



1800 NW Brickyard Rd. Topeka, Kansas 66618 | Phone: (785) 783-8116 | Fax: (785) 232-0078 | Email: arazak@bettiscompanies.com

APPLICATION FOR EMPLOYMENT

PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE. These instructions must be followed exactly. Fill out application form completely. If questions are not applicable, enter "NA". **DO NOT LEAVE QUESTIONS BLANK.** Be sure to sign when completed. We are an Equal Opportunity Employer and do not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.

RESUMES WILL NOT BE ACCEPTED IN LIEU OF APPLICATION.

FAILURE TO COMPLETELY FILL OUT THIS APPLICATION MAY RESULT IN DISQUALIFICATION FROM CONSIDERATION FOR EMPLOYMENT.

HOW DID YOU HEAR ABOUT US?

Social Media
 Radio
 Website
 Newspaper
 Referral

PERSONAL DATA

Last Name:		First Name:		Middle Initial:
Social Security No:		Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you legally eligible for employment in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone No:		Email Address:		Cell Phone No:
Current Street Address:		City:	State:	Zip Code:
Commercial Driver's License Type/Classification:	State(s):	License Number(s):		Expiration Date:
Have you ever been denied a license or permit to operate a motor vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has any license or permit ever been revoked or suspended? <input type="checkbox"/> Yes (if yes, please give details here) <input type="checkbox"/> No		

APPLICATION / EMPLOYMENT STATUS

Date of application:	List any prior dates of employment and positions with affiliated Bettis Companies:
List position and/or type of work for which you are applying:	If referred to this company for employment, who provided the recommendation?
Type of employment desired: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary	Date available for work:
What is your desired salary range or rate of pay?	Are you available to work overtime, if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION / MILITARY HISTORY

Type of School	Name and Location of School	Did You Graduate?	Years Completed	Course of Study	
HIGH SCHOOL		<input type="checkbox"/> Yes <input type="checkbox"/> No			
COLLEGE, GRADUATE & TECHNICAL		<input type="checkbox"/> Yes <input type="checkbox"/> No			
MILITARY	Branch:	Start Date:	End Date:	Discharge Type:	Training/Special Skills:

EMPLOYMENT HISTORY

PLEASE LIST ALL EMPLOYMENT DURING THE PRIOR 3 YEARS.
C.M.V.-DRIVERS MUST PROVIDE AN ADDITIONAL 7 YEARS OF EMPLOYMENT HISTORY
(APPLIES ONLY TO COMPANIES FOR WHOM A C.M.V. WAS DRIVEN.)

NOTE: LIST EMPLOYERS IN REVERSE ORDER BEGINNING WITH YOUR MOST RECENT JOB/POSITION.

From:	To:	Employer:	Phone:		
Immediate Supervisor:	Address:		City:	State:	Zip:
Starting Job Title:		Ending Job Title:	Starting Pay Rate:	Ending Pay Rate:	
Summarize the nature of work performed and your job responsibilities:			Reason for leaving:		
May we contact this employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later, not at this time. Please explain:			Were you subject to the FMCSRs 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 the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No					

EMPLOYMENT HISTORY (PLEASE FILL IN ALL SPACES BELOW OR MARK "N/A")

From:	To:	Employer:	Phone:		
Immediate Supervisor:	Address:		City:	State:	Zip:
Starting Job Title:		Ending Job Title:	Starting Pay Rate:	Ending Pay Rate:	
Summarize the nature of work performed and your job responsibilities:			Reason for leaving:		
May we contact this employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later, not at this time. Please explain:			Were you subject to the FMCSRs 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 the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No					

EMPLOYMENT HISTORY (PLEASE FILL IN ALL SPACES BELOW OR MARK "N/A")

From:	To:	Employer:	Phone:		
Immediate Supervisor:	Address:		City:	State:	Zip:
Starting Job Title:		Ending Job Title:	Starting Pay Rate:	Ending Pay Rate:	
Summarize the nature of work performed and your job responsibilities:			Reason for leaving:		
May we contact this employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later, not at this time. Please explain:			Were you subject to the FMCSRs 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 the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No					

EMPLOYMENT HISTORY (PLEASE FILL IN ALL SPACES BELOW OR MARK "N/A")

