



EMPLOYMENT APPLICATION

COMPANY DIVISION

- ___ Frank Bryan Inc.
- ___ Rox Trucking Inc.
- ___ Quality Concrete Inc.
- ___ Neville Aggregates Co. Inc.
- ___ Tri-State River Products, Inc.
- ___ Georgetown Sand & Gravel, Inc.
- ___ Concrete Concepts Inc.
- ___ Beaver Concrete & Supply Inc.
- ___ Bryan Logistics Inc.

Indicate the position or line of work you are interested in, i.e. driver, mechanic, etc.:

Indicate any additional positions you are interested in:

PERSONAL INFORMATION

Name: _____

Date: _____

Address: _____

Date of Birth: _____

S.S. Number: _____

Driver's License Number (and State): _____

Primary Number _____ (Cell or Home)

Alt. Phone Number _____

Do you have a CDL: YES NO
Class: A B Endorsement

CURRENT EMPLOYMENT

Are you currently employed: YES NO

On layoff subject to recall: YES NO

EDUCATION

Indicate the highest High School Grade Completed: 9 10 11 12

Indicate the highest College Year Completed: 1 2 3 4

Name of Institution: _____

Course of Study: _____

Dates (to/from) _____

EQUIPMENT EXPERIENCE

Equipment Operated	YES	Description	Date	Hours
Rubber Tired Forklift	_____	_____	_____	_____
Lowboy Trailer	_____	_____	_____	_____
Dump Truck	_____	_____	_____	_____
Loader	_____	_____	_____	_____
Cable Crane	_____	_____	_____	_____
Hydraulic Excavator	_____	_____	_____	_____
Concrete Mixer	_____	_____	_____	_____
Other	_____	_____	_____	_____

SKILLS AND ABILITIES - Explain and/or describe experience in these areas:

Precast Form / Rebar Layout	_____
Concrete / Aggregate Testing	_____
Boat Pilot / Deckhand	_____
Masonry / Concrete Finishing	_____
Carpentry / Millwork	_____
General Mechanic	_____
Welding / Fabrication	_____
Computer	_____
AutoCAD / Excel / QuickBooks	_____
Plant Batching / Dispatching	_____

List any additional skills or abilities which may qualify you for work at the above specified division:

REQUIREMENTS

Can you meet the attendance requirements of this job (6 days/week) YES NO

Can you work overtime if required: YES NO

Have you ever pled guilty to or been convicted of a crime: YES NO

If YES, please explain: _____

I understand that any misrepresentation or failure to provide the requested information on this application will be sufficient and good cause for cancellation of this application and/or separation from service if I have been employed.

I hereby give Bryan Materials Group and all associated companies the right to investigate any and all references and information about me. I hereby authorize and direct any person, corporation, or organization having such information to provide it to Bryan Materials Group and associated companies, and I release from liability Bryan Materials Group and all associated companies and representatives for seeking information and all persons, corporations or organizations for furnishing such information.

I understand that, if employed by Bryan Materials Group or any associated company, I must provide, within three (3) days after I begin employment, certain documentation to provide identity and proper authorization to work in the United States.

I understand that as a part of the employment process, I may be required to sign a written release and submit to a drug and/or alcohol screen and be covered by the provisions of Bryan Materials Group and associated companies' drug and alcohol policy. This application is current for sixty (60) days. At the conclusion of that time, if I still wish to be considered for employment, I understand that it will be necessary to fill out a new application.

