

Please print the following application, fill it out, and either mail it back to:

Dorsett Brothers Concrete
Attn: Jana Nall
P.O. Box 5766
Pasadena, TX 77508-2651

Or

Print it, fill it out, and fax it back to:

281-998-4900
Attn: Jana Nall

Thank you,
Dorsett Brothers Concrete



DORSETT BROTHERS

CONCRETE SUPPLY, INC.

P.O. Box 5766
Pasadena, Texas 77508-5766
281/487-0264
Fax 281/487-2651
800/392-4700

DORSETT BROS. CONCRETE HIRING POLICY

IT IS OUR POLICY AT DORSETT BROTHERS CONCRETE TO EMPLOY PERSONNEL BASED ON QUALIFICATIONS, WITHOUT REGARD TO AGE, RACE, COLOR, SEX, RELIGIOUS PREFERENCE, OR NATIONAL ORIGIN. WE WILL PROVIDE EQUAL OPPORTUNITY FOR ADVANCEMENT OF EMPLOYEES THROUGH UPGRADING, PROMOTION, AND TRAINING. WE WILL NOT DISCRIMINATE AGAINST ANY PERSON BECAUSE OF RACE, COLOR, AGE, RELIGION, SEX, OR NATIONAL ORIGIN

MINIMUM DRIVER QUALIFICATION

1. **MUST BE AT LEAST 23** YEARS OF AGE FOR STRAIGHT TRUCK OR 26** YEARS OF AGE FOR TRACTOR TRAILER**
2. BE IN GOOD PHYSICAL HEALTH
 - A. PASS A PRE-EMPLOYMENT PHYSICAL
 - B. PASS A SUBSTANCE ABUSE TEST
 - C. HAVE NOT FAILED OR REFUSED A SUBSTANCE ABUSE TEST WITH PREVIOUS EMPLOYER
3. VALID TEXAS MOTOR VEHICLE LICENSE OF PROPER CLASS FOR VEHICLE HIRED TO OPERATE
4. HAVE A THOROUGH KNOWLEDGE OF THE MOTOR VEHICLE SAFETY REGULATIONS AND OTHER APPLICABLE LAWS.
5. **HAVE A MINIMUM OF 2 YEARS VERIFIABLE DRIVING EXPERIENCE OF A VEHICLE OF AT LEAST 26,000 GVW, OR GRADUATION CERTIFICATE FROM ACCREDITED DRIVING SCHOOL.**
6. GOOD DRIVING RECORD
 - A. NO MORE THAN 3 MOVING VIOLATIONS IN A 3 YEAR PERIOD
 - B. NO DWI OR DUI VIOLATIONS IN PAST 3 YEARS
 - C. COMPANY INSURANCE MUST ACCEPT FOR COVERAGE
7. NO FELONY CONVICTION IN THE PREVIOUS 10* YEARS

I HAVE READ AND UNDERSTAND THE ABOVE REQUIREMENTS. FALSIFYING ANY INFORMATION COULD RESULT IN TERMINATION.

SIGNED: _____

*Revised 5/8/2006
** Revised 10/1/2006

DRIVER'S APPLICATION FOR EMPLOYMENT

(ADD ADDITIONAL SHEETS AS NECESSARY TO PROVIDE COMPLETE INFORMATION)

Applicant Name _____ Date of Application _____
(print)
Company DORSETT BROS. CONCRETE
Address 3210 Lilac
City Pasadena State TX Zip 77505



In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

I authorize you 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. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) 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. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employers 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 previous employers;
- Have errors in the information corrected by previous employers and for those previous employers 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.

Signature _____ Date _____

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____
(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING OFFICER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____
DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____
TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

This form is made available with the understanding that Texas Motor Transportation Association is not engaged in rendering legal, accounting, or other professional services. Texas Motor Transportation Association assumes no responsibility for the use of this form, or any decision made by an employer which may violate local, state, or federal law.

APPLICANT TO COMPLETE

(ANSWER ALL QUESTIONS - PLEASE PRINT)

Position(s) Applied For _____

Name _____ Social Security No. _____
Last First Middle

List Your Residence Address(es) For The Last 3 Years:

Current Address _____ How Long? _____
Street City State & Zip Code Yr./Mo.

Home Phone _____ Cell Phone _____ Alternate Phone _____

Previous Address _____ How Long? _____
Street City State & Zip Code Yr./Mo.

Previous Address _____ How Long? _____
Street City State & Zip Code Yr./Mo.

Previous Address _____ How Long? _____
Street City State & Zip Code Yr./Mo.

