

**THE CONCRETE COMPANY  
COLUMBUS QUARRY, LLC  
FOLEY PRODUCTS COMPANY  
FOLEY MATERIALS COMPANY  
P.O. Box 2447, Columbus, GA 31902**

Date of Application: \_\_\_\_\_

**Employment Application**

An Equal Opportunity Employer  
A Georgia Smoke-Free Air Employer  
Please complete the entire application.  
Incomplete applications will not be considered  
as legitimate employment inquires.

Position or type of work applying for:	
Date available: _____	Salary requirements: _____
Available for: Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/>	
If part-time, specify hours of day: _____	
Can you work weekends? Yes <input type="checkbox"/> No <input type="checkbox"/> Overtime? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you willing to work nights for long periods of time? Yes <input type="checkbox"/> No <input type="checkbox"/>	

**HOME PHONE NUMBER ( )**

**CELL PHONE NUMBER ( )**

NAME	LAST	FIRST	MIDDLE	SOCIAL SECURITY #		
<b>ADDRESS</b>		<b>STREET &amp; NUMBER</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>	<b>*YEARS AT THIS ADDRESS</b>
CURRENT _____						
PREVIOUS _____						
PREVIOUS _____						
<b>*(MUST INCLUDE [AT LEAST] ALL ADDRESSES WHERE YOU HAVE LIVED FOR THE PREVIOUS 3 YEARS)</b>						
ARE YOU ELIGIBLE TO WORK IN THE U.S., EITHER BY CITIZENSHIP OR I.N.S. AUTHORIZATION? <input type="checkbox"/> YES <input type="checkbox"/> NO						
<b>IN EMERGENCY</b>	<b>NAME</b>		<b>ADDRESS</b>		<b>PHONE NO.</b>	
					( )	-
HAVE YOU EVER APPLIED OR WORKED AT THIS CORPORATION OR ANY OF ITS AFFILIATED COMPANIES? YES <input type="checkbox"/> NO <input type="checkbox"/>						
IF YES, WHERE AND WHEN: _____ REASON FOR LEAVING: _____						
HAVE YOU EVER WORKED UNDER ANY OTHER NAMES? IF YES, PLEASE LIST: _____						
WHAT LANGUAGES DO YOU SPEAK? _____						
WHO REFERRED YOU TO THIS COMPANY? <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> NEWSPAPER <input type="checkbox"/> OTHER						
DO YOU HAVE ANY PHYSICAL OR MENTAL IMPAIRMENTS THAT WOULD INTERFERE WITH YOUR ABILITY TO PERFORM THE JOB FOR WHICH YOU ARE APPLYING? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT ACCOMMODATIONS WOULD HELP YOU TO PERFORM YOUR JOB DUTIES?						
WHAT QUALITIES DO YOU POSSESS THAT WILL AID YOU IN PERFORMING THE JOB FOR WHICH YOU ARE APPLYING?						
NAME OF RELATIVE(S) EMPLOYED BY THIS COMPANY:						
HAVE YOU EVER BEEN CONVICTED OF A CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN NATURE AND DATE OF OFFENSE: _____						
<b>(A CONVICTION WILL NOT NECESSARILY BAR YOU FROM EMPLOYMENT)</b>						
HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FROM ANY POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO						
IF YES, PLEASE EXPLAIN: _____						
<b>U.S. MILITARY SERVICE?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO PERIOD OF SERVICE: FROM _____ TO _____						
RANK ENTRY _____ DISCHARGE _____						
APPLICABLE SPECIAL MILITARY TRAINING RECEIVED: _____						
MEMBER OF RESERVES? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE						
BASIC EDUCATION-CIRCLE HIGHEST TRAINING RECEIVED: 1 2 3 4 5 6 7 8 9 10 11 12						
NAME AND CITY OF LAST SECONDARY SCHOOL ATTENDED: _____						
NAME AND CITY OF COLLEGE, UNIVERSITY OR TRADE SCHOOL		COURSE OF STUDY		YEARS COMPLETED		DEGREES TITLE
ARE YOU A LICENSED MEMBER OF ANY PROFESSION OR TRADE? <input type="checkbox"/> YES <input type="checkbox"/> NO						
KIND OF LICENSE _____ STATE _____ CERTIFICATE NUMBER _____ YEAR _____						

