PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

APPLICATIONS WILL BE KEPT ON FILE FOR 6 MONTHS

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APPLICANTS WILL BE TESTED FOR ILLEGAL DRUGS AND MUST PROVIDE A COPY OF HIS/HER DRIVING RECORD PRIOR TO HIRE

PLEASE COMPLETE F	SE COMPLETE PAGES 1-5. DATE					
Name						
	Last	First	N	liddle		Maiden
Present address						
	Number	Street	City	State	Zip	
Telephone ()						
If under 18, please list a	ıge					
			How m	any hour	s can you work	weekly?
						
(Be specific)			Referre	ed by		
, , ,	□FULL-TIME ONLY	□PART-TIME (ONLY	□FU	ILL- OR PART-T	IME
When are you available	to start working?					
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing a			ER OF YEARS MPLETED	MAJOR & DEGREE
High School		(Complete mailing a	uui ess)		NVII LL I LD	DEGREE
College						
Bus. or Trade School						
Professional School						
HAVE YOU EVER BEEN CONVICTED OF A CRIME? ☐ No ☐ Yes						
				☐ Yes		()
If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.						
DO YOU HAVE A DRIVER'S LICENSE?						
What is your means of transportation to work?						
Driver's license number State of issue □ Operator □ Commercial (CDL) □ Chauffeur						
Expiration date		ite of Issue	□ Op	perator	☐ Commercial ((CDL) □Chauffeur
Have you had any accidents during the past three years? Yes No If yes how many?						
Have you had any moving violations during the past three years? Yes No If yes how Many?						

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Please list two references of	other than relatives or previous e	employers.				
Name		Name				
Position		Position				
Company		Company				
Address		Address				
Telephone ()		Telephone ()				
Please list all equipment yo	u have experience operating					
Type of Equipment Length of Experience Operating Equipment		What type of Work done with Equipment				
An application form sometir space below to summarize which you are applying.	nes makes it difficult for an indivance and indivance any additional information nece	vidual to adequately summarize a complete background. Use the ssary to describe your full qualifications for the specific position for				

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE				Ė	pplication for mployment Page 3 of 5
	MIL	ITARY			
HAVE YOU EVER BEEN IN THE A	ARMED FORCES?	☐ Yes ☐ No			
ARE YOU NOW A MEMBER OF T	HE NATIONAL GUARD?	☐ Yes ☐	No		
Specialty Date Entered Discharge Date					
Work Experience Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.					
Name of employer Address		Name of last supervisor	Employmen	t dates	Pay or salary
City, State, Zip Code Phone number			From		Start
			То		Final
Your last job title					
Reason for leaving (be specific)					
May we contact this employer?	Yes ☐ No				
company.					
Name of employer Address		Name of last supervisor	Employmen	t dates	Pay or salary
City, State, Zip Code Phone number			From		Start
Thomas named			То		Final
		Your Last Job Title			
Reason for leaving (be specific)					
May we contact this employer? ☐ Yes ☐ No					
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.					

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE			E	oplication for Employment Page 4 of 5		
Work Please list your work experience for the experience If you were self-employed, give firm name	past five years beginning the Attach additional sheet	with your mo	ost recent sary.	job held.		
Name of employer Address	Name of last supervisor	Employme	ent dates	Pay or salary		
City, State, Zip Code Phone number		From		Start		
		То		Final		
	Your last job title					
Reason for leaving (be specific)						
May we contact this employer? ☐ Yes ☐ No						
List the jobs you held, duties performed, skills used or lea company.	ameu, auvancements of pro	modons will	ie you wo	ined at tills		
Name of employer Address	Name of last supervisor	Employme	ent dates	Pay or salary		
City, State, Zip Code Phone number		From		Start		
		То		Final		
	Your last job title					
Reason for leaving (be specific)						
May we contact this employer? ☐ Yes ☐ No						
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.						
Did you complete this application yourself ☐ Yes ☐	No					

PLEASE PRINT ALL INFORMATION		Application for Employment			
REQUESTED EXCEPT SIGNATURE		Page 5 of 5			
	PLEASE READ CAREFULLY				
	APPLICATION FORM WAIVER				
In exchange for the consideration of my job application by Front Range Concrete, LLC (hereinafter called "the Company"), I agree that:					
Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Front Range Concrete, LLC, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President/General Manager of the Company. Both the undersigned and Front Range Concrete, LLC may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.					
I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts can be cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contact.					
I understand that (1) the Company has a Drug and Alcohol Abuse policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.					
I understand that, in connection with the routine processing of this employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. The Company will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.					
I further understand that my employment with the Company shall be probationary for a period of six months, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.					
Signature of applicant	Date:				
This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.					
Thank you for completing this app	lication form and for your interest in our bus	iness.			