

# Contractor's Supplies, Inc.

## Application for Employment

<b><u>LUFKIN:</u></b> <input type="checkbox"/> READYMIX: 303 Webber St. <input type="checkbox"/> READYMIX: 309 Abney Ave. <input type="checkbox"/> SUPPLIES: 104 Industrial Blvd.	<b><u>TYLER:</u></b> <input type="checkbox"/> READYMIX: 1601 John Carney Dr. <input type="checkbox"/> SUPPLIES: 13037 Hwy. 155 S	<b><u>LONGVIEW:</u></b> <input type="checkbox"/> READYMIX: 417 Calvin Blvd. <input type="checkbox"/> SUPPLIES: 1015 W Marshall Ave.
<b><u>NACOGDOCHES:</u></b> <input type="checkbox"/> READYMIX: 1211 Bennett Clark Rd.	<b><u>ATHENS:</u></b> <input type="checkbox"/> READYMIX: 1400 N. Hwy. 19	<b><u>MARSHALL:</u></b> <input type="checkbox"/> READYMIX: 905 Lake St.

In compliance with the 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, or non-job related disability.

Position applied for \_\_\_\_\_ Date \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

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

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Street

City \_\_\_\_\_ State \_\_\_\_\_ Social Security # \_\_\_\_\_

Zip \_\_\_\_\_ Phone \_\_\_\_\_ Drivers License # \_\_\_\_\_

Do you have the legal right to work in the U.S.? Yes ☐ No ☐ DL State and Expiration Date \_\_\_\_\_

Previous addresses for the past three years:

Street City State Zip How long

Street City State Zip How long

Street City State Zip How long

Have you worked for Contractor's Supplies, Inc. before? Yes ☐ No ☐ Which location(s)? \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Are you currently employed? Yes ☐ No ☐ If not, how long since leaving last employment? \_\_\_\_\_

Is there any reason you might be unable to perform the functions of the job for which you are applying? Yes ☐ No ☐

If yes, please explain (not required) \_\_\_\_\_

# Employment History

**Time gaps or failure to provide complete contact information will disqualify you from employment consideration.**

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding seven (7) years. List complete mailing address, street number, city, state and zip code.  
List employers in reverse order, starting with the most recent. Add another sheet if necessary.

EMPLOYER			DATE	
Name			From	To
Address			Position	
City	State	Zip	Salary/Wage	
Contact Person	Phone		Reason for Leaving	

EMPLOYER			DATE	
Name			From	To
Address			Position	
City	State	Zip	Salary/Wage	
Contact Person	Phone		Reason for Leaving	

EMPLOYER			DATE	
Name			From	To
Address			Position	
City	State	Zip	Salary/Wage	
Contact Person	Phone		Reason for Leaving	

EMPLOYER			DATE	
Name			From	To
Address			Position	
City	State	Zip	Salary/Wage	
Contact Person	Phone		Reason for Leaving	

EMPLOYER			DATE	
Name			From	To
Address			Position	
City	State	Zip	Salary/Wage	
Contact Person	Phone		Reason for Leaving	

EMPLOYER			DATE	
Name			From	To
Address			Position	
City	State	Zip	Salary/Wage	
Contact Person	Phone		Reason for Leaving	

**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 &amp; City) \_\_\_\_\_

**ACCIDENT RECORD (for past three (3) years) (Attach sheet if more space is needed) If none, write "none".**

DATES	NATURE OF ACCIDENT (Head-on, rear-end, upset, etc.)	FATALITIES	INJURIES
Last Accident _____			
Next Previous _____			
Next Previous _____			

**TRAFFIC CONVICTIONS & FORFEITURES (for past three (3) years, other than parking violations)**

LOCATION	DATE	CHARGE	PENALTY

**DRIVER EXPERIENCE (If none, write "none".)**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, Etc.)	DATES		APPROX. # OF MILES (Total)
		From	To	
Straight Truck _____				
Tractor & Semi-Trailer _____				
Tractor--Two Trailers _____				
Motorcoach, School Bus _____				
Other _____				

List states operated in for last five (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 Contractor's Supplies, Inc. \_\_\_\_\_

List courses and training other than shown elsewhere in this application \_\_\_\_\_

List special equipment or technical materials you can work with (other than those already shown) \_\_\_\_\_

DRIVERS LICENSES			
STATE	LICENSE #	TYPE	EXPIRATION DATE

Have you ever been denied a license, permit or privilege to operate a motor vehicle?