From:	To:	Employer:	Phone:	
Immediate Supervisor:	Address:	City:	State:	Zip:
Starting Job Title:	Ending Job Title:	Starting Pay Rate:	Ending Pay Rate:	
Summarize the nature of work performed and your job responsibilities:		Reason for leaving:		
May we contact this employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later, not at this time. Please explain:		Were you subject to the FMCSRs 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 the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No				

EMPLOYMENT HISTORY (PLEASE FILL IN ALL SPACES BELOW OR MARK "N/A")

From:	To:	Employer:	Phone:	
Immediate Supervisor:	Address:	City:	State:	Zip:
Starting Job Title:	Ending Job Title:	Starting Pay Rate:	Ending Pay Rate:	
Summarize the nature of work performed and your job responsibilities:		Reason for leaving:		
May we contact this employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later, not at this time. Please explain:		Were you subject to the FMCSRs 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 the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No				

EMPLOYMENT HISTORY (PLEASE FILL IN ALL SPACES BELOW OR MARK "N/A")

From:	To:	Employer:	Phone:	
Immediate Supervisor:	Address:	City:	State:	Zip:
Starting Job Title:	Ending Job Title:	Starting Pay Rate:	Ending Pay Rate:	
Summarize the nature of work performed and your job responsibilities:		Reason for leaving:		
May we contact this employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later, not at this time. Please explain:		Were you subject to the FMCSRs 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 the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No				

EMPLOYMENT HISTORY (PLEASE FILL IN ALL SPACES BELOW OR MARK "N/A")

From:	To:	Employer:	Phone:	
Immediate Supervisor:	Address:	City:	State:	Zip:
Starting Job Title:	Ending Job Title:	Starting Pay Rate:	Ending Pay Rate:	
Summarize the nature of work performed and your job responsibilities:		Reason for leaving:		
May we contact this employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later, not at this time. Please explain:		Were you subject to the FMCSRs 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 the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No				

EMPLOYMENT HISTORY (PLEASE FILL IN ALL SPACES BELOW OR MARK "N/A")

From:	To:	Employer:	Phone:	
Immediate Supervisor:	Address:	City:	State:	Zip:
Starting Job Title:	Ending Job Title:	Starting Pay Rate:	Ending Pay Rate:	
Summarize the nature of work performed and your job responsibilities:		Reason for leaving:		
May we contact this employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later, not at this time. Please explain:		Were you subject to the FMCSRs 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 the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No				

EMPLOYMENT HISTORY (PLEASE FILL IN ALL SPACES BELOW OR MARK "N/A")

From:	To:	Employer:	Phone:	
Immediate Supervisor:	Address:	City:	State:	Zip:
Starting Job Title:	Ending Job Title:	Starting Pay Rate:	Ending Pay Rate:	
Summarize the nature of work performed and your job responsibilities:		Reason for leaving:		
May we contact this employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later, not at this time. Please explain:		Were you subject to the FMCSRs 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 the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No				

PERIODS OF UNEMPLOYMENT

Please use this space to provide an explanation of any periods of unemployment:

ACCIDENT RECORD

For the past 3 years (attach sheet if more space is needed) If none, write "NONE"

DATES	NATURE/DESCRIPTION OF ACCIDENT (head-on, rear-end, roll-over, etc.)	FATALITIES	INJURIES	HAZARDOUS SPILL
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

TRAFFIC CONVICTIONS

And forfeitures for the past 3 years (other than parking violations) If none, write "NONE"

LOCATION	DATE	CHARGE	PENALTY

CRIMINAL RECORD

Note: A criminal conviction may not disqualify you from consideration for employment, but failure to accurately complete this section will result in disqualification.

Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so please list <u>date</u> and <u>offense(s)</u> :		
Name and location of court:		Disposition of case:	
Name of probation/parole officer:	Phone number: May we contact him/her? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are there any felony or misdemeanor charges pending against you? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	

PERSONAL REFERENCE DATA

Name:	Address or Email:	Phone No:	Relationship:
Name:	Address or Email:	Phone No:	Relationship:
Name:	Address or Email:	Phone No:	Relationship:

SKILLS AND QUALIFICATIONS

List licenses/degrees you currently hold; list any courses/training applicable to driving a CMV:	Date obtained/completed:

DRIVING EXPERIENCE

Please list your driving experience in the following areas:

