

APPLICATION FOR EMPLOYMENT

NOTICE TO APPLICANTS: Read and sign before submitting this application.

During the interview process, you will be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment, you will be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination.

I understand that the information in this application will be used and that prior employers will be contacted for purposes of investigation as required by 391.23 of the Federal Motor Carrier Safety Regulations.

SIGNATURE OF APPLICANT: _____ DATE: _____

HARD ROCK MATERIALS, INC.

4410 Industrial Park Road
Green Cove Springs, FL 32043
(904)284-1300

FAX (904) 284-1993

NAME _____ PHONE _____ SOCIAL SEC. NO. _____
(First) (Middle) (Last)

ADDRESS _____ HOW LONG? _____
(Street) (City) (State & Zip Code)

ADDRESS _____ HOW LONG? _____
(Street) (City) (State & Zip Code)

FOR PAST THREE YEARS _____ HOW LONG? _____
(Street) (City) (State & Zip Code)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

DATE OF BIRTH _____ (ANSWER REQUIRED ONLY IF APPLYING FOR DRIVING POSITION)

IN CASE OF EMERGENCY NOTIFY: _____ (Name) _____ (Address) _____ (Phone)

POSITION APPLIED FOR _____ TEMPORARY OR PERMANENT? _____

HAVE YOU WORKED FOR THIS COMPANY BEFORE? _____ WHERE? _____

DATES: FROM _____ TO _____ RATE OF PAY _____ POSITION _____

REASON FOR LEAVING _____

NAMES OF RELATIVES IN OUR EMPLOY _____

ARE YOU NOW EMPLOYED? YES NO IF NOT, HOW LONG SINCE LEAVING LAST EMPLOYMENT? _____

WHO REFERRED YOU? _____ RATE OF PAY EXPECTED _____

GENERAL

HAVE YOU EVER BEEN BONDED _____ NAME OF BONDING COMPANY _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO IF YES, GIVE DATES AND EXPLAIN:

(A CONVICTION WILL NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT) _____

HAVE YOU EVER BEEN KNOWN BY ANY NAME OTHER THAN THE ONE ON THIS APPLICATION? YES NO

COMPLETE EMPLOYMENT RECORD FOR PAST 10 YEARS

LAST EMPLOYER: NAME _____

ADDRESS: _____

POSITION HELD: _____ FROM: _____ TO: _____ SALARY: _____

REASONS FOR LEAVING: _____

SECOND LAST EMPLOYER: NAME _____

ADDRESS: _____

POSITION HELD: _____ FROM: _____ TO: _____ SALARY: _____

REASONS FOR LEAVING: _____

THIRD LAST EMPLOYER: NAME _____

ADDRESS: _____

POSITION HELD: _____ FROM: _____ TO: _____ SALARY: _____

REASONS FOR LEAVING: _____

FOURTH LAST EMPLOYER: NAME _____

ADDRESS: _____

POSITION HELD: _____ FROM: _____ TO: _____ SALARY: _____

REASONS FOR LEAVING: _____

FIFTH LAST EMPLOYER: NAME _____

ADDRESS: _____

POSITION HELD: _____ FROM: _____ TO: _____ SALARY: _____

REASONS FOR LEAVING: _____

SIXTH LAST EMPLOYER: NAME _____

ADDRESS: _____

POSITION HELD: _____ FROM: _____ TO: _____ SALARY: _____

REASONS FOR LEAVING: _____

MILITARY STATUS

HAVE YOU SERVED IN THE U.S. ARMED FORCES? YES NO BRANCH _____ DATES: FROM _____ TO: _____

RANK AT DISCHARGE: _____ DATE OF DISCHARGE: _____

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) (Address)

CHARACTER REFERENCES

LIST THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

| | NAME | ADDRESS | PHONE # | OCCUPATION |
|----|-------|---------|---------|------------|
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ |

LIST BELOW ANY ADDITIONAL INFORMATION, SPECIAL JOB-RELATED SKILLS AND QUALIFICATIONS THAT MAY BE HELPFUL IN CONSIDERING YOUR APPLICATION FOR EMPLOYMENT.