**THIS PAGE TO BE COMPLETED ONLY BY PROSPECTIVE DRIVERS  
EXPERIENCE AND QUALIFICATIONS**

Revision 6/1/2010

Have you ever been bonded? Yes  No   
(Answer only if a job requirement)

Name of Bonding Co: \_\_\_\_\_

Date of Birth:        /        /  
                          Month    Day    Year

Have you ever been convicted of a crime? Yes  No

If yes, explain fully on a separate sheet of paper. A conviction will not necessarily bar you from employment. Circumstances will be considered.

Have you ever worked for this company under another name? Yes  No

If so, list name(s) : \_\_\_\_\_

<b>DRIVING EXPERIENCE</b>				
Class of Equipment	Type of Equipment	Dates		Approximate Mileage
		From	To	
Straight Truck				
Tractor & Semi-Trailer				
Twin-Trailers				
Other				

List states operated in for last five years: \_\_\_\_\_

Show special courses or training that will help you as a driver: \_\_\_\_\_

<b>ACCIDENT HISTORY</b>				
If no accidents in the last 3 years - check here <input type="checkbox"/>				
DATE (month/year)	NATURE OF ACCIDENT (head-on, rear-end, upset, etc.)	NO. OF FATALITIES	NO. OF INJURIES	CHEMICAL 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

<b>TRAFFIC CONVICTIONS AND FORFEITURES (3 YEARS)</b>			
If no traffic convictions and/or forfeitures in the last 3 years - check here <input type="checkbox"/>			
DATE CONVICTED (month/year)	VIOLATION (other than violations involving parking only)	STATE OF VIOLATION	PENALTY (Forfeited bond, collateral and/or points)
_____	_____	_____	_____
_____	_____	_____	_____

<b>LICENSE INFORMATION</b>		
Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.		
STATE	License Number	Expiration Date
<b>DRIVERS LICENSE HELD IN THE PAST:</b>		
STATE	License Number	Expiration Date
A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, give details: _____		
B. Has any license, permit, or privilege ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, give details: _____		

**EMPLOYMENT HISTORY (All Applicants)**

(Use attached additional employment history information forms if necessary)

**LIST ALL PREVIOUS EMPLOYMENT IN REVERSE ORDER STARTING WITH THE MOST RECENT.**

**You are required to list the complete mailing address: street number and name, city, state, zip code and telephone number.**

**CURRENT OR LAST EMPLOYER:**

EMPLOYER		DATE	
NAME:		FROM: MO.      YR.	TO: MO.      YR.
ADDRESS:		POSITION HELD	
CITY:	STATE:      ZIP:	SALARY/WAGE	
CONTACT PERSON:	PHONE NO:	REASON FOR LEAVING	

WERE YOU SUBJECT TO THE FMCSRS\*\* WHILE EMPLOYED? YES  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? YES  NO

**\*ACCOUNT FOR PERIOD BETWEEN JOBS** - Include dates (month/year) and reason

EMPLOYER		DATE	
NAME:		FROM: MO.      YR.	TO: MO.      YR.
ADDRESS:		POSITION HELD	
CITY:	STATE:      ZIP:	SALARY/WAGE	
CONTACT PERSON:	PHONE NO:	REASON FOR LEAVING	

