



PRE-EMPLOYMENT PACKET

APPLICATION MUST BE APPROVED BY HR DEPARTMENT BEFORE POSITION CAN BE OFFERED. RETURN APPLICATION BY, FAX: 830-625-9174, EMAIL: RECRUITER@IRMTX.COM, OR CALL 830-625-9156 EXT. 253 FOR QUESTIONS.

APPLICANT FIRST NAME	APPLICANT MIDDLE NAME	APPLICANT LAST NAME	SUFFIX
CELL PHONE #	EMAIL ADDRESS		TODAYS DATE:

(v) CHECK ALL POSITIONS YOU ARE APPLYING FOR:

MIXER (A/B) HAULER (A) TANKER (A) CHIPPER YARDWORKER MECHANIC OTHER

(v) CHECK ALL PLANTS YOU ARE WILLING TO WORK AT (TRANSFERRING TO ANOTHER PLANT IS LIMITED):

PLANT NAME	#	PLANT NAME	#	PLANT NAME	#	PLANT NAME	#
Fredericksburg	1	Boerne	7	Kingsville	18	Sugarland	30
New Braunfels	2	Pleasanton	8	Bandera	19	Hempstead	31
Seguin	3	Marble Falls	9	Bulverde	20	Hockley	32
Seguin Shop	3	Kerrville	10	SA#3	21	Willis	33
Del Rio	4	Laredo	11	SA#4	22	Beaumont	34
Del Rio S&G	87	Converse	12	Blanco	23	Beaumont Shop	34
Devine	5D	Converse Shop	12	Gonzales	24	Pearland	35
Hondo	5H	Converse Shop(1516)	12	Gregory	25	Jersey Village	36
Pearsall	5P	San Marcos	13	Bracken	26	Montgomery	37
Cotulla	5C	SA#1	14	Corpus/Omaha	50	Conroe	38
Victoria	6	SA#2	15	Corpus Shop	50		
		Port Lavaca	16	Corpus/Holly	51		

****MUST PROVIDE COPY OF FRONT AND BACK OF DRIVER LICENSE ****

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.

PLANT MANAGER/DISPATCHER USE ONLY (BELOW THIS LINE)

PLT # & NAME	POSITION PROCESSING FOR (CIRCLE ONE)	HANDLING REQUEST	INIT.	DATE
	MIXER HAULER TANKER YARD HELPER OTHER:	RUN HOLD		/ /

CORPORATE USE ONLY (BELOW THIS LINE)

REVIEWED DATE:		FMCSA:	CLEAR	HOLD	DR. W PORTAL:	COMPLETED	N/A	SENT TO NH DEPT.	
REVIEWED BY:		SAP:	N/A	REQUESTED	CLINIC DATE:			NH PACKET REQ:	REC: YES NO
STATUS:	RUN HOLD REHIRE	IIIX:	CLEAR	HOLD	PHYSICAL:	CLEAR	HOLD	NH PACKET REQ:	REC: YES NO
REHIRE BY HR:	N/A RUN INT.	CB:	N/A	RUN	MGR NOTIFIED:			NH PACKET REQ:	REC: YES NO
DL RESTRICTION:	CLEAR HOLD	CMI TAS:	DR. W	CLINIC	CLOCK IN DATE:			NH PACKET REQ:	REC: YES NO
NOTES:									
NOTES:									

INGRAM READYMIX, INC. - PRE-EMPLOYMENT APPLICATION CONT'D.

APPLICANTS NAME: _____

ADDRESS (# AND STREET) FOR PAST 3 YEARS	APT #	CITY	STATE	ZIP	HOW LONG?
ADDRESS (# AND STREET) FOR PAST 3 YEARS	APT #	CITY	STATE	ZIP	HOW LONG?