DRIVING EXPERIENCE

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

LIST STATES OPERATED IN FOR LAST FIVE YEARS: _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

ACCIDENT REVIEW FOR PAST 10 YEARS (ATTACH SHEET IF MORE SPACE IS NEEDED)

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

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE LAST 10 YEARS (OTHER THAN PARKING VIOLATIONS)

| LOCATION | DATE | CHARGE | PENALTY |
|----------|------|--------|---------|
| | | | |
| | | | |
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EXPERIENCE AND QUALIFICATIONS – DRIVER

| | STATE | LICENSE NO. | TYPE | EXPIRATION DATE |
|--------------------|-------|-------------|------|-----------------|
| DRIVER LICENSES | | | | |
| | | | | |
| | | | | |

- A. HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE?..... YES NO
- B. HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED?..... YES NO
- C. HAVE YOU EVER BEEN DISQUALIFIED SUBJECT TO SECTION 391 OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS?..... YES NO
- D. HAVE YOU EVER BEEN CHARGED OR CONVICTED FOR RECKLESS DRIVING? YES NO
- E. HAVE YOU EVER BEEN CONVICTED FOR DRIVING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS?..... YES NO

Only U.S. citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Proof of citizenship or immigration status verifying your legal right to work in the U.S. and your identity will be required upon employment.

APPLICANT'S STATEMENT

I certify that the foregoing answers are true and correct to the best of my knowledge. I authorize the investigation of all statements contained in this application and hereby give this permission to contact schools, previous employers, references, and others, and hereby release the Company from any liability as a result of such contact. I understand that any false or misleading information or omissions of facts requested in this application or interview may remove me from further consideration for employment. In addition, if employed, any false or misleading statement or omission of fact called for in this application may be cause for subsequent dismissal at any time without any previous notice.

I understand that my employment with the Company is "at will" and for no specific term and I may resign or be discharged with or without notice or cause at any time. I further understand that no oral Promise, Company policy, custom, business practice or other procedure (including the Company's personnel handbook or any personnel manuals) will change the at-will employment relationship between me and the company.

The contents of any employee handbook or personnel manuals, as well as other Company policies or practices, are subject to change or modification by the company, solely at its discretion, without notice. I also understand that no supervisor or other official of the Company (except an authorized executive, in writing) has the authority to enter into any agreement with me or to make any agreement contrary to the above.

I understand that the Company may require applicants for employment to undergo urinalysis screening for illegal drug use as part of the pre-placement physical examination. In addition, all employees are subject to blood tests or urinalysis screening for drug or alcohol use under appropriate circumstances.

SIGNATURE: _____ DATE: _____

Do you have transportation to work? YES NO
Will you work overtime if asked? YES NO
Are there any hours, shifts or days you will not work? YES NO
If yes, explain: _____

Are you currently employed? YES NO
May we contact your present employer? YES NO
May we contact your previous employers? YES NO
Identify any exception or reason for not contacting previous employers. _____

Are you on layoff? YES NO
Are you subject to recall? YES NO

AUTHORIZATION AND RELEASE

The undersigned applicant for employment by Hard Rock Materials Inc
hereby authorizes Hard Rock Materials Inc to verify the undersigned educational record and secure transcript of that record, if so desired, to make inquiries of former employers as to the undersigned's job performance, and to inquire of references as to the undersigned's qualifications and desirability as an employee, and the undersigned does hereby release any person, educational body, former employer and given reference from any and all claims of whatever nature that the undersigned might have as a result of a response given to inquiries made by **HARD ROCK MATERIALS, INC.**

DATE: _____ APPLICANT: _____

WITNESS: _____

**General Consent for Limited Queries of the Federal Motor Carrier Safety
Administration (FMCSA) Drug and Alcohol Clearinghouse**

As of January 6th 2020, new FDOT regulations require that all CDL holders must register online for FDOT Drug & Alcohol Clearinghouse and authorize respective employers to conduct drug & alcohol background queries. All new hires are required to register and sign this authorization form. Instructions are included in the first section of new hire paperwork.

