

Do you own reliable transportation to enable you to get to work in a timely manner?
() Yes () No

Is there any reason why you will not be able to get to work regularly and on time?
() Yes () No

If yes, explain _____

May we contact your present employer? () Yes () No
Previous employers? () Yes () No

Please identify any exceptions and reasons for not contacting. _____

Have you ever been dismissed or forced to resign from any employment?
() Yes () No

If yes, identify name(s) and relevant dates. _____

Except for vacations and holidays, how many work days were you absent during the past calendar year?

() 0 - 5 days () 5 - 10 days () 10 - 15 days () 15+ days

Comments: _____

If requested, are you willing to work any of the following:

Weekends Holidays Nights Overtime

Have you ever been convicted of or pleaded guilty to a criminal offense that was not expunged?

() Yes () No

If yes, please give specifics: _____

(You need not disclose convictions which have been sealed or expunged pursuant to court order. A conviction record is not necessarily disqualifying.)

Can you perform the essential duties of the type of work for which you are applying?
() Yes () No

If no, are there accommodations that would permit you to perform the essential duties?
() Yes () No

If yes, what accommodations would you require? _____

Referred by: (Name of Relative, Friend, Union, etc.) _____

EDUCATION

	Name	City / State	Diploma Yes/No	Dates Attended	Major or Course of Study
High School					
Technical / Business School					
College / University					
Post-Graduate Education					
Other					

EMPLOYMENT HISTORY

In the following spaces, provide a record of your employment history, or attach your preprinted resume. Begin with your current employment and work back through the last four companies with which you were employed.

Dates of Employment: From: _____ To: _____

Name of Company _____

Street Address/PO Box _____ Phone: _____

City, State, Zip _____

Your position or type of work. _____

Reason for leaving? _____

Dates of Employment: From: _____ To: _____

Name of Company _____

Street Address/PO Box _____ Phone: _____

City, State, Zip _____

Your position or type of work. _____

Reason for leaving? _____

Dates of Employment: From: _____ To: _____

Name of Company _____

Street Address/PO Box _____ Phone: _____

City, State, Zip _____

Your position or type of work. _____

Reason for leaving? _____

Dates of Employment: From: _____ To: _____

Name of Company _____

Street Address/PO Box _____ Phone: _____

City, State, Zip _____

Your position or type of work. _____

Reason for leaving? _____

References:

Please list 3 references that know you either professionally or personally that are not already listed above. Please do not list family members:

Name: _____ Phone: _____

Address: _____

City, State, Zip: _____

How do you know this person? _____

Years Known: _____ e-mail: _____

Name: _____ Phone: _____

Address: _____

City, State, Zip: _____

How do you know this person? _____

Years Known: _____ e-mail: _____

Name: _____ Phone: _____

Address: _____

City, State, Zip: _____

How do you know this person? _____

Years Known: _____ e-mail: _____

Do you know any current or former employees with Laverdiere Constructions, Commercial Rental or LCI Concrete? _____ If so, please list below:

LCI CONCRETE, INC.
10797 E 755th Street, Colchester, IL 62326

EMPLOYMENT INQUIRY RELEASE

In consideration for employment or promotion with LCI Concrete, Inc., we may, on our behalf, make inquiries including, but not limited to, your consumer credit history, education, professional licensing, driving history, your personal character, abilities, work habits, mode of living, residency, immigration status, general reputation, performance, experience and other qualities pertinent to your qualifications for employment, including reasons for termination of past employment.

In compliance with the Americans with Disabilities Act, only after a contingent offer of employment, will your worker's compensation history be investigated for the purpose of making certain that you are not hired for a position or assigned a job function that could aggravate a previous injury.

In compliance with the Fair Credit Reporting Act, you are entitled to be informed if an offer of employment is withheld because of information obtained. In that event, we will provide a copy of the report we receive and the FTC notice, "*A Summary of Your Rights Under the Fair Credit Reporting Act*".