HAVE YOU EVER WORKED FOR INGRAM READYMIX, INC.? NO _____ YES _____ YEAR? _____

WERE YOU REFERRED BY A CURRENT EMPLOYEE? NO _____ YES _____

IF YES, NAME OF CURRENT EMPLOYEE? _____

HOW DID YOU HEAR ABOUT INGRAM READYMIX, INC.? _____

HAVE YOU TESTED POSITIVE OR REFUSED A DRUG OR ALCOHOL TEST? ----- NO _____ YES _____

HAVE YOU 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 _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A TRAFFIC VIOLATION? ----- NO _____ YES _____

NO APPLICANT WILL BE DENIED EMPLOYMENT SOLELY ON THE GROUNDS OF A CONVICTION(S).

CONVICTION DATE: _____ COUNTY: _____ REASON: _____

EXPERIENCE & QUALIFICATIONS				
TYPE OF TRUCK(S) DRIVEN (<i>CHECK ALL THAT APPLY</i>):		YEARS/MONTHS OF EXPERIENCE:	FROM	TO
<input type="checkbox"/>	HAUL TRUCK DRIVER			
<input type="checkbox"/>	MIXER TRUCK DRIVER			
<input type="checkbox"/>	TANKER TRUCK DRIVER			
<input type="checkbox"/>	OTHER (LIST <u>ALL</u> TRUCKS DRIVEN):			

ACCIDENT RECORD FOR LAST 3 YEARS (ATTACH ADDITIONAL PAGES IF NEEDED)						
ACCIDENT DATE	ACCIDENT DETAILS	FATALITY	PERSONAL INJURIES	COMMERCIAL VEHICLE	CITATION(S)	
		# _____	# _____	YES _____ NO _____	YES _____	NO _____
		# _____	# _____	YES _____ NO _____	YES _____	NO _____

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

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).

EMPLOYER – START WITH CURRENT OR MOST RECENT EMPLOYER FIRST					
COMPANY NAME		SUPERVISORS NAME		SUPERVISORS CELL #	
ADDRESS (# AND STREET)		CITY		STATE	ZIP
POSITION HELD	START DATE	END DATE	TOTAL MONTHS/YEARS WORKED		

STILL EMPLOYED? YES _____ NO _____ REASON FOR LEAVING: _____

WHILE EMPLOYED, WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? YES _____ NO _____

WERE YOU WERE SUBJECT TO DRUG/ALCOHOL TESTING REQUIREMENTS AS REQUIRED BY 49 CFR PART 40? YES _____ NO _____

WAS YOUR POSITION DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE? YES _____ NO _____

APPLICANTS SIGNATURE: _____

DATE: _____

INGRAM READYMIX, INC. - PRE-EMPLOYMENT APPLICATION CONT'D.

APPLICANTS NAME: _____

EMPLOYMENT HISTORY CONTINUED

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).

EMPLOYER				
COMPANY NAME		SUPERVISORS NAME		SUPERVISORS CELL #
ADDRESS (# AND STREET)		CITY		STATE ZIP
POSITION HELD	START DATE	END DATE	TOTAL MONTHS/YEARS WORKED	

STILL EMPLOYED? YES ____ NO ____ REASON FOR LEAVING: _____

WHILE EMPLOYED, WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? YES ____ NO ____

WERE YOU WERE SUBJECT TO DRUG/ALCOHOL TESTING REQUIREMENTS AS REQUIRED BY 49 CFR PART 40? YES ____ NO ____

WAS YOUR POSITION DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE? YES ____ NO ____

EMPLOYER				
COMPANY NAME		SUPERVISORS NAME		SUPERVISORS CELL #
ADDRESS (# AND STREET)		CITY		STATE ZIP
POSITION HELD	START DATE	END DATE	TOTAL MONTHS/YEARS WORKED	

STILL EMPLOYED? YES ____ NO ____ REASON FOR LEAVING: _____

WHILE EMPLOYED, WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? YES ____ NO ____

WERE YOU WERE SUBJECT TO DRUG/ALCOHOL TESTING REQUIREMENTS AS REQUIRED BY 49 CFR PART 40? YES ____ NO ____

WAS YOUR POSITION DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE? YES ____ NO ____

