

DATE: _____

NAME: _____

T & G Construction / Southwest Ready Mix
800 S.E. First Street
Lawton, Oklahoma 73501
Bring License & Social Security Card / Birth certificate

APPLICATION FOR EMPLOYMENT

We offer equal employment opportunities to all persons without regard to race, color, religion, age, marital or Veteran's status, sex, national origin, disability, or any other legally protected status.

Job applications will only be considered active for 90 days after which the applicant must reapply for further consideration.

APPLICANTS MAY REQUEST ANY NEEDED ACCOMMODATION TO PARTICIPATE IN THE APPLICATION PROCESS. FOR EXAMPLE, AN APPLICANT MAY REQUIRE ASSISTANCE IN FILLING OUT THE APPLICATION FORM, OR PARTICIPATING IN A JOB INTERVIEW.

Date: ____ / ____ / ____

Position you are Applying for: _____

Name: (Print) _____ Home or message phone: (____) _____

Address (es) _____ How long? _____
(Street) (City) (State and Zip)

Social Security Number: _____ - _____ - _____

Date of Birth: ____ / ____ / ____ Place of Birth _____ Ethnicity _____

Do you have the legal right to work in the United States? ____ Yes ____ No

Have you ever worked for us before? ____ Yes ____ No; If Yes When? _____

Rate of pay expected? \$ _____ (hourly) \$ _____ (salary)

Email Address: _____

If employed, why do you desire to make a change? _____

Who referred you to our company? _____

Have you ever been convicted of, pled guilty or "no contest" to a felony ____ Yes ____ No

If yes, state offense, date, court, and place where convicted _____

NOTE: Conviction of a felony does not automatically disqualify an applicant for employment.

Are you able to perform most tasks without accommodations? _____

If accommodations are needed, how would you perform most tasks, and with what accommodations? _____

DATE: _____

NAME: _____

EDUCATION

Circle highest grade completed:

High School: _____

College: _____

Last School Attended: _____

Please provide any additional information such as special skills, training, management experience, equipment operation, or qualifications you feel will be helpful to us in considering your Application. _____

PREVIOUS EMPLOYERS

Start with most current employer. All employers for the last 3 years will be contacted. (Attach additional sheet if necessary)

Employer: _____ Address: _____

Phone # () _____ Immediate Supervisor: _____

Position Held: _____ from: _____ to: _____ Wages _____

Description of Duties: _____

Reason for leaving: _____ May we contact employer? _____

Employer: _____ Address: _____

Phone # () _____ Immediate Supervisor: _____

Position Held: _____ from: _____ to: _____ Wages _____

Description of Duties: _____

Reason for leaving: _____ May we contact employer? _____

Employer: _____ Address: _____

Phone # () _____ Immediate Supervisor: _____

Position Held: _____ from: _____ to: _____ Wages _____

Description of Duties: _____

Reason for leaving: _____ May we contact employer? _____

Employer: _____ Address: _____

Phone # () _____ Immediate Supervisor: _____

Position Held: _____ from: _____ to: _____ Wages _____

Description of Duties: _____

Reason for leaving: _____ May we contact employer? _____

REFERENCES

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

DATE: _____

NAME: _____

APPLICANT'S ADDRESSES FOR PRECEDING 3-YEARS PRIOR TO APPLICATION

Street Address	City	State	Zip
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Street Address	City	State	Zip
----------------	------	-------	-----

Street Address	City	State	Zip
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PLEASE READ THE FOLLOWING CERTIFICATION CAREFULLY BEFORE SIGNING JOB APPLICANT'S CERTIFICATION

I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient reason for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and accept as indicated above, I authorize past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous education or employment record. I release all such persons from any liability damages on account of having furnished such information. I consent to such investigations as this employer may make regarding driving records, law enforcement records, credit reports and my general background. I further understand that all applicable portions of this application must be completed or I will be ineligible for consideration for the position for which I am applying. I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment between this employer and myself for either employment or for the providing of any benefits. No promises regarding employment have been made to me, and I understand that no promise or guarantee of employment for any specific length of time or under any specified circumstances shall be binding upon unless made in writing by or with the express written consent and authorization of the President or owner. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and for any reason and that this employer retains the same right.