Yes ☐ No ☐

Has any license, permit or privilege ever been suspended or revoked?

Yes ☐ No ☐

(If the answer to either of the above is "yes", attach statement giving details.)

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.  
I authorize you to make such investigations and inquiries of my personal, employment, financial, driving and/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, school, 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 Contractor's Supplies, Inc.

Applicant's Signature

Date

PROCESS RECORD For Office Use Only

Applicant Hired

Date Employed

Department

Rejected

Point Employed

Classification

If rejected, summary report of reasons should be placed in file

	Superior	Good	Fair	Below Average	Poor	Written Record on File
1. Application						
2. Interview						
3. Past Employment						
4. Written Exam						
5. Road Test						
6. Criminal and Traffic Convictions						

Signature of interviewing officer

TRANSFERS

From:

To:

Date:

Reason for transfer

From:

To:

Date:

Reason for transfer

From:

To:

Date:

Reason for transfer

From:

To:

Date:

Reason for transfer

TERMINATION OF EMPLOYMENT

Date Terminated

Dismissed

Termination Report Placed in File

Department Released From

Voluntary Quit

Supervisor

Other

CSI EMPLOYMENT PACKET--REVISED AUG 2022

Attach copy of

- Current driver's license
- Social Security card
- Current DOT medical card

**GENERAL CONSENT FOR FULL QUERY OF THE  
FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION (FMCSA)  
DRUG AND ALCOHOL CLEARINGHOUSE  
(Effective January 6, 2020)**

**FMCSA Drug and Alcohol Clearinghouse**

In compliance with FMCSA regulation, the following personal information will be collected, maintained and reported to the Clearinghouse:

1. A verified positive, adulterated, or substituted drug test result;
2. An alcohol confirmation test with a concentration of 0.04 or higher;
3. A refusal to submit to any test required by 49 CFR 382.601(c);
4. An employer's report of actual knowledge, as defined at 382.107:
  - ▶ On duty alcohol use pursuant to 382.205;
  - ▶ Pre-duty alcohol use pursuant to 382.207;
  - ▶ Alcohol use following an accident pursuant to 382.209; and
  - ▶ Controlled substance use pursuant to 382.213;
- A substance abuse professional (SAP as defined in 40.3) report of the successful completion of the return-to-duty process;
- A negative return-to-duty test; and
- An employer's report of completion of follow-up testing.

**PROSPECTIVE EMPLOYEES:**

A FULL QUERY (as opposed to a LIMITED QUERY) of the FMCSA Clearinghouse for information regarding any DOT drug/alcohol testing violations is required before you can be considered for employment with Contractor's Supplies, Inc. In order for CSI to conduct a full query, prospective DOT employees must register with The Clearinghouse.

**For more information and a link to the registration page,  
visit our website at [csiconcrete.com](http://csiconcrete.com)  
and select "Employment" from the menu options.**



# RELEASE OF CDL HOLDER'S REPORTED POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST RESULTS



Use this form to obtain the CDL holder's reported positive alcohol or controlled substance test results information.

This form should ONLY be used if you wish to inquire whether or not a prospective driver (CDL Holder) has had a positive alcohol or controlled substance test result reported to the Texas Department of Public Safety in compliance with state law.