CLASS OF EQUIPMENT (check appropriate box)	TYPE OF EQUIPMENT (check appropriate box)	START DATE	END DATE	APPROX. NUMBER OF MILES DRIVEN
Straight Truck: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> VAN <input type="checkbox"/> TANK <input type="checkbox"/> FLAT <input type="checkbox"/> DUMP <input type="checkbox"/> OTHER			
Tractor/Semi-trailer: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> VAN <input type="checkbox"/> TANK <input type="checkbox"/> FLAT <input type="checkbox"/> DUMP <input type="checkbox"/> OTHER			
Other:				

List any special equipment or technical materials you can work with (unless shown above):

EQUIPMENT EXPERIENCE

TYPE OF EQUIPMENT OPERATED	YEARS OF EXPERIENCE

ABOUT THE HIRING PROCESS:

Please review your application to ensure that all questions have been answered to the best of your ability. Failure to completely fill out this Application for Employment may result in disqualification from consideration for employment. Mid-States Materials, LLC. (hereinafter referred to as "Company") will be screening applications for completeness, honesty and accuracy. THIS SCREENING PROCESS MAY INCLUDE THE ACQUISITION OF AN "INVESTIGATIVE CONSUMER REPORT" INCLUDING ANY HISTORY OF CRIMINAL CONVICTIONS, JOB SAFETY, EMPLOYMENT HISTORY (INCLUDING ATTENDANCE AND/OR OTHER PERFORMANCE-RELATED ISSUES) AND OTHER INFORMATION DEEMED RELEVANT TO THE APPLICANT SELECTION PROCESS. Attached to this application is a copy of the Federal Fair Credit Reporting Act, as it pertains to application screening and background checks.

PLEASE READ THE FOLLOWING STATEMENT & SIGN/ACKNOWLEDGE:

I HEREBY AUTHORIZE MID-STATES MATERIALS, LLC., TO REQUEST AND OBTAIN PERTINENT INFORMATION (DETAILED IN THE ABOVE PARAGRAPH) FROM MY FORMER EMPLOYERS. I RELEASE ALL FORMER EMPLOYERS PROVIDING SAID INFORMATION FROM ANY AND ALL LIABILITY THAT MAY ARISE BY THE TRUTHFUL DISCLOSURE OF THE AFOREMENTIONED EMPLOYMENT INFORMATION.

I UNDERSTAND THAT IT IS THE POLICY OF THE COMPANY THAT ALL APPLICANTS OFFERED EMPLOYMENT SUCCESSFULLY COMPLETE A DRUG AND/OR ALCOHOL SCREEN PROVIDING EVIDENCE OF THE ABSENCE OF ILLICIT AND/OR IMPAIRING SUBSTANCES. I ALSO UNDERSTAND THAT A CONFIRMED TEST RESULT FOR THE PRESENCE OF AN ILLICIT AND/OR IMPAIRING SUBSTANCE, OR MY FAILURE TO SUBMIT TO A DRUG SCREEN AS DIRECTED, WILL PRECLUDE ME FROM CONSIDERATION FOR EMPLOYMENT WITH THE COMPANY FOR A PERIOD OF ONE (1) YEAR.

If hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment. I understand that only an authorized Company officer or designee has the authority to make any assurances to the contrary. I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization. The Company is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, gender, sexual preference, religion, age or disability in employment or the provision of services.

I certify that the information contained in this Application for Employment, including any resume or other attachment(s), is true, correct and complete to the best of my knowledge. I understand that any false statements, misrepresentations or omissions I have made on this application or any supplement thereto, will be sufficient grounds for rejection of this application by the Company, or **discharge from employment if already hired.**

My signature acknowledges that I have read and agree to the above statements and affirmations.

Applicant's Signature

Date

This copy of the Federal *Fair Credit Reporting Act* has been provided in order to inform you of your rights regarding applicant screening and utilization of consumer information. Mid-States Materials, LLC. does not typically obtain personal credit information when conducting a background screen. If Mid-States Materials, LLC. deems it necessary to obtain personal credit information for any reason whatsoever (ie. security-sensitive job duties), your prior authorization will be attained.

THE FAIR CREDIT REPORTING ACT

Public Law 91-508 effective April 25, 1971 with Amendments
(15 U.S.C. § 1681 et seq.)