I understand that, if I am initially offered a position of employment, I may be required to submit to a drug and/ or alcohol tests which are a condition of employment and that refusal to submit to such tests when asked by this employer shall be considered sufficient reason for denial for employment or discharge.

I understand that if employed, the policies and rules, which are issued by this employer, are not conditions of employment and that this employer may revise policies or procedures, in whole or in part, unilaterally at any time.

Drivers wishing to request correction of erroneous information in records received from previous employers must send the request for the correction to the previous employer that provided the records. Drivers wishing to rebut information in records received must send the rebuttal to the previous employer with instructions to include the rebuttal in that driver's safety performance history.

IMPORTANT: IF YOU DO NOT UNDERSTAND OR IF YOU DISAGREE WITH ANY PORTION OF THE ABOVE CERTIFICATION, DO NOT SIGN BEFORE DISCUSSING WITH THIS EMPLOYER.

This certifies that this application was completed by me, and that all entries on it are true and complete to the best of my knowledge.

Signature of Applicant

DATE: _____

NAME: _____

T & G CONSTRUCTION INC. /SOUTHWEST READY-MIX
CONSUMER AUTHORIZATION AND RELEASE

In connection with T & G Construction/Southwest Ready-Mix considering me for employment, continued employment, promotion or reassignment, I authorize T & G Construction/Southwest Ready-Mix and/or its agent, Trac One, to obtain a consumer report which may include information on my character, general reputation, personal characteristics, and mode of living from public record sources or through personal interviews with previous employers or associates. Public record check may include but not limited to a criminal or felony background check, Workers Compensation Court check and a Motor Vehicle Report.

I authorize, without reservation, any person or entity contacted by T & G Construction/Southwest Ready-Mix or its agent, Trac One, to furnish the above-stated information and I release any such person or entity from any and all liability for furnishing such information. I further release T & G Construction/Southwest Ready-Mix, its affiliated companies, their officers, employees and agents, and specifically, Trac One, their affiliated companies, their officers, employees and agents from any liability and responsibility arising from the preparation of said report. I understand that false or misleading statements made on this authorization, or made during the employment process, will disqualify me from consideration for employment or result in my immediate discharge if employed.

By me execution hereof I acknowledge I have been provided with a Consumer Disclosure advising me that a report will be requested and used for the purpose of evaluating me for employment, continued employment, promotion or reassignment as an employee.

CONSUMER DISCLOSURE

In connection with T & G Construction/Southwest Ready-Mix, considering you for employment, continued employment, promotion or reassignment, they may obtain a consumer report on you which may include information on character, general reputation, personal characteristics, and mode of living from public record sources or personal interviews with previous employers or associates. You have the right, upon written request, to receive a written description of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act.

I HEREBY ACKNOWLEDGE RECEIPT: _____

Please Print

NAME: _____				
	First	Middle	Last	Maiden
DOB*	SSN#	- -	DR.LIC#	ST
EXP. DATE _____ WHERE DID YOU HEAR ABOUT US? _____				
ADDRESS: _____				
CITY: _____ STATE: _____ ZIP: _____ How Long _____				
PREVIOUS ADDRESS: _____				
CITY: _____ STATE: _____ ZIP: _____ How Long: _____				
SIGNATURE: _____				

* "Date of Birth" (DOB) will be used solely for the purpose of identification in doing background checks and will not be considered in the "employment" process.

DATE: _____

NAME: _____

MEDICAL INQUIRY QUESTIONNAIRE AND AUTHORIZATION

I N J U R I E S	Have you ever had an injury in the course of employment?
	If the answer is yes, answer below:
	First injury Nature of injury _____
	Employer when injured _____
	Year _____ Remarks _____
	Second injury Nature of injury _____
	Employer when injured _____
	Year _____ Remarks _____
	Third injury Nature of injury _____
	Employer when injured _____
Year _____ Remarks _____	
Additional comments _____	

I hereby declare the information on my application for employment and this additional information is complete and accurate to the best of my knowledge and belief. I agree that my employment is based on the facts that I have given. Any intentional misrepresentation on my part will constitute a release to the employer for any liability that they may encounter by having acted on such facts. I have read the above and understand it.