WERE YOU SUBJECT TO THE FMCSRS\*\* WHILE EMPLOYED? YES  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? YES  NO

**\*ACCOUNT FOR PERIOD BETWEEN JOBS** - Include dates (month/year) and reason

EMPLOYER		DATE	
NAME:		FROM: MO.      YR.	TO: MO.      YR.
ADDRESS:		POSITION HELD	
CITY:	STATE:      ZIP:	SALARY/WAGE	
CONTACT PERSON:	PHONE NO:	REASON FOR LEAVING	

WERE YOU SUBJECT TO THE FMCSRS\*\* WHILE EMPLOYED? YES  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? YES  NO

**\*ACCOUNT FOR PERIOD BETWEEN JOBS** - Include dates (month/year) and reason

**\* Any gaps in employment and/or unemployment must be explained.**

\*\* The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.



**USE THIS SHEET FOR ADDITIONAL EMPLOYMENT HISTORY INFORMATION  
CONTINUE LISTING PREVIOUS EMPLOYMENT.**

<b>EMPLOYER</b>		<b>DATE</b>	
NAME:		FROM: MO.          YR.	TO: MO.          YR.
ADDRESS:		POSITION HELD	
CITY:	STATE:	SALARY/WAGE	
CONTACT PERSON:		REASON FOR LEAVING	
PHONE NO:			
WERE YOU SUBJECT TO THE FMCSRs** WHILE EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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? YES <input type="checkbox"/> NO <input type="checkbox"/>			
<b>*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason</b>			
<b>EMPLOYER</b>		<b>DATE</b>	
NAME:		FROM: MO.          YR.	TO: MO.          YR.
ADDRESS:		POSITION HELD	
CITY:	STATE:	SALARY/WAGE	
CONTACT PERSON:		REASON FOR LEAVING	
PHONE NO:			
WERE YOU SUBJECT TO THE FMCSRs** WHILE EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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? YES <input type="checkbox"/> NO <input type="checkbox"/>			
<b>*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason</b>			

1. I understand that this application and any attachment are the property of The Concrete Co., Columbus Quarry, LLC, Foley Products Co., or Foley Materials Co. (The Company).
2. This certifies that I completed this application and that all entries on it and information in it are true and complete to the best of my knowledge.
3. I hereby grant the Company permission to verify such answers, and I further understand that any false statement or omission on this application may be considered as sufficient cause for rejection of the application, or for dismissal if such false statement or omission is discovered subsequent to my employment.
4. I authorize The Company to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. Any employment is contingent upon favorable background verifications. I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.
5. Employment is dependent upon several criteria, including my satisfactorily passing a physical examination and/or any associated laboratory test(s) that may be prescribed by the Company.
6. Any offer of employment tendered me is based upon my agreement to abide by the rules and regulations of The Company and acknowledge that such rules and regulations may be changed, interpreted, withdrawn or added to at the sole discretion of The Company at any time without prior notice to me.
7. The Company is an "at will" employer and by signing this application I acknowledge that my employment may be terminated, and any offer of employment, if such is made, may be withdrawn, with or without cause, and with or without prior notice, at any time, at the option of The Company or myself.
8. I understand that no representative of The Company, other than the President, has any authority to enter into any agreement for employment for any specified period of time, or assure or make some other personnel move, either prior to commencement of employment or after I have become employed, or to assure any benefits or terms and conditions of employment, or make any agreement contrary to the foregoing. I further understand that any such agreement must be in writing and signed by The Company President.
9. In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, gender, national origin, age, marital status, or disability.
10. If applicable, I understand that information that I provide regarding current and/or previous employer(s) may be used; and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e).  
I understand that I have the right to:
  - Review information provided by current/previous employer(s);
  - Have errors in the information corrected by previous employer(s) and for those previous employer(s) to re-send the corrected information to the prospective employer; and
  - Have a rebuttal statement attached to the alleged erroneous information if the previous employer(s) and I cannot agree on the accuracy of the information.

This application will remain active for a period of 30 days from the date of completion. Should you wish to reactivate or amend your application at the end of the 30-day period, please notify this office in writing at that time.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date