§ 604. Permissible purposes of reports

"A consumer reporting agency may furnish a consumer report under the following circumstances and no other:

"(1) In response to the order of a court having jurisdiction to issue such an order, or a subpoena issued in connection with proceedings before a Federal grand jury.

"(2) In accordance with the written instructions of the consumer to whom it relates.

"(3) To a person which it has reason to believe-

"(A) Intends to use the information in connection with a credit transaction involving the consumer on whom the information is to be furnished and involving the extension of credit to, or review or collection of an account of, the consumer; or

"(B) Intends to use the information for employment purposes; or

"(C) Intends to use the information in connection with the underwriting of insurance involving the consumer; or

"(D) Intends to use the information in connection with a determination of the consumer's eligibility for a license or other benefit granted by a governmental instrumentality required by law to consider an applicant's financial responsibility or status; or

"(E) Otherwise has a legitimate business need for the information in connection with a business transaction involving the consumer.

§ 606. Disclosure of investigative consumer reports

"(a) A person may not procure or cause to be prepared an investigative consumer report on any consumer unless-

"(1) It is clearly and accurately disclosed to the consumer that an investigative consumer report including information as to his character, general reputation, personal characteristics, and mode of living, whichever are applicable, may be made, and such disclosure (A) is made in a writing mailed, or otherwise delivered, to the consumer, not later than three days after the date on which the report was first requested, and (B) includes a statement informing the consumer of his right to request the additional disclosures provided for under subsection (b) of this section; or

"(2) The report is to be used for employment purposes for which the consumer has not specifically applied.

"(b) Any person who procures or causes to be prepared an investigative consumer report on any consumer shall, upon written request made by the consumer within a reasonable period of time after the receipt by him of the disclosure required by subsection (a)(1), shall make a complete and accurate disclosure of the nature and scope of the investigation requested. This Disclosure shall be made in a writing mailed, or otherwise delivered, to the consumer not later than five days after the date on which the request for such disclosure was received from the consumer or such report was first requested, whichever is the later.

"(c) No person may be held liable for any violation of subsection (a) or (b) of this section if he shows by a preponderance of the evidence that at the time of the violation he maintained reasonable procedures to assure compliance with subsection (a) or (b).

* For a complete copy of the Fair Credit Reporting Act, or to learn more about your rights you may visit the FCRA website at <http://www.ftc.gov/os/statutes/fcra.htm>

I acknowledge being advised of my rights pursuant to the FCRA.

Applicant's Initials

Date



BACKGROUND INFORMATION FORM

Fill out this form completely. **PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE.** Be sure to sign when completed.

PERSONAL INFORMATION

Last Name:	First Name:	Middle Name:	
Former Last Name #1 (alias, maiden, etc.):		Former Last Name #2:	
Current Address:	City:	State:	Zip:
How long have you lived at the above address?	Social Security No.:		Date of Birth:

PLEASE LIST THE TWO ADDRESSES MOST PRIOR TO YOUR CURRENT ADDRESS AND HOW LONG YOU HAVE LIVED AT EACH

Prior Address:	City:	State:	Zip:	Length of Time:
Prior Address:	City:	State:	Zip:	Length of Time:

PLEASE READ AND SIGN THE FOLLOWING STATEMENT:

I hereby authorize Mid-States Materials, LLC. to conduct a comprehensive review of my background, to be used in evaluation of my application for employment. I understand that the scope of the review may include, but is not limited to, the following areas:

VERIFICATION OF SOCIAL SECURITY NUMBER	HISTORY OF CRIMINAL CONVICTIONS
MOTOR VEHICLE RECORDS AND REGISTRATION	EMPLOYMENT HISTORY
OTHER: (IF REQUIRED FOR JOB)	INITIALS:

I hereby release Mid-States Materials, LLC. and its agents, representatives or assigned agencies, including officers, employees or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family or associates because of compliance with this authorization.

A SUMMARY OF MY RIGHTS UNDER THE FEDERAL FAIR CREDIT REPORTING ACT (FCRA), AS IT PERTAINS TO BACKGROUND SCREENING, IS ATTACHED TO THIS APPLICATION PACKET.