Please complete the information below and sign the form authorizing, without reservation, any party including, but not limited to, employers, law enforcement agencies, state agencies, institutions and private information bureaus or repositories, contacted by us to furnish any or all of the above listed information. Your authorization releases us from any and all liability for damages arising from the investigation and disclosure of the requested information. Further, it releases and discharges all liability from all companies, agencies, officials, officers, employees and other persons, who, in good faith, provide to us the above-mentioned information as requested, in order to successfully complete a background investigation. Your signature allows a photocopy or fax copy of this authorization to be as valid as the original.

You will be given a copy of this completed notice verifying that a consumer report may be obtained for employment purposes. Please retain it for your records.

Please complete the following information. Print legibly.

PRINT FULL NAME	_____
SOCIAL SECURITY #	_____ DATE OF BIRTH* _____
STREET ADDRESS	_____
CITY, STATE, ZIP	_____
DRIVERS LICENSE #	_____ STATE _____
APPLICANT SIGNATURE	_____ DATE _____

**Date of birth is being requested only for the purposes of identification in obtaining accurate retrieval of records and it will not be used for discriminatory purposes.*

READ THIS CAREFULLY

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that employment is contingent upon the background inquiry. Incomplete, false or misleading statements shall prevent my application from receiving further consideration, and, if discovered after I am employed, shall be considered sufficient cause for dismissal.

If required, I will submit to a pre-employment physical examination. I will comply with the Company's Substance Abuse Program by submitting to drug and alcohol testing both at pre-employment and random notice. I acknowledge that a positive drug/alcohol test result is sufficient reason for refusal to hire or to terminate employment. Further, I release this Company, including its agents, employees, physicians, representatives and attorneys from all liability in connection with the physical examination and/or drug/alcohol testing.

I also understand that, if employed, I may be placed on probationary status initially; employment is for no definite period of time; my position may be terminated at any time without notice; the Company has rules, regulations, policies and procedures that I will be expected to follow; salary and benefits will conform to the Company's standards; and terms of employment can only be modified by the Company President or his designee.

Date: _____

Applicant's Signature: _____

LCI Concrete, Inc.
Quality Ready-Mix

Macomb / Beardstown

Ph. 309-837-1259 Ph. 217-440-1149

10797 E 755th St

Colchester, IL 62326



LETTER TO APPLICANTS AND EMPLOYEES
Company's Drug and Alcohol Testing Program
Effective Date: 8/1/2001

The illegal use of drugs and the abuse of alcohol are problems that invade the workplace, endangering the health and safety of the abusers and those who work around them. Every employee and applicant should understand those dangers and be aware of the federal requirements and state guidelines concerning substance abuse in the workplace. LCI CONCRETE, INC. is committed to creating and maintaining a workplace free of substance abuse.

To this end, LCI CONCRETE, INC. (also referred to as "LCI CONCRETE" or "Company") has developed a policy in conformity with Department of Transportation (DOT) Drug and Alcohol Testing Program Regulation 49 CFR Part 40 and Federal Motor Carriers Safety Administration (FMCSA) Regulation 49 CFR Part 382, which will apply to both DOT and Non-DOT employees.

Employees whose job duties may or may not require them to possess a valid Commercial Drivers License (CDL) and perform safety-sensitive functions regulated by a DOT Agency Regulation are subject to the DOT testing regulations and Company *Policy*. Federal regulations shall be considered as preempting any inconsistent state or local laws or regulations.

The purpose of this policy is to establish programs designed to help prevent accidents and injuries resulting from the misuse of alcohol or use of controlled substances by employees covered by this policy.

An employee whose conduct violates this substance abuse policy will be subject to discipline up to and including termination and will conform with applicable state or local laws and regulations, as well as any other applicable written agreements or guidelines.