Do you have the legal right to work in the United States? _____

Date of Birth ____/____/____ Can you provide proof of age? _____
(Required for commercial drivers)

Have you worked for this company before? _____ Where? _____

Dates From _____ To _____ Rate of Pay _____ Position _____

Reason For Leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Have you ever been bonded? _____ Name of bonding company _____
(Answer only if a job requirement)

Have you ever been convicted of a felony? _____ If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment. All circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied? _____

If yes, explain if you wish: _____

The following page is for information on your "Employment History". All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. Provide the complete mailing address showing the street number, city, state and zip code.

Applicants to drive a commercial motor vehicle * (see page 3), in intrastate or interstate commerce shall provide a list of the names and addresses of the applicant's employers during the 7-year period preceding the 3-years required in the paragraph above.

List employers starting with the most recent employer. Add another sheet as necessary.

EMPLOYMENT HISTORY

LAST EMPLOYER: NAME _____ FROM _____ TO _____ SALARY _____
Mo. Yr. Mo. Yr.
POSITION HELD _____ REASON FOR LEAVING _____
ADDRESS _____ CITY _____ ST _____ ZIP _____
CONTACT PERSON/TITLE _____ PHONE () _____
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 _____

2nd LAST EMPLOYER: NAME _____ FROM _____ TO _____ SALARY _____
Mo. Yr. Mo. Yr.
POSITION HELD _____ REASON FOR LEAVING _____
ADDRESS _____ CITY _____ ST _____ ZIP _____
CONTACT PERSON/TITLE _____ PHONE () _____
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 _____

3rd LAST EMPLOYER: NAME _____ FROM _____ TO _____ SALARY _____
Mo. Yr. Mo. Yr.
POSITION HELD _____ REASON FOR LEAVING _____
ADDRESS _____ CITY _____ ST _____ ZIP _____
CONTACT PERSON/TITLE _____ PHONE () _____
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 _____

4th LAST EMPLOYER: NAME _____ FROM _____ TO _____ SALARY _____
Mo. Yr. Mo. Yr.
POSITION HELD _____ REASON FOR LEAVING _____
ADDRESS _____ CITY _____ ST _____ ZIP _____
CONTACT PERSON/TITLE _____ PHONE () _____
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 _____

5th LAST EMPLOYER: NAME _____ FROM _____ TO _____ SALARY _____
Mo. Yr. Mo. Yr.
POSITION HELD _____ REASON FOR LEAVING _____
ADDRESS _____ CITY _____ ST _____ ZIP _____
CONTACT PERSON/TITLE _____ PHONE () _____
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 _____

6th LAST EMPLOYER: NAME _____ FROM _____ TO _____ SALARY _____
Mo. Yr. Mo. Yr.
POSITION HELD _____ REASON FOR LEAVING _____
ADDRESS _____ CITY _____ ST _____ ZIP _____
CONTACT PERSON/TITLE _____ PHONE () _____
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 _____

7th LAST EMPLOYER: NAME _____ FROM _____ TO _____ SALARY _____
Mo. Yr. Mo. Yr.
POSITION HELD _____ REASON FOR LEAVING _____
ADDRESS _____ CITY _____ ST _____ ZIP _____
CONTACT PERSON/TITLE _____ PHONE () _____
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 _____

* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.
+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.

ACCIDENT RECORD

List all accidents for past 3 years in which you were the driver. If none, write NONE.

<u>Date</u>	<u>Nature (Head-on etc.)</u>	<u># Fatalities</u>	<u># Injuries</u>	<u>Hazardous Material Spill</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TRAFFIC CONVICTIONS

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

<u>Date</u>	<u>Charge</u>	<u>Penalty</u>	<u>Location</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LICENSES AND PERMITS

List all driver licenses or permits held in the past 3 years.

<u>State</u>	<u>License No.</u>	<u>Type</u>	<u>Expiration Date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes _____ No _____
- B. Has any license, permit or privilege ever been suspended or revoked? Yes _____ No _____
- IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS _____
- _____
- _____

QUALIFICATIONS AND EXPERIENCE

<u>Class of Equipment</u> (Check Yes or No)	<u>Circle Type of Equipment</u>	<u>Dates: From (M/Y) To (M/Y)</u>	<u>Approx. No. Total Miles</u>
Straight Truck <input type="checkbox"/> Y <input type="checkbox"/> N	Van - Tank - Flat - Dump - Reefer	_____	_____
Tractor and Semi-Trailer <input type="checkbox"/> Y <input type="checkbox"/> N	Van - Tank - Flat - Dump - Reefer	_____	_____
Tractor - Two Trailers <input type="checkbox"/> Y <input type="checkbox"/> N	Van - Tank - Flat - Dump - Reefer	_____	_____
Tractor - Three Trailers <input type="checkbox"/> Y <input type="checkbox"/> N	Van - Tank - Flat - Dump - Reefer	_____	_____
Motorcoach - School Bus <input type="checkbox"/> Y <input type="checkbox"/> N More than 8 passengers	_____	_____	_____
Motorcoach - School Bus <input type="checkbox"/> Y <input type="checkbox"/> N More than 15 passengers	_____	_____	_____
Other _____	_____	_____	_____