**THIS FORM IS NOT REQUIRED FOR REPORTING A POSITIVE  
ALCOHOL OR CONTROLLED SUBSTANCE TEST.**

1. This form must be completed in full and include the driver's original signature.

2. Deliver, mail, Email or FAX the completed form to:

**Texas Department of Public Safety  
Motor Carrier Bureau, MSC #0521  
6200 Guadalupe, Building P  
Austin, Texas 78752-4019 / Facsimile: 512-424-5310**

☐ Check here if CDL Holder  
is requesting results on self

**Email: MCB.VPR@dps.texas.gov**

\_\_\_\_\_  
Print Name of CDL Holder

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Print full Address, City, State and Zip Code of CDL Holder

\_\_\_\_\_  
Social Security #

Driver License Number of CDL Holder \_\_\_\_\_ State \_\_\_\_\_ Date of Birth \_\_\_\_\_

authorize release of any and all of CDL holder's reported positive alcohol or  
controlled substance test results reported under Texas state law to

\_\_\_\_\_  
Print Motor Carrier's Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Print full Address, City, State and Zip Code of Motor Carrier

Signature of Driver

Date

**X**

If you wish to request and receive this information by electronic mail, submit a completed and notarized Electronic Mail Verification Form (MCS-32), available at the following web address:  
<http://www.txdps.state.tx.us/forms/index.htm>.

## **CONTRACTOR'S SUPPLIES, INC.**

### **REQUEST FOR CHECK OF DRIVING RECORD**

Under the Fair Credit Reporting Act ("FCRA"), 15 U.S.C. 1680 et seq., the regulations applicable to the federal Department of Transportation's Federal Motor Carriers Safety Administration, including 49 CFR 40.329, the Americans with Disabilities Act and all other applicable federal, state, and local laws, I hereby authorize and permit Contractor's Supplies, Inc. to obtain information, where permitted, pertaining to my employment records, driving history records, driving performance and safety history, and alcohol and drug testing.

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#### **DOT Drivers:**

I understand that Title 49 of the Federal Code of Regulations, Section 391.23, requires that Contractor's Supplies, Inc. contact all former employers of a driver within the last three years under the regulation of the Department of Transportation. Information such as dates of employment, position, accident history, as well as information pertaining to drug and alcohol testing history, may be requested from each employer in accordance with Section 391.23 and 49 CFR 40.25.

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By signing below, I consent to and authorize the gathering of this information by Contractor's Supplies, Inc. including from former employers and/or from or through a consumer reporting agency, such as:

iiX, a Verisk Analytics Business  
1574 Crescent Point Parkway  
College Station, Texas 77845

I understand and acknowledge that this release of information may assist Contractor's Supplies, Inc. to make a determination regarding my suitability as an employee. I agree that a copy of this authorization has the same effect as an original. Where permitted, this authorization shall remain in effect over the course of my employment and reports may be ordered periodically during the course of my employment.

\_\_\_\_\_  
Applicant's Printed Name

Date: \_\_\_\_\_

D.L.#: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

D.O.B.: \_\_\_\_\_

# PRE-EMPLOYMENT DRUG SCREENING AUTHORIZATION

I give my permission to **CONTRACTOR'S SUPPLIES, INC.**, Lufkin, Texas, and the laboratory it has selected, to conduct the urine tests or other approved testing procedures required for drug testing as part of my pre-employment physical and drug/alcohol testing as prescribed by Department of Transportation (D.O.T.).

I understand that if the result of the first drug test is positive, the laboratory will conduct a second test using a different and more sensitive analytical method to confirm the original result.

I understand that if the positive results to the tests are caused by medications prescribed by an accredited physician for treatment of a current condition, the Company will verify the circumstances with the doctor prior to any offer of employment.

I understand that if positive results to the tests are caused by drugs/alcohol that are not part of a currently prescribed medical treatment program, I will not be hired.

I understand that if I refuse to participate in this drug/alcohol test and/or do not authorize the Company and my personal physician to discuss any medications that I may be taking, I will not be hired.

