



# Fusion Ready Mix LLC./ Fusion Pumping LLC.

2222 W. Broadway Rd.  
Phoenix, AZ 85041

## APPLICATION FOR COMPANY DRIVING POSITIONS

(Answer all questions – Please Print)

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.

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

Name: \_\_\_\_\_  
Last First Middle

Social Security No. \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street City State Zip

Phone No.: (\_\_\_\_) \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Can you provide proof of age? \_\_\_\_\_

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

Have you worked for this company before? \_\_\_\_\_

Do you have the legal right to work in the United States? Yes \_\_\_\_ No \_\_\_\_

If qualified for this position, date you can start? \_\_\_\_\_

List your addresses of residency for the past 3 years.

Previous Address: \_\_\_\_\_ How long \_\_\_\_\_  
Street City State / Zip

Previous Address: \_\_\_\_\_ How long \_\_\_\_\_  
Street City State / Zip

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Street City State / Zip

Contact in case of Emergency, Address and Phone Number \_\_\_\_\_

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)? Yes \_\_\_\_ No \_\_\_\_

Date of your last D.O.T physical \_\_\_\_/\_\_\_\_/\_\_\_\_.

### EMPLOYMENT HISTORY

All driver applicants to drive intrastate or interstate commerce must provide the following information on all employers during the past (10) years. List complete mailing address, street number, city, state and zip code and all phone numbers. (Incomplete applications will not be considered).

NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary

Do we have permission to contact your "current employer?" \_\_\_\_\_ YES \_\_\_\_\_ NO / Comments: \_\_\_\_\_

Current Employer:	Company:	Reason for leaving:	
Dates of Employment	Address:	Wage / Salary:	
From:	City:	State:	Zip:
Month / Year	Telephone: ( )	Position Held:	
To:	Supervisor:	States you drove in:	
Month / Year	Types of Trailer(s) Pulled:	Number of Motor Vehicle Accidents:	
		Full or Part-time:	

NEXT EMPLOYER:	Company:	Reason for leaving:	
Dates of Employment	Address:	Wage / Salary:	
From:	City:	State:	Zip:
Month / Year	Telephone: ( )	Position Held:	
To:	Supervisor:	States you drove in:	
Month / Year	Types of Trailer(s) Pulled:	Number of Motor Vehicle Accidents:	
		Full or Part-time:	

NEXT EMPLOYER:	Company:	Reason for leaving:	
Dates of Employment	Address:	Wage / Salary:	
From:	City:	State:	Zip:
Month / Year	Telephone: ( )	Position Held:	
To:	Supervisor:	States you drove in:	
Month / Year	Types of Trailer(s) Pulled:	Number of Motor Vehicle Accidents:	
		Full or Part-time:	

NEXT EMPLOYER:	Company:	Reason for leaving:	
Dates of Employment	Address:	Wage / Salary:	
From:	City:	State:	Zip:
Month / Year	Telephone: ( )	Position Held:	
To:	Supervisor:	States you drove in:	
Month / Year	Types of Trailer(s) Pulled:	Number of Motor Vehicle Accidents:	
		Full or Part-time:	

NEXT EMPLOYER:	Company:	Reason for leaving:	
Dates of Employment	Address:	Wage / Salary:	
From:	City:	State:	Zip:
Month / Year	Telephone: ( )	Position Held:	
		States you drove in:	

To:	Supervisor:	Number of Motor Vehicle Accidents:
Month / Year	Types of Trailer(s) Pulled:	Full or Part-time:

If necessary, attach an additional sheet to show employment for last 10 years.

If unemployed during the past (5) years give dates of the unemployment and explain why you were unemployed and provide references who can verify such unemployment: NAME: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Have you ever been discharged from any job? YES \_\_\_\_ NO \_\_\_\_ If yes, please list name of companies and reason for discharge:

#### ACCIDENT RECORD FOR PAST 5 YEARS: IF NONE, WRITE NONE.

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES

#### TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 5 YEARS: IF NONE, WRITE NONE.

DATE	LOCATION (STATE)	VIOLATION	PENALTY

#### EXPERIENCE AND QUALIFICATIONS - DRIVERS

##### DRIVERS LICENSES (LIST) ALL DRIVERS LICENSE IN PAST (5) YEARS

STATE	LICENSE NO.	CLASS	ENDORSEMENTS	EXPIRATION DATE

- A. Have you ever had any type of motor vehicle license suspended or revoked, or ever been denied a license, Permit of privilege to operate a motor vehicle? YES \_\_\_\_ NO \_\_\_\_
- B. Do you have any pending charge or past conviction for driving while intoxicated? YES \_\_\_\_ NO \_\_\_\_
- C. Do you have any pending charge or past conviction for possession of a controlled substance? YES \_\_\_\_ NO \_\_\_\_
- D. Do you have any pending charge or conviction for any misdemeanor or felony offense? YES \_\_\_\_ NO \_\_\_\_

(The fact of a charge and / or conviction, does not automatically disqualify an applicant from employment)  
If the answer to either A, B, C, D is yes, state all circumstance and dates.

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What types of vehicles do you have experience with? \_\_\_\_\_

How many years have you driven a commercial motor vehicle? \_\_\_\_\_

List States operated in for last five years. \_\_\_\_\_

Were you subject to FMCR at your previous employment? \_\_\_\_\_

Were you subject to alcohol and controlled substance testing requirements at previous employment? \_\_Yes\_\_No

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

Which safe driving awards do you hold and from whom. \_\_\_\_\_

Do you agree and release this company from any and all liability to run a complete background check on you as it pertains to your driving record, criminal investigations, previous employment information and previous drug and alcohol test with any or all companies that you have been employed? This information does not include any personal finances. Yes \_\_\_\_\_ No \_\_\_\_\_

Education:

What was your highest level of education? \_\_\_\_\_

TO BE READ AND SIGNED BY APPLICANT

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. I authorize you to make such investigations and inquire 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.

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Applicant Signature

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Date