Signature

Date

EMPLOYMENT VERIFICATION: CONFIDENTIAL INQUIRY TO PAST EMPLOYER

TO: _____
(Former Employer Name, City, State)

_____ (Date, Time)

Dear Personnel Manager:

The individual listed below has applied to this company for employment. The applicant has advised that your firm is a past employer. As you will note from the waiver below, **the applicant has released your company from all legal liability**. You may reply by facsimile to the fax number listed below. Thank you for taking the time to assist us in this process. We will gladly return the favor if the opportunity presents itself.

From: Mid-States Materials, LLC.
Phone: 785-235-8444
Fax: 785-232-0078
Email: arazak@bettiscompanies.com

Name of applicant: _____

SSN: _____ -- _____ -- _____

Job applying for: _____

What was the applicant's job title/position? _____

Hire date: ____/____/____ Termination date: ____/____/____ Quit Terminated Laid Off

Would you re-employ this person? YES NO If NO, please explain: _____

Was the employee punctual? YES NO Did the employee get along well with others? YES NO

Was disciplinary action ever taken against the employee? YES NO If YES, please explain: _____

Did this person ever test positive for drugs or alcohol? YES NO We Don't Test

Did the employee ever have an accident on the job? YES NO

If YES, please explain: _____

Additional comments: _____

Your Name/Title: _____ / _____ Date: _____
(Person providing the above information)

Company: _____

I, the undersigned, hereby authorize this company to release all records of employment, including assessments of my job performance, ability and fitness (including dates of any and all alcohol or drug tests, those confirmed results, and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completed under directions of SAP/MRO) to each and every company (or their authorized agents) which may request such information in connection with my application for employment. I hereby release this company, and its employees, officers, directors and agents from any and all liability of any type as a result of providing the above information.

(Applicant's Signature, Date)

(Witness Signature, Date)

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

If subject to FMCSR only fill in the highlighted sections.

SECTION I: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) _____
First, M.I., Last

Social Security Number

herby authorize:

Date of Birth

Previous Employer: _____

Email: _____

Street: _____

Telephone: _____

City, State, Zip: _____

Fax No.: _____

to release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substance Testing records within the previous 3 years from _____
(date of employment application)

To: Prospective Employer: Mid-States Materials, LLC.
Attention: Human Resources Telephone: 785-783-8116
Street: PO Box 1694
City, State, Zip: Topeka, KS 66601

In compliance with §40.25(g) and 391.23(h), release of this information must be made in written form that ensures confidentiality, such as fax, email or letter.

Prospective employer's confidential fax number: 785-232-0078
Prospective employer's confidential email address: arazak@bettiscompanies.com

Applicant's Signature

Date

This information is being requested in compliance with §40.25 and 391.23.

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER (ALSO COMPLETE SECTION 3)

ACCIDENT HISTORY

The applicant named above was employed by us as a _____ from (m/y) _____ to (m/y) _____

1. Did he/she drive a motor vehicle for you? YES NO If yes, what type? Straight Truck Cargo Tank
 Tractor-Semitrailer Bus Doubles/Triples Other (Specify) _____

2. Reason for leaving your employ: Discharged Resignation Lay Off Military Duty

3. Would you re-employ this person? YES NO If NO, please explain _____

4. Was this person punctual? YES NO

5. Was his/her general conduct satisfactory? YES NO If NO, please explain _____

***If there is no safety performance history to report, check here , sign below and proceed to Section 3.**

ACCIDENTS: Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here if there is no accident register date for this driver.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____

Signature: _____ Title: _____ Date: _____

SECTION 3: TO BE COMPLETED BY PREVIOUS EMPLOYER

Employee Name _____

DRUG AND ALCOHOL HISTORY

If driver was **not** subject to Department of Transportation testing requirements while employed, please check here , fill in the dates of employment from _____ to _____, complete bottom of section 3, sign and return.

Driver was subject to Department of Transportation testing requirements from _____ to _____.

1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? YES NO
2. Has this person tested positive, adulterated or substituted a test specimen for controlled substances? YES NO
3. Has this person refused to submit to a post-accident, random, reasonable suspicion or follow-up alcohol or controlled substance test? YES NO
4. Has this person committed other violations of Subpart B of Part 382, or Part 40: YES NO
5. If this person has violated DOT drug and alcohol regulation, did this person fail to undertake or complete a program prescribed by a Substance Abuse Professional (SAP) in your employ? If yes, please send documentation back with this form. YES NO
6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? YES NO

In answering these questions, include any required DOT drug or alcohol testing information obtained from previous employers in the 3 years prior to the application date shown on side 1.

