO 4 (WEST)
BULVERDE	GREGORY	MARBLE FALLS	SAN ANTONIO SHOP (EAST)
CONVERSE (NE SA)	HONDO	NEW BRAUNFELS	SAN MARCOS
CORPUS CHRISTI-O	HOUSTON -CONROE	PEARSALL	SEGUIN
CORPUS CHRISTI-H	HOUSTON-BEAUMONT	PLEASANTON	VICTORIA
DEL RIO	HOUSTON -HOCKLEY	SAN ANTONIO 1 (NORTH)	

DRIVERS LICENSE INFORMATION				
STATE	LICENSE #	TYPE (CLASS A, B, C)	EXPIRATION	MONTH/YEAR YOU RECEIVED YOUR CDL
IF YOU ANSWER YES TO THE QUESTIONS BELOW, A STATEMENT WITH DETAILS MUST BE ATTACHED TO THE APPLICATION.				
HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE?				NO _____ YES _____
HAS ANY LICENSE, PERMIT, OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED?				NO _____ YES _____

APPLICANT SIGNATURE	DATE
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PRE-EMPLOYMENT APPLICATION

APPLICANT NAME (FIRST, MIDDLE, LAST):	DATE:
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EXPERIENCE & QUALIFICATIONS			
TYPE OF TRUCK(S) DRIVEN (<u>CHECK ALL THAT APPLY</u>):	YEARS/MONTHS OF EXPERIENCE:	FROM	TO
HAUL TRUCK DRIVER			
MIXER TRUCK DRIVER			
TANKER TRUCK DRIVER			
OTHER (LIST <u>ALL</u> TRUCKS DRIVEN):			

ACCIDENT RECORD FOR LAST 3 YEARS (ATTACH ADDITIONAL PAGES IF NEEDED)					
ACCIDENT DATE MOST RECENT 1ST	ACCIDENT DETAILS	# OF FATALITIES	# OF PERSONAL INJURIES	COMMERICAL VEHICLE	CITATION
				NO ___ YES ___	NO ___ YES ___
				NO ___ YES ___	NO ___ YES ___
				NO ___ YES ___	NO ___ YES ___

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST THREE (3) YEARS (OTHER THAN PARKING VIOLATIONS)					
DATE	LOCATION (CITY & STATE)	CHARGE	CONVICTION	FORFEITED BOND	COLLATERAL
			NO ___ YES ___	NO ___ YES ___	NO ___ YES ___
			NO ___ YES ___	NO ___ YES ___	NO ___ YES ___
			NO ___ YES ___	NO ___ YES ___	NO ___ YES ___

PLEASE <u>CIRCLE</u> THE CORRECT ANSWERS BELOW AND GIVE DETAILS IF NEEDED	
HAVE YOU TESTED POSITIVE OR REFUSED A DRUG OR ALCOHOL TEST?	NO ___ YES ___
HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A TRAFFIC VIOLATION? <i>NO APPLICANT WILL BE DENIED EMPLOYMENT SOLELY ON THE GROUNDS OF A CONVICTION(S).</i>	NO ___ YES ___ IF YES, PROVIDE: DATE, CONVICTION, COUNTY _____

EMPLOYMENT HISTORY

The U.S. Department of transportation requires that all drivers show all employment for the past (3) three years. They must also show commercial driver employment for the seven (7) years immediately preceding the three (3) year period (total of ten years employment record) Sub-Section 391.21 (b)(10), (11).

MOST RECENT EMPLOYER	
COMPANY NAME:	PHONE:
ADDRESS (CITY, STATE , ZIP):	FAX:
POSITION:	START DATE:
REASON FOR LEAVING:	END DATE:
WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED BY THIS EMPLOYER?	NO ___ YES ___
WAS YOUR POSITION DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE, WHERE YOU WERE SUBJECT TO DRUG/ALCOHOL TESTING REQUIREMENTS AS REQUIRED BY 49 CFR PART 40?	NO ___ YES ___

APPLICANT SIGNATURE	DATE
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PRE-EMPLOYMENT APPLICATION

EMPLOYMENT HISTORY CONTINUED

2 ND LAST EMPLOYER	
COMPANY NAME:	PHONE:
ADDRESS (CITY, STATE , ZIP):	FAX:
POSITION:	START DATE:
REASON FOR LEAVING:	END DATE:
WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED BY THIS EMPLOYER?	NO _____ YES _____
WAS YOUR POSITION DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE, WHERE YOU WERE SUBJECT TO DRUG/ALCOHOL TESTING REQUIREMENTS AS REQUIRED BY 49 CFR PART 40?	NO _____ YES _____