We believe that the benefits derived from the policy objectives outweigh the potential inconvenience to employees, and we earnestly solicit the understanding and cooperation of all employees in implementing this policy.

LCI CONCRETE, INC.

LCI CONCRETE, INC.
Pre-Employment Substance Testing
Receipt of Policy Statement
Permission Form (DFW02) (FMCS)

I certify that I have been given a copy of LCI CONCRETE, INC.'s Drug and Alcohol Testing Program Policy Statement ("Policy"), and that I have read it. I freely and voluntarily give my permission to submit to urinalysis and/or other screening or tests as shall be determined by LCI CONCRETE, INC., under its administration of applicable regulations of the U.S. Department of Transportation(DOT), including 49 CFR Part 40 and 49 CFR Part 382, Company Policy and in substantial compliance with applicable state statutes pertaining to a drug-free workplace, if any, in the selection process of final applicants for employment, for the purpose of determining the presence of, and content of, any or all of the following substances:

1. Amphetamines
2. Cannabinoids
3. Cocaine
4. Phencyclidine (PCP)
5. Opiates
6. Alcohol

I also understand and acknowledge that I may be subject to non-DOT screening and testing under Company Policy as set forth in the Policy.

I further agree to and hereby authorize the release of the results of said test to LCI CONCRETE, INC. and to LCI CONCRETE, INC.'s Medical Review Officer and its Service Agents as provided in the Policy.

I understand that a negative test is a pre-condition of employment with LCI CONCRETE, INC. and that the refusal to submit to testing or a positive test result will result in the rejection of my application or the rescinding of a conditional offer of employment. I also understand that it is not the purpose of this screen or test to identify any disability I may have and that pre-employment screening and testing activities are conducted in compliance with ADA requirements applicable to the Company, if any.

MANDATORY DOT QUESTION:

During the past two years, have you tested positive or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules?

(circle one) **YES** **NO**

I further agree that a reproduced copy of this form shall have the same force and effect as the original. I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this form is a voluntary act on my part and I have not been coerced into signing this document by anyone.

Applicant Print Name: _____ SS#: _____

Applicant Signature: _____ Date: _____

Witness Printed Name: _____ Witness Signature: _____

LCI CONCRETE, INC.
10797 E 755th Street, Colchester, IL 62326
Phone: (309) 837-1259 / Fax: (309) 833-4993
E-Mail: rhs@lconcrete.net

Truck Driver QUALIFICATIONS:

1. Total number of years driving the following equipment, with efficiency.

1. Tandem Dump _____

2. Semi with Dump Trailer _____

3. Semi with Lowboy _____

4. Ready Mix Cement Truck _____

2. Do you have your current CDL? _____

3. Do you have your current Medical Card? _____

4. Rate the following areas on a scale of 1-10, 10 being the strongest.

_____ Dependability

_____ Hard working

_____ Efficient worker

NOTE: The LCI Concrete, Inc. Truck Driver position consists not only of driving trucks but also maintaining, servicing and some repair of the trucks. Other duties involve maintenance of ready-mix trucks which includes drum cleaning and preparing for paint. Typical other duties also include forming and pouring excess ready mix into forms for blocks. Are you prepared to fulfill these and other duties as assigned by management? Yes _____ No _____

LCI Concrete, Inc.
Quality Ready-Mix
Macomb / Beardstown
4055 W. Jackson Street, Macomb, IL 61455
Phone: 309-837-1259 / Fax: 309-833-4993

CONFIDENTIAL REQUEST FOR INFORMATION
On DOT Safety-Sensitive Former Employees (DFW06) (FMCS)

Notice to all Applicants for Commercial Driver's License (CDL) Positions:

In compliance with DOT regulations 49 CFR Part 40 and Part 382, as a condition of employment in a DOT safety-sensitive position, all applicants being considered for employment in a CDL position or for transfer to a CDL position must provide the names and addresses of previous employers for whom they performed DOT regulated safety-sensitive duties 2 years prior to the date of this application.