I agree by signing the Consumer Authorization Release Form that my employment or retention may be determined in whole or in part from a report provided by a Third Party Company.

As a vehicle driver, I understand I will be subject to immediate termination if I become uninsurable as a driver due to traffic violations, irrespective of fault.

Signed: _____

DATE: _____

NAME: _____

T & G CONSTRUCTION, INC. /SOUTHWEST READY-MIX

CONDITIONAL OFFER OF EMPLOYMENT

All qualified applicants will receive consideration for employment. Recruitment, hiring, training and promotions will be administered without regard to race, color, religion, national origin or sex. Criminal convictions related to any sexual offenses, drug related offenses, or crime involving personal injury or threat to another person may make applicant ineligible for employment with T&G Construction, Inc. /Southwest Ready-Mix.

In accordance with T&G Construction, Inc. /Southwest Ready-Mix and the Federal Drug Free Workplace Act of 1988, all applicants who receive a conditional offer of employment are required to take a pre-employment test for controlled substances. A social security card, current Oklahoma Drivers license (or alternate documents per immigration and Naturalization Services Regulations), and documentation of required licenses must be submitted immediately after a conditional offer of employment has been made.

T&G Construction, Inc. /Southwest Ready-Mix conditionally offer the position of

_____ To _____
(POSITION TITLE) (APPLICANT NAME)

This conditional offer is subject to the following **SPECIAL CONDITIONS OF EMPLOYMENT:**

1. You must take and pass a drug test
2. If applying for a DOT regulated position, you must meet the qualification requirements set forth in 49CFR section 391.
3. You agree to abide by and follow all Company Policies.

This offer is conditional upon your completing and our verifying the answers on your application for employment and on the additional Medical Inquiry Questionnaire and Authorization Form.

False or intentionally misleading answers to these questions as well as false or misleading answers on your application and/or job interview, or your not having safety or accident record satisfactory to us, unrelated to a disability, are grounds for rescinding this offer or terminating your employment.

If you are employed for 90 days or less, the costs associated with any consumer reports and pre-employment testing received by T&G Construction, Inc. /Southwest Ready-Mix be withheld from your final paycheck in the amount of \$90.00.

I understand and accept the conditions of employment stated above and can report to work, when notified, pending the results of my drug testing.

(APPLICANT SIGNATURE)

(WITNESS SIGNATURE)

T&G CONSTRUCTION, INC. /SOUTHWEST READY-MIX

ACKNOWLEDGEMENT OF RECEIPT AND EXPLANATION

Here at T&G Construction, Inc. /Southwest Ready-Mix, we want all people hired to work within our organization to understand the policies and procedures by which you will be expected to adhere to. This information is not intended to serve as a contract, but is provided as a general explanation of policies and procedures used as a guideline in decision-making processes.

All employees and prospective employees who may operate a company vehicle will be presented a copy of the Fleet Policy and an Employee Handbook. Those employees who will not be operation a company vehicle will receive a copy of the Employee Handbook.

Safety meetings will be presented once per week. Attendance to these is mandatory for all field employees and drivers. Here you will be presented with the necessary training to perform your job, and see how other employees within the company perform theirs, in a safe and effective manner.

This acknowledgement is to confirm that you have read the above statement, received the material for which you are signing and agree to read, understand, and abide by these policies.

EMPLOYEE HANDBOOK:

PRINT NAME SIGNATURE DATE

FLEET POLICY:

PRINT NAME SIGNATURE DATE

DRUG AND ALCOHOL POLICY:

PRINT NAME SIGNATURE DATE

BACKING PROCEDURES:

PRINT NAME SIGNATURE DATE

CELL PHONE POLICY

PRINT NAME SIGNATURE DATE

T&G CONSTRUCTION INC./SOUTHWEST READY-MIX

CELL PHONE USAGE POLICY

EFFECTIVE MAY 1ST 2014

Policy

T&G Construction Inc./Southwest Ready-Mix has recognized the dangers associated with cellular phone usage. Studies have shown that employees are more likely to be involved in an accident while using cellular telephones due to the inherent distractions. Human behaviors that occur while using cell phones may include impatience, inattentiveness, fast driving, swerving or a tendency to engage in multitasking.