LIST STATES OPERATED IN FOR LAST 5 YEARS: _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

SHOW ANY TRUCKING, TRANSPORTATION, OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY: _____

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN). _____

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED _____ (NAME) (CITY, STATE)

TO BE READ AND SIGNED BY APPLICANT

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

Signature: _____ Date: _____



DORSETT BROTHERS

CONCRETE SUPPLY, INC.

RELEASE OF PREVIOUS EMPLOYMENT INFORMATION

I hereby authorize you to release the following information to:
DORSETT BROS. CONCRETE
P. O. BOX 5766
PASADENA, TX 77508
as required by CFR 49, Section 391.23 of the Federal Motor Carrier Safety Regulations.
You are released from any liability which may result from furnishing such information.

Applicant Signature _____ Social Security Number _____

Date: _____ Applicant's Name: _____
Print or type

To: _____ Phone #: _____ FAX #: _____

From: Jana Nall Phone #: 281-998-1919 FAX #: 281-998-4900

1. Dates of Employment: _____ to _____

2. Position: _____ If Driver, Type of Truck: Straight Truck _____ Tractor/Trailer _____
Flat-Bed _____ Tanker _____ Van _____

3. Cause of separation? _____ Lack of work _____ Discharge _____ Vol. Quit _____
Lay-Off _____ Medical _____ Other _____

4. Eligible for Rehire? Yes _____ No _____ If no, why? _____

5. Problems: _____
Temperment _____ Honesty _____ Reliable _____
Alcohol/Drugs _____ Equipment Care _____ Other _____

Was he/she involved in one or more preventable accidents in a commercial vehicle in the preceding 3 years? Yes _____ No _____ If yes, please list dates and provide a brief explanation: _____

Has he/she had any Hours of Service violations that resulted in an out-of-service order in the last 3 years? Yes _____ No _____

In accordance with the Department of Transportation (DOT) regulations, 49 C.F.R. Sections 382.413 and 40.25, please release the following information regarding the applicant listed above.

Do you use a drug screen for qualifying? _____ Yes _____ No _____
Has he/she tested positive within 3 years? _____ Yes _____ No _____
Has he/she refused a required test for drugs or alcohol? _____ Yes _____ No _____
Has he/she had an alcohol test with the confirmed breath alcohol concentration of 0.04 or greater in the past 3 years? _____ Yes _____ No _____
In the last 3 years, has he/she violated any DOT agency drug and alcohol testing regulation? _____ Yes _____ No _____

Have you received information from any employer that this individual violated DOT drug and alcohol regulations? _____ Yes _____ No _____

Signature of person completing this form _____

Date _____

Printed Name _____

Title _____



VETERAN'S EMPLOYEE DATA FORM

IMPORTANT - To All Applicants: To enable us to meet government reporting regulations and maintain an Affirmative Action Plan, Dorsett Brothers Concrete Supply Inc. requests that you complete this personal data form. **Information will be used solely for government reporting purposes and will be detached and kept separate from your application.** Any information that you choose to provide will not be considered by Dorsett Brothers Concrete Supply for employment purposes and will be treated as personal and confidential. Your voluntary cooperation is appreciated.

General Information	Full Name (print) _____ <i>Last</i> <i>First</i> <i>Middle</i>
	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
	Position Accepted For _____
	Referral Source(s) _____
Veteran Status	<input type="checkbox"/> Special Disabled Veteran - A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans' Affairs for a disability (A) rated at 30 percent or more, or (B) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 38 U.S.C. 3106 to have a serious employment handicap or (ii) a person who was discharged or released from active duty because of a service-connected disability.
	<input type="checkbox"/> Veteran of the Vietnam-era – Means a person who: (i) served on active duty in the U.S. military, ground, naval or air service for a period of more than 180 days, and who was discharged or released therefrom with other than a dishonorable discharge, if any part of such active duty was performed: (A) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in all other cases; or (ii) was discharged or released from active duty in the U.S. military, ground, naval or air service for a service-connected disability if any part of such active duty was performed (A) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975 in any other location.
	<input type="checkbox"/> Newly Separated Veterans' – Means any veteran who has served on active duty in the U.S. military, ground, naval or air service during the last year beginning on the date of such veteran's discharge or release from active duty.
	<input type="checkbox"/> Other Protected Veterans' - A Means veterans who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized.

Signature: _____ Date: _____