EMPLOYER				
COMPANY NAME		SUPERVISORS NAME		SUPERVISORS CELL #
ADDRESS (# AND STREET)		CITY		STATE ZIP
POSITION HELD	START DATE	END DATE	TOTAL MONTHS/YEARS WORKED	

STILL EMPLOYED? YES ____ NO ____ REASON FOR LEAVING: _____

WHILE EMPLOYED, WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? YES ____ NO ____

WERE YOU WERE SUBJECT TO DRUG/ALCOHOL TESTING REQUIREMENTS AS REQUIRED BY 49 CFR PART 40? YES ____ NO ____

WAS YOUR POSITION DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE? YES ____ NO ____

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.

APPLICANTS SIGNATURE _____ DATE: _____

INGRAM READYMIX, INC. - PRE-EMPLOYMENT APPLICATION CONT'D.

FAIR CREDIT REPORTING ACT DISCLOSURE AND AUTHORIZATION

FIRST NAME	MIDDLE NAME	LAST NAME	SOCIAL SECURITY
DATE OF BIRTH	DRIVERS LICENSE #	DL CLASS	DL EXP. DATE

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.

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

By signing below, I also 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.

APPLICANTS SIGNATURE: _____ **DATE:** _____

INGRAM READYMIX, INC. - PRE-EMPLOYMENT APPLICATION CONT'D.
FAIR CREDIT REPORTING ACT DISCLOSURE AND AUTHORIZATION

APPLICANTS NAME: _____ DRIVERS LICENSE #: _____

GENERAL CONSENT FORM FOR LIMITED QUERIES OF THE FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION (FMCSA) DRUG AND ALCOHOL CLEARING HOUSE

By signing below, I hereby voluntarily authorize and provide consent to INGRAM READYMIX, INC. to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (FMCSA Clearinghouse and third party administrator, CMI) to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

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

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

I also agree that this General Consent Form in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me, "throughout the duration of my employment", by or on behalf of INGRAM READYMIX, INC.

FMCSA DRUG & ALCOHOL POLICY ADDENDUM

Beginning January 6, 2020, FMCSA will collect information on drivers' DOT drug and alcohol violations occurring under the Company's FMCSA DOT testing program. The Company and service providers are required to report DOT drug and alcohol testing program violations to the Clearinghouse. Motor carriers, medical review officers, third-party administrators, and substance abuse professionals must provide when a driver:

- Tests positive for drugs or alcohol; - Refuses drug and alcohol test;
- and Undergoes the return-to-duty drug and alcohol rehabilitation process.

The following records will be collected and maintained in the Clearinghouse:

- A verified positive, adulterated, or substituted drug test result;
- An alcohol confirmation test with a concentration of 0.04 or higher;
- A refusal to submit to any test required by Subpart C of Part 382;
- An employer's report of actual knowledge, as defined at §382.107, including:
 - On duty alcohol use pursuant to §382.205;
 - Pre-duty alcohol use pursuant to §382.207;
 - Alcohol use following an accident pursuant to §382.209; and
 - Controlled substance use pursuant to §382.213;
- A substance abuse professional report of the successful completion of the return-to-duty process; and
- An employer's report of completion of follow-up testing.

The Clearinghouse will aid the Company in learning of a driver's need to start or continue with the necessary steps in the DOT return-to-duty process (i.e., Substance Abuse Professional (SAP) program) in order to operate a commercial motor vehicle (CMV).

FMCSA requires motor carrier employers to:

- Query the Clearinghouse for information on CDL driver applicants; and
- Conduct annual queries for all current CDL drivers.

Before the Employer may gain access to the information in the Clearinghouse, the CDL driver must grant consent. Failure to provide consent will prevent the Employer from using the CDL driver in a safety-sensitive function.

****MUST PROVIDE COPY OF FRONT AND BACK OF DRIVER LICENSE ****

APPLICANTS SIGNATURE: _____ DATE: _____