Non-Company owned cell phones will not be allowed to be used in company owned vehicles or on any construction related projects. Personal cell phones will not be allowed to be in your possession while on duty.

Supervisors have been provided cell phones to conduct company business. In addition, if you are expecting an emergency, or one happens, you can be reached by contacting the office, which will then contact your supervisor. This is an effort that will be enforced, and cell phones will not be tolerated while working in a construction related activity.

Failure to comply with this policy will lead to termination.

PRINT

SIGN

DATE

Personal information

Email Address: _____

Ethnicity: (Race): _____

Birth Place: _____

Marital Status: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

Emergency Contact Relationship: _____

Emergency Contact (2) Name: _____

Emergency Contact (2) Number: _____

Emergency Contact (2) Relationship: _____

Title: _____

Supervisor: _____

Department: _____

Disabled: Yes No

U.S. Citizen: Yes No

U.S. Veteran: Yes No

Veteran Status: _____

**MOTOR VEHICLE DRIVER'S
CERTIFICATION OF COMPLIANCE WITH
DRIVER LICENSE REQUIREMENTS**

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

1. You, as a commercial vehicle driver, may not possess more than one license. The only exception is if a state requires you to have more than one license. This exception is allowed until January 1, 1990.
If you currently have more than one license, you should keep the license from the state of residence and return the additional licenses to the states that issued them. DESTROYING a license does not close the record in the state that issued to; you must notify the state. If a multiple license has been lost or stolen, or destroyed, you should close your record by notifying the state of issuance that you no longer want to be licensed by the state.

2. Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the **NEXT BUSINESS DAY** of any revocation or suspension of your Driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it to your employing motor carrier and the state that issued you license within 30 days

DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.

The following license is the only one I will possess:

Driver's License. No. _____ **State** _____ **Exp. Date** _____

Driver's Sig. _____ **Date** _____

**T & G CONSTRUCTION INC./SOUTHWEST READY-MIX
800 S.E. FIRST STREET
LAWTON, OKLAHOMA 73501**

Name Printed

D.O.B.

Drivers Licenses #

MOTOR VEHICLE DRIVER'S 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 twelve months.

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 twelve months.

Driver Signature

Date

**MOTOR CARRIER SAFETY PROGRAM ANNUAL REVIEW
OF DRIVING RECORD**

This day I reviewed the driving record of the above named driver in accordance with §391.25 of the Federal Motor Carrier safety Regulations. I considered any evidence that the driver has violated applicable provisions of the Federal Motor Carrier Safety Regulations and the Hazardous Materials Regulations. I considered the driver's accident record and any evidence that he/she has violated laws governing the operation of motor vehicles, and gave great weight to the violations such as speeding, reckless driving and operating while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard for the safety to the public. Having done the above, I find that:

- () The driver meets the minimum requirements for safe driving, or
- () The driver is disqualified to drive a motor vehicle pursuant to §391.15

Date of Review

Reviewed by: Signature and title

DRIVERS STATEMENT OF ON DUTY TIME
(NEW HIRE)

Motor carriers, when using a driver for the first time or intermittently, shall obtain from the driver a signed statement giving the total time on duty during the immediately preceding 7 days and the time at which the driver was last relieved from duty prior to beginning work for the motor carriers.

Name: _____ SSN# _____

Drivers Lic#: _____ State: _____ Class: _____

Hours Worked: Fill in the following blanks with the number of hours worked each day for the preceding 7 days.

Day 1(Yesterday):__ Day2:___ Day3:___ Day4:___ Day5___ Day6___ Day7___

Drivers Certification for Other Compensated Work: When working for a motor carrier, a driver must report to the motor carrier all on-duty time including time working for other employers.