Signature of Applicant: _____

Date: _____

Contacts for Application Remittal:

<u>Company</u>	<u>Email</u>	<u>Fax</u>
Rox Trucking	alanschrock@bryanmaterialsgroup.com	412-381-1722
Bryan Logistics Inc.	alanschrock@bryanmaterialsgroup.com	412-381-1722

DOT REQUIRED APPLICATION FOR EMPLOYMENT

COMPANY _____ STREET ADDRESS _____
 CITY, STATE AND ZIP CODE _____
 NAME _____
 (FIRST) (MIDDLE) (Maiden Name, if any) (LAST)
 ADDRESS _____ HOW LONG? _____
 (STREET) (CITY) (STATE & ZIP CODE)
 DATE OF BIRTH _____ SOCIAL SECURITY NO. _____ HIRE DATE _____
 TELEPHONE NUMBER _____ E-MAIL ADDRESS _____

PREVIOUS THREE YEARS RESIDENCY

 (STREET) (CITY) (STATE & ZIP CODE) # YEARS _____

 (STREET) (CITY) (STATE & ZIP CODE) # YEARS _____

 (STREET) (CITY) (STATE & ZIP CODE) # YEARS _____

(ATTACH SHEET IF MORE SPACE IS NEEDED)

LICENSE INFORMATION

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR - TWO TRAILERS				
OTHER				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

DATE CONVICTED (month/year)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (forfeited bond, collateral and/or points)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____
 If yes, explain _____
- B. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____
 If yes, explain _____

**EMPLOYMENT RECORD
(ATTACH SHEET IF MORE SPACE IS NEEDED)**

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

Must list the complete mailing address: street number and name, city, state and zip code.

LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

SECOND LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

THIRD LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquiries to 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 current/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."

DATE

APPLICANT'S SIGNATURE

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.

DATE

APPLICANT'S SIGNATURE

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

PREVIOUS EMPLOYER COMPLETE PA E 2 PART

PART :	TO BE COMPLETED BY PREVIOUS EMPLOYER
DRUG AND ALCOHOL HISTORY	
<p>If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here <input type="checkbox"/>, fill in the dates of employment from _____ to _____, complete bottom of Part 3, sign, and return.</p> <p>Driver was subject to Department of Transportation testing requirements from _____ to _____.</p> <ol style="list-style-type: none"> 1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration? YES <input type="checkbox"/> NO <input type="checkbox"/> 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? YES <input type="checkbox"/> NO <input type="checkbox"/> 3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? YES <input type="checkbox"/> NO <input type="checkbox"/> 4. Has this person committed other violations of Subpart B of Part 3 2, or Part 40? YES <input type="checkbox"/> NO <input type="checkbox"/> 5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form. YES <input type="checkbox"/> NO <input type="checkbox"/> <p>. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on page 1.</p> <p>Name: _____</p> <p>Company: _____</p> <p>Street: _____</p> <p>City, State, ip: _____ Telephone: _____</p> <p>Part 3 Completed by (Signature): _____ Date: _____</p>	

PART a:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
<p>This form was (check one) <input type="checkbox"/> Faxed to previous employer <input type="checkbox"/> Mailed <input type="checkbox"/> Emailed <input type="checkbox"/> Other _____</p> <p>By: _____ Date: _____</p>	

PART b:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
<p>Complete below when information is obtained.</p> <p>Information received from: _____</p> <p>Recorded by: _____ Method: <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Telephone</p> <p>Date: _____ <input type="checkbox"/> Other _____</p>	

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

- | | |
|-------------|---|
| PAGE | <p>PART : Prospective Employee</p> <ul style="list-style-type: none"> • Complete the information required in this section • Sign and date • Submit to the Prospective Employer <p>PAGE PART a : Prospective Employer</p> <ul style="list-style-type: none"> • Complete the information • Send to Previous Employer <p>PAGE PART : Previous Employer</p> <ul style="list-style-type: none"> • Complete the information required in this section • Sign and date • Turn form over to complete SIDE 2 SECTION 3 |
|-------------|---|

- | | |
|-------------|---|
| PAGE | <p>PART : Previous Employer</p> <ul style="list-style-type: none"> • Complete the information required in this section • Sign and date • Return to Prospective Employer <p>PAGE PART b: Prospective Employer</p> <ul style="list-style-type: none"> • Record receipt of the information • Retain the form |
|-------------|---|

**RECORDS REQUEST FOR
DRIVER APPLICANT SAFETY PERFORMANCE HISTORY**

This request is made by the driver/applicant in compliance with the Department of Transportation regulations.