3 RD LAST EMPLOYER	
COMPANY NAME:	PHONE:
ADDRESS (CITY, STATE , ZIP):	FAX:
POSITION:	START DATE:
REASON FOR LEAVING:	END DATE:
WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED BY THIS EMPLOYER?	NO _____ YES _____
WAS YOUR POSITION DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE, WHERE YOU WERE SUBJECT TO DRUG/ALCOHOL TESTING REQUIREMENTS AS REQUIRED BY 49 CFR PART 40?	NO _____ YES _____

4 TH LAST EMPLOYER	
COMPANY NAME:	PHONE:
ADDRESS (CITY, STATE , ZIP):	FAX:
POSITION:	START DATE:
REASON FOR LEAVING:	END DATE:
WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED BY THIS EMPLOYER?	NO _____ YES _____
WAS YOUR POSITION DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE, WHERE YOU WERE SUBJECT TO DRUG/ALCOHOL TESTING REQUIREMENTS AS REQUIRED BY 49 CFR PART 40?	NO _____ YES _____

It is agreed and understood that the employer of his agents may use the information on this application to contact previous/current employers, for the purpose of investigating safety performance history and drug and alcohol results as required in accordance with DOT Regulation 49 CFR 391.23. I also understand that, as an applicant for a position with Ingram Readymix, Inc. 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. By signing below I certify that the application was completed by me and that all entries/information on this application are true and complete to the best of my knowledge.

APPLICANT SIGNATURE	DATE
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PRE-EMPLOYMENT APPLICATION - FAIR CREDIT REPORTING ACT DISCLOSURE AND AUTHORIZATION

FIRST NAME	MIDDLE	LAST NAME	DATE OF BIRTH	SOCIAL SECURITY	DRIVERS LICENSE	CLASS
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As an applicant or during the course of your employment with Ingram Readymix, Inc., you are a “consumer” with rights under the Fair Credit Reporting Act (FCRA). This Disclosure and Authorization is provided to summarize your rights under the FCRA and to confirm your consent to allow Ingram Readymix, Inc. to obtain information regarding your credit history and possibly other information on your background such as your motor vehicle records and any criminal records for the purpose of considering you for employment or for continued employment.

PLEASE NOTE: THIS AUTHORIZATION IS TO OBTAIN THE FOLLOWING:

- Your Credit Records
- Your employment records
- Records concerning any driving under DOT Sec. 391.23, an assessment of your insurability under the company’s insurance coverage, criminal history, social security, medical records & drug testing.
- (For truck drivers only) In accordance with the Department of Transportation Motor Carrier Safety Regulations, Section 382.413, information concerning alcohol and controlled substances for the past 2 years
- Verification of your academic and/or professional credentials; and information and/or copies of documents from any military service records.

The FCRA gives you specific rights designed to promote accuracy and fairness in consumer reports as well as privacy of information that is to be used only for permitted purposes. Motor vehicle records and criminal background checks are “consumer reports”. The FCRA permits Ingram Readymix, Inc., to obtain a consumer report from a consumer reporting agency for the purpose of (1) considering your application for employment; (2) making a decision whether to offer you employment (3) deciding whether to continue your employment, if you have already been hired; or (4) making other employment decisions related directly to you. The only consumer reports Ingram Readymix, Inc. will consider in making such decisions are your credit reports and possibly motor vehicle records and your criminal background checks.

Generally, your rights under the FCRA include (1) your right to be told if information from a consumer report is being used against you, together with contact information about the consumer report being used against you, together with contact information about the consumer reporting agency that provided the report; (2) your right to find out what is in your file with the consumer reporting agency, including who has requested information from your file; (3) your right to dispute inaccurate information with the consumer reporting agency; (4) your right to seek damages from violators of the FCRA. You may request, in writing, additional disclosures regarding the nature and scope of any investigation requested and a written summary of your rights under the FCRA.

By signing below, I _____, hereby voluntarily authorize the COMPANY to obtain either a consumer report or an investigative consumer report about me from a consumer reporting agency and to consider this information when making decisions concerning my employment with the COMPANY. I understand that the COMPANY may obtain such reports at various times throughout my employment for the purpose set forth above in this disclosure, including the evaluation of my eligibility for employment or continued employment. I understand that I have rights under the Fair Credit Reporting Act and acknowledge receipt of the Disclosure set forth above.

APPLICANT SIGNATURE	DATE
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“Release of Information Form -- 49 CFR Part 40 Drug and Alcohol Testing”

By signing below, I _____, hereby voluntarily authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in *Section I-B*, to the employer listed in *Section I-A*. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in *Section II-A* by my previous employer, is limited to the following DOT-regulated testing items; • Alcohol tests with a result of 0.04 or higher • Verified positive drug tests • Refusals to be tested • Other violations of DOT agency drug/alcohol testing regulations; • Information obtained from previous employers of a drug/alcohol rule violation; • Documentation, if any, of completion of the return-to-duty process following a rule violation.

APPLICANT SIGNATURE	DATE
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