Are you currently working for another employer? Yes___ No___

Do you intend to work for another employer while being employed by T&G Construction Inc/
Southwest Ready-Mix? Yes___ No___

Drivers Signature: _____ **Date:** _____

DRIVER'S RECEIPT

I acknowledge receipt of this FEDERAL MOTOR CARRIER SAFETY REGULATIONS POCKETBOOK (ORS7A). In addition, I agree to familiarize myself with the Federal Motor Carrier Safety Regulations (FMCSR) Of the U.S. Department of Transportation, Parts 383, 387, 390-399, Subchapter B, Chapter 3, and Title 49 of the Code of Federal Regulations, as contained therein.

Driver's Signature

Date

T&G CONSTRUCTION INC./SOUTHWEST READY-MIX

COMPANY SIGNATURE

NOTE: This receipt shall be read and signed by the driver. A responsible company supervisor shall countersign receipt and place in the driver's qualification file

**T & G CONSTRUCTION INC./SOUTHWEST READY-MIX
FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT**

In accordance with the provisions of §604(b)(2)(a) of the Fair Credit Reporting Act, as amended be informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations by the Consumer Credit Reporting Act of 1996. You are being asked to sign this form to release T&G Construction/Southwest Ready-Mix from any and all liabilities arising out of and from these required checks.

Applicant's Signature

Date

Print Name

SSN#

T&G CONSTRUCTION INC. /SOUTHWEST READY MIX

REQUEST FOR INFORMATION
FROM PREVIOUS EMPLOYER

I hereby authorize you to release the following information to **T&G CONSTRUCTION/SOUTHWEST READY-MIX** for the purposes of investigation as required by §391.23 and allowed by §383.35 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability, which may result from furnishing such information.

_____ **Date**

_____ **Applicant's Signature**

_____ **Applicant's Printed Name**

The above named individual has made application to this company for a position as Truck Driver and states that he/she was employed by you as _____ from _____ to _____.

We appreciate you time in completing, in confidence, the information requested below. Please return by fax to 580-248-4431

Person providing information: _____ Date: _____

1. Employed from _____ to _____ as _____ at wage or salary of: _____.
2. Did he/she drive a motor vehicle for you? _____

Tractor-Trailer Bobtail Other _____

3. Was he/she a safe and efficient driver? _____
4. Reason for leaving your employment? _____
5. Any accidents _____ Explain _____
6. Was his/her general conduct satisfactory? _____
7. Remarks: _____

Please remit to: **T&G CONSTRUCTION INC/SOUTHWEST READY-MIX**
Attn: Personnel Dept.
800 S.E. First Street
Lawton, Ok. 73501
Or: Fax to: (580) 248-4431. You can contact us at: (580) 248-4430.

This form was Faxed to previous employer Mailed E-mailed

Date transmitted: _____

Date information received: _____

CONFIDENTIAL
Inquiry to Previous Employers

T&G CONSTRUCTION INC. /SOUTHWEST READY-MIX
ATTN: PERSONNEL DEPT
800 S.E. FIRST STREET
LAWTON, OKLAHOMA 73501
(580) 248-4430
FAX: (580) 248-4431

Applicant's Name: _____ Social Security #: _____

Please furnish the following information pursuant to CFR 49 section 382.405 (f).

I hereby authorize and request: _____ to
Previous Employer's Company Name
release the alcohol and controlled substance information listed below to above named company.

Signature of Applicant: _____ **Date:** _____

Witness: _____ **Date:** _____

IN THE PAST THREE YEARS

Information from section 382.413 (a) and (b)

1. Has the above named individual had an alcohol test with a breath alcohol concentration of 0.04 or greater? _____ Yes _____ No
2. Has the above named individual had a controlled substance test with a positive result? _____ Yes _____ No
3. Has the above named individual refused a controlled substance test or an alcohol test? _____ Yes _____ No
4. Information received from previous employers? _____ Yes _____ No
_____ None on file

Signed: _____ Title: _____ Date: _____

Please identify the Substance Abuse Professional you referred the above to if they tested positive or refused resting.

Name: _____ Telephone: (____) _____

Address: _____

City: _____ State: _____ ZIP: _____

NOTE: Failure to furnish information as required by CFR 49 382.413 (b) within 30 days will result in the applicant being removed from any safety sensitive position. You are required by 49 CFR Part 382.405 (f) to release this information. We reserve the right to inform the Federal Highway Administration and the applicant in the event the above information is not received.