1 2	2	Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business-days deadline will begin when the prospective employer receives the requested safety-performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.
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PART 1:	COMPLETED BY THE DRIVER APPLICANT
TO: Prospective Employer: _____ Street/P.O. Box: _____ City, State, Zip: _____ Telephone # _____	
FROM: Driver/Applicant: _____ Social Security/I.D. # _____ Street: _____ City, State, Zip: _____ Telephone # _____	
I am submitting this written request to obtain copies of my Department of Transportation Safety Performance History for the preceding three years. I understand, for records requested from a prospective employer, that I must arrange to pick up or receive the requested records within thirty (30) days of the records being made available or I have waived my request to review the records.	
This information should be: <input type="checkbox"/> sent to me at the above address. <input type="checkbox"/> I will arrange to pick up.	
Driver/Applicant Signature: _____ Date: _____/_____/_____ <div style="text-align: right; margin-right: 50px;">M D Y</div>	

PART 2:	COMPLETED BY THE PROSPECTIVE EMPLOYER
The information must be provided to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business-days deadline will begin when the prospective employer receives the requested safety performance history information.	
I _____ : Name: _____ Street: _____ City, State, Zip: _____ Comments: _____ _____	
B : _____ Release Date: _____/_____/_____ <div style="text-align: right; margin-right: 50px;">M D Y</div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Signature/person providing information Telephone # </div>	

CORRECTION REQUEST
OF
ERRONEOUS SAFETY PERFORMANCE HISTORY INFORMATION

This request is made by the driver/applicant in compliance with the Department of Transportation regulations, §391.23, investigations and inquiries, paragraphs (j)(1) and (2) as printed below.

- 1 2 1 Driver wishing to request correction of erroneous information in records received pursuant to paragraph (i) of this section must send the request for the correction to the previous employer that provided the records to the prospective employer.
- 1 2 2 After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer, or notify the driver within 15 days of receiving a driver's request to correct the data that it does not agree to correct the data. If the previous employer corrects and forwards the data as requested, that employer must also retain the corrected information as part of the driver's safety performance history record and provide it to subsequent prospective employers when requests for this information are received. If the previous employer corrects the data and forwards it to the prospective motor carrier employer, there is no need to notify the driver.

PART 1:	COMPLETED BY THE DRIVER APPLICANT
TO:	Prospective Employer: _____ Street/P.O. Box: _____ City, State, Zip: _____ Telephone # _____
FROM:	Driver/Applicant: _____ Social Security/I.D. # _____ Street: _____ City, State, Zip: _____ Telephone # _____
I request correction of erroneous information in my Safety Performance History. Please forward to the following prospective employer: Company Name: _____ Attention: _____ Street: _____ City, State, Zip: _____	
Explanation of desired correction (attach documents as necessary) _____ _____	
Driver/Applicant Signature: _____ Date: ____/____/____ M D Y	
Driver: Retain COPY DRIVER RECORD for your files, Submit copies 1, 2, and 3 to your previous employer.	

PART 2:	COMPLETED BY THE PREVIOUS EMPLOYER
D _____ : <input type="checkbox"/> Information was corrected and forwarded to the prospective motor carrier employer. <input type="checkbox"/> The driver was notified on ____/____/____ that the previous employer does not agree to correct the data.	
R _____	
I _____	: Company Name: _____ Attention: _____ Street: _____ City, State, Zip: _____
Comments: _____ _____	
B : _____ Release Date: ____/____/____ Signature/person providing information Telephone # M D Y	

PART :	COMPLETED BY THE PROSPECTIVE MOTOR CARRIER EMPLOYER
The corrected information was received on ____/____/____	
Prospective Employer: _____ Location: _____	
Received by: _____ Signature Title	