

Describe circumstances resulting in any denial/revocation/suspension of any license or permit you have held:

Drivers licenses held past 3 years must be shown: in addition, you must supply a 39 month m.v.r. (motor vehicle record) with your application.

State	License no.	Class	Endorsements	Exp date

In the past 2 years have you:

Tested positive for any controlled substance pre-employment test? Yes_____ no _____

Refused to test for any controlled substance pre-employment test? Yes_____ no _____

Tested above .04 on any alcohol pre-employment test? Yes_____ no _____

Tested positive for a controlled substance or bac greater than .04? Yes_____ no _____

Refused to test for a controlled substance or alcohol testing? Yes_____ no _____

If you answered yes to any of the above questions, document which substance abuse professional you consulted:

Name of sap: _____

Address: _____

City, St, zip: _____

Phone #: _____

Is your DOT Medical Examiners Certificate current? Yes_____ no _____

Please provide a current copy with application

Driving experience:

Class of equipment	Type of equipment	Date: from	Date: to

Previous employer: _____ Supervisor name: _____
Address: _____ Phone number: _____
Employment date: from _____ to _____ Position held: _____
Was employment subject to controlled substance and blood alcohol testing: yes _____ no _____
Was employment subject to FMCSR(DOT Regulations) yes _____ no _____
Reason for leaving: _____

Previous employer: _____ Supervisor name: _____
Address: _____ Phone number: _____
Employment date: from _____ to _____ Position held: _____
Was employment subject to controlled substance and blood alcohol testing: yes _____ no _____
Was employment subject to FMCSR(DOT Regulations) yes _____ no _____
Reason for leaving: _____

Previous employer: _____ Supervisor name: _____
Address: _____ Phone number: _____
Employment date: from _____ to _____ Position held: _____
Was employment subject to controlled substance and blood alcohol testing: yes _____ no _____
Was employment subject to FMCSR(DOT Regulations) yes _____ no _____
Reason for leaving: _____

Previous employer: _____ Supervisor name: _____
Address: _____ Phone number: _____
Employment date: from _____ to _____ Position held: _____
Was employment subject to controlled substance and blood alcohol testing: yes _____ no _____
Was employment subject to FMCSR(DOT Regulations) yes _____ no _____
Reason for leaving: _____

Previous employer: _____ Supervisor name: _____
Address: _____ Phone number: _____
Employment date: from _____ to _____ Position held: _____
Was employment subject to controlled substance and blood alcohol testing: yes _____ no _____
Was employment subject to FMCSR(DOT Regulations) yes _____ no _____
Reason for leaving: _____

Previous employer: _____ Supervisor name: _____
Address: _____ Phone number: _____
Employment date: from _____ to _____ Position held: _____
Was employment subject to controlled substance and blood alcohol testing: yes _____ no _____
Was employment subject to FMCSR(DOT Regulations) yes _____ no _____
Reason for leaving: _____

If you have additional employment during the past 10 years, please provide information on a separate sheet of paper.

SUBSTANCE ABUSE POLICY

Arizona Jobsite Concrete LLC employees, as a condition of employment are required to be free from any measurable amounts of illegal drugs and/or alcohol. Because Arizona Jobsite Concrete is committed to providing a drug-free working environment for our customers and employees, all offers of employment are contingent upon passing a urinalysis drug test which indicates that you are free from illegal drugs / alcohol.

If you are offered a position with Arizona Jobsite Concrete LLC, you will be required to report within 24 hours with photo identification to take a urinalysis drug test. Although certain security measures are taken in order to prevent altering test results, your personal privacy in the collection process will be respected. The results of this pre-employment test will be released to only those on the authorized list and then communicated only to those people who need to know. We respect this confidential information. All results from testing other than pre-employment are communicated to the corporate substance abuse administrator.

CONSENT AND RELEASE FOR TESTING

I have received a copy of the Arizona Jobsite Concrete's SUBSTANCE ABUSE POLICY. I consent freely and voluntarily to the collection and testing of my urine. I hereby release and hold harmless Arizona Jobsite Concrete, its employees, designated representatives and agents for any liability whatsoever arising from this request to furnish my specimens, for testing and decisions made concerning my application for employment or my continued employment based upon the results of these tests. I further authorize the confidential release of the laboratory results to the substance abuse administrator of Arizona Jobsite Concrete, or those designated by them now and at any further dates as they are needed.

I have read and understand the substance abuse policy of Arizona Jobsite Concrete. I have read and understand the above statement. I understand that the refusal to submit to drug/alcohol testing procedures or a failure to cooperate with the implementation of this policy and the company's efforts to maintain a drug free work place may result in discipline up to and including discharge.

Signature: _____ Printed Name: _____

Date: _____