\_\_\_\_\_  
Applicant's Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Manager's Signature

Date: \_\_\_\_\_

# Contractor's Supplies, Inc.

Donor/Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

ID #: \_\_\_\_\_ (FOR DOT, USE Texas CDL#)

## DOT TESTING:

Testing Authority  
FMCSA

- ☐ DOT Drug Screen (Federal Alere CCF Acct Z00465431)
- ☐ DOT Breath Alcohol Test
- ☐ DOT Medical Recertification

## NON-DOT TESTING:

- ☐ Drug Screen (Alere CCF Acct 00465432, panel 1200)
- ☐ Non-DOT Breath Alcohol Test

## Reason for Treatment:

- ☐ Pre-employment
- ☐ Reasonable suspicion
- ☐ Follow up
- ☐ Post-accident
- ☐ Return to duty
- ☐ Periodic

## Treatment authorized by:

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

## Fax or email EMPLOYER COPY of all drug and alcohol CCFs to:

Contractor's Supplies, Inc.  
Attn: Teri Moye, DER  
Phone: 936-634-3341, x7075  
Fax: 936-634-3363  
Mobile: 936-676-6581  
Email: [teri@csiconcrete.com](mailto:teri@csiconcrete.com)

## Fax MRO COPY of all drug and alcohol CCFs to:

Dr. Stephen Kracht (MRO)  
Fax: 913-498-5038

## AND

East Texas Drug Testing  
Fax: 936-639-5064

## Bill all drug/alcohol testing services to:

East Texas Drug Testing  
1302 S. Medford Dr.  
Phone: 936-639-1502  
Fax: 936-639-5064  
Email: [info@etdt.net](mailto:info@etdt.net)

*As the TPA, East Texas Drug Testing must receive copies of all testing. Invoices should include name of company, date of service, individual(s) tested, test(s) performed, and any specimen ID number(s). We will be unable to process invoices without proper documentation.*

*To re-order supplies, call 936-639-1502.*

**CONTRACTOR'S SUPPLIES, INC.**  
**APPLICANT AUTHORIZATION**  
**FOR INVESTIGATION INTO PREVIOUS EMPLOYMENT**

Pursuant to 49 CRF Sections 382.45(f), 382.413, and 382.410(b), I hereby authorize the companies listed below to furnish to Contractor's Supplies, Inc. Information concerning my past employment during the past seven (7) years, and information concerning drug and alcohol tests involving me during the past three (3) years including:

1. The dates on which I had a confirmed positive test for drugs, and the drug(s) involved;
2. The dates on which I had a confirmed alcohol test result of 0.02 or greater, and the blood alcohol content (BAC) recorded;
3. The dates on which I refused to be tested for drugs and/or alcohol;
4. The name and phone number of any substance abuse professional (SAP) who evaluated me during the past three (3) years, in accordance with section 382.413(g).

I fully understand that my authorization to release such information does not guarantee or commit Contractor's Supplies, Inc. to obtain all, or any, of the information which I have authorized to be released.

COMPANY	CITY	STATE	FAX/EMAIL
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

Attach additional form if needed

By signing below, I certify that I have read and fully understand this release. I further certify that all of the information which I have furnished on the form is true and complete. I also certify that I have listed every company for which I worked as a driver during the past seven (7) years, every company for which I took a pre-employment drug test during the past three (3) years, and every company for which I took a pre-employment alcohol test during the past three (3) years.

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Applicant's Printed Name

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Date

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Applicant's Signature

---

Social Security Number

# Contractor's Supplies, Inc.

## Driver's Road Test Examination

Driver Candidate's Name: \_\_\_\_\_

Date: \_\_\_\_\_

The required road test shall be given by a qualified employee to determine if a potential employee is capable of operating a vehicle to which he or she may be assigned if all conditions of employment are met.

Circle one

PASS	FAIL	N/A	The pre-trip inspection.
PASS	FAIL	N/A	Coupling and uncoupling of combination units.
PASS	FAIL	N/A	Placing the equipment in operation.
PASS	FAIL	N/A	Gear shifting.
PASS	FAIL	N/A	Use of vehicle's controls and emergency equipment.
PASS	FAIL	N/A	Operating the vehicle in traffic and while passing other vehicles.
PASS	FAIL	N/A	Turning the vehicle.
PASS	FAIL	N/A	Braking, and slowing the vehicle by means other than braking.
PASS	FAIL	N/A	Backing, and parking the vehicle.
PASS	FAIL	N/A	Other _____

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Equipment used for testing (truck number): \_\_\_\_\_

\_\_\_\_\_  
Road Test Examiner's Printed Name

\_\_\_\_\_  
Road Test Examiner's Signature