Provide the following information as completely as possible. We **MUST** be able to contact your previous employers for the past 2 years.

	Employer	Address	Telephone Number	Fax Number
1.	_____	_____	_____	_____
	_____	_____	_____	_____
2.	_____	_____	_____	_____
	_____	_____	_____	_____
3.	_____	_____	_____	_____
	_____	_____	_____	_____
4.	_____	_____	_____	_____
	_____	_____	_____	_____

You must also sign the **Applicant Consent for Release Authorization** at the bottom of the next page in order to be placed in a DOT safety-sensitive position with LCI Concrete, Inc.

CONFIDENTIAL REQUEST FOR INFORMATION
On DOT Safety-Sensitive Former Employees (DFW06) (FMCS)

REQUESTED BY: Jody Miller, Primary DER
 LCI Concrete, Inc. Phone: (309) 837-1258
 4055 W. Jackson Street, Macomb, IL 61455 Fax: (309) 833-4993

TO: _____ Phone: _____
 _____ Fax: _____

RE: _____ SS #: _____
 (Name of Applicant)

has applied to LCI Concrete, Inc. for a safety-sensitive function under DOT regulations. **PLEASE NOTE:** 49 CFR Part 40.25 and 49 CFR Part 382.405(h) mandates that previous employers must immediately provide information regarding any violations found. Pursuant to 49 CFR Part 40.25 and 49 CFR Part 382.413, we request that you provide the information below.

PLEASE COMPLETE THE FOLLOWING: (Referencing the last 2 years)

1. Was this person an employee of yours at any time during the last 2 years? Yes No
 If yes, provide dates of employment? From _____ To _____
2. Was he/she employed in a DOT safety-sensitive function: Yes No
 If yes, what position? _____
3. Was he/she subjected to alcohol testing or controlled substance testing pursuant to 49 CFR Part 40? Yes No
4. Did he/she test positive at any time for alcohol concentration of 0.04 or greater? Yes No
5. Was he/she verified positive for controlled substances covered under 49 CFR Part 40? Yes No
 If positive, was he/she referred to a substance abuse professional? Yes No
6. Did he/she see a substance abuse professional? Unknown Yes No
7. If yes, was treatment recommended and completed? Unknown Yes No
8. If yes, did he/she undergo a return-to-duty test indicating a verified negative result? Yes No
9. Did he/she refuse to take a required alcohol or drug test (including verified adulterated or substituted drug test results)? Yes No
10. If yes, which test did he/she refuse?

<input type="checkbox"/> Reasonable suspicion alcohol	<input type="checkbox"/> Reasonable suspicion controlled substance
<input type="checkbox"/> Random alcohol	<input type="checkbox"/> Random controlled substance
<input type="checkbox"/> Follow-up alcohol	<input type="checkbox"/> Follow-up controlled substance
<input type="checkbox"/> Post-accident alcohol	<input type="checkbox"/> Post-accident controlled substance

SIGNATURE: _____ DATE _____
 TITLE: _____

APPLICANT: DO NOT WRITE ABOVE THIS LINE

APPLICANT CONSENT FOR RELEASE AUTHORIZATION

With my signature below, I am authorizing you to release information regarding any DOT alcohol and/or controlled substance program and/or testing while I was in your employ, acting as your agent, under contract with you, or acting as your representative in any capacity during the preceding 2 years from the date below. A copy of this release form shall have the same force and effect as the original.

APPLICANT: List previous employers (during the last 2 years) on first page of this form.

This request is specific and to be released only to **LCI Concrete, Inc.** Authorization of this release will expire once the requested information has been sent to LCI Concrete, Inc. This authorization may not be used to provide information to any other persons. I certify all former DOT employer information provided by me is correct.

Applicant's Printed Name _____ Date: _____

Applicant's Signature _____

Witness Printed Name _____ Witness Signature _____