Name: _____

Company: _____

Street: _____

City, State, Zip: _____ Telephone: _____

Section 3 Completed by (Signature): _____ Date: _____

SECTION 4: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one): Faxed to previous employer Mailed Emailed Other _____

By: _____ Date: _____

Complete below when information is obtained.

Information received from: _____

Recorded by: _____ Date: _____



EQUAL OPPORTUNITY EMPLOYMENT FORM

THIS FORM IS OPTIONAL and may be voluntarily completed when your employment application is filled out. The information requested on this form is being collected for the purpose of reporting statistics to federal and state Equal Opportunity Employment agencies. The information collected from this form **WILL NOT BE UTILIZED** during the applicant selection process. This form will be separated from your employment application once it is completed.

PERSONAL INFORMATION

Last Name:		First Name:		Middle Name:
Current Address:		City:	State:	Zip:
Sex (check one): <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		Social Security No.:		Date of Birth:

Ethnic Origin: White/Caucasian Black/African-American Hispanic Asian/Pacific Islander
 Native American Mixed or Other: _____

Job Category: Driver Laborer Mechanic Office Other: _____

Special Status*: Veteran Spouse of a Veteran Orphan of a Veteran Disabled Veteran
 Vietnam-Era Veteran Other Protected Veteran Newly Separated Veteran

*As defined by the US Department of Labor, 41 CFR 61 250, and/or Section 38 U.S.C. 3106

How did you find out about the job opening for which you have applied? _____

Signature **Date**

Office use only	EEOC Job Category:
------------------------	---------------------------

Pre-Screening Notice and Certification Request for the Work Opportunity Credit

► Information about Form 8850 and its separate instructions is at www.irs.gov/form8850.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name _____ Social security number ► _____

Street address where you live _____

City or town, state, and ZIP code _____

County _____ Telephone number _____

If you are under age 40, enter your date of birth (month, day, year) _____

- 1 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.

- 2 Check here if **any** of the following statements apply to you.
 - I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
 - a. Received SNAP benefits (food stamps) for the past 6 months; **or**
 - b. Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
 - During the past year, I was convicted of a felony or released from prison for a felony.
 - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
 - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.

- 3 Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.

- 4 Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.

- 5 Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.

- 6 Check here if you are a member of a family that:
 - Received TANF payments for at least the past 18 months; **or**
 - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years; **or**
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

- 7 Check here if you are in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ►

Date

For Employer's Use Only

Employer's name MID-STATES MATERIALS, LLC Telephone no. 785-887-6038 EIN ▶ 42-1610056

Street address 1800 NW BRICKYARD ROAD

City or town, state, and ZIP code TOPEKA, KS 66618

Person to contact, if different from above MICHELLE MILLER Telephone no. 785-783-8535

Street address 1800 NW BRICKYARD ROAD

City or town, state, and ZIP code TOPEKA, KS 66618

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under *Members of Targeted Groups* in the separate instructions), enter that group number (4 or 6) ▶ _____

Date applicant:

Gave information _____ Was offered job _____ Was hired _____ Started job _____

Under penalties of perjury, I declare that the applicant provided the information on this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete. Based on the information the job applicant furnished on page 1, I believe the individual is a member of a targeted group. I hereby request a certification that the individual is a member of a targeted group.

Employer's signature ▶ _____ **Title** _____ **Date** _____

Privacy Act and Paperwork Reduction Act Notice

Section references are to the Internal Revenue Code.

Section 51(d)(13) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's federal tax return. Completion of this form is voluntary and may assist members of targeted groups in securing employment. Routine uses of this form include giving it to the state workforce agency (SWA), which will contact appropriate sources to confirm that the applicant is a member of a targeted group. This form may also be given to the Internal Revenue Service for administration of the Internal Revenue laws, to the Department of Justice for civil and

criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

- Recordkeeping** . . . 6 hr., 27 min.
- Learning about the law or the form** 24 min.
- Preparing and sending this form to the SWA** 31 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can send us comments from www.irs.gov/formspubs. Click on "More Information" and then on "Give us feedback." Or you can send your comments to:

Internal Revenue Service
Tax Forms and Publications
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send this form to this address. Instead, see *When and Where To File* in the separate instructions.