I, _____(name) hereby provide consent to Hard Rock Materials, Inc to conduct a limited or full query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

This includes but is not limited to both limited and full queries for pre-employment, rehire, and/or yearly reviews which will be conducted at the discretion of Hard Rock Materials, Inc. I understand that if the limited query conducted by Hard Rock Materials indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Hard Rock Materials without first obtaining additional specific consent from me. I further understand that if I refuse to provide consent for Hard Rock Materials, Inc. to conduct a limited query of the Clearinghouse, Hard Rock Materials must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

Employee Signature

Date

DISCLOSURE

In considering you for employment and, if you are employed, in considering you for subsequent promotion, assignment, reassignment, retention, or discipline, Hard Rock Materials, Inc. may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from consumer reporting agencies, such as iiX and IntelliCorp Records, Inc.

This information is being requested in compliance with DOT regulations §40.25 and FMCSA regulation §391.23. By signing the authorization form, I authorize the release of the following information concerning DOT drug and alcohol testing violations including pre-employment tests during the past three (3) years: 1. Alcohol tests with a result of 0.04 or higher alcohol concentration; 2. Verified positive drug tests; 3. Refusals to be tested; 4. Other violations of DOT agency drug and alcohol testing regulations; 5. Documentations, if any, of completion of the return-to-duty process following a rule violation; 6. Information obtained from previous employers of a drug and alcohol rule violation.

iiX, a unit of ISO Claim Services, Inc., can be contacted by mail at 1716 Briarcrest Drive, Suite 200; Bryan, TX 77802; or phone: 800-299-7099; or website: www.iix.com.

IntelliCorp Records, Inc. can be contacted by mail at 3000 Auburn Dr, Suite 410; Beachwood, OH 44122; or phone: 1-888-946-8355; or website: www.intellicorp.net.

For explanation purposes:

- a “consumer report” is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records; and
- an “investigative consumer report” is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your current and/or prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act (“FCRA”).

Under the FCRA, before the Company can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

DOT AUTHORIZATION

This information is being requested in compliance with DOT regulations §40.25 and FMCSA regulation §391.23. By signing this authorization form, I authorize the release of the following information concerning DOT drug and alcohol testing violations including pre-employment tests during the past three (3) years: 1. Alcohol tests with a result of 0.04 or higher alcohol concentration; 2. Verified positive drug tests; 3. Refusals to be tested; 4. Other violations of DOT agency drug and alcohol testing regulations; 5. Documentations, if any, of completion of the return-to-duty process following a rule violation; 6. Information obtained from previous employers of a drug and alcohol rule violation.

I have read and understand the foregoing Disclosure, and authorize Hard Rock Materials, Inc. to obtain and rely upon consumer reports or investigative consumer reports concerning me. By my signature below, I authorize the Company to obtain any such reports and to share the information received with any person involved in their decision about me.

I do _____ do not _____ authorize you to contact *my current* employer for Employment and Reference Verifications.

Additionally, I acknowledge receipt of the attached summary of my rights under the Fair Credit Reporting Act and, as required by law, any related state summary of rights (collectively "Summary of Rights").

This consent will not affect my ability to question or dispute the accuracy of any information contained in a Report. I understand that if Company makes a conditional decision to disqualify me based all or in part on my Report, I will be provided with a copy of the Report and another copy of the Summary of Rights, and if I disagree with the accuracy of the purported disqualifying information in the Report, I must notify Company within five business days of my receipt of the Report that I am challenging the accuracy of such information with iiX and Intellicorp.

(This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of the Company.

Printed Name

Applicant Signature

Date

Parent or Legal Guardian Signature (if a minor)

Date

The following pages will authorize us to contact your previous employers for the past 3 years where you were bound by DOT rules & regulations. This includes any jobs where you were driving. Please complete 1 form for each of your qualified employers.

Please take your time so that the information provided is complete and correct to the best of your knowledge. Should you require more than 3 sheets our office can provide you with extras.

SECTION 1

AUTHORIZATION

Employee: _____

Last Name

First Name

MI

Last 4 of SS

I, (Print Name) _____, hereby authorize:

(First, M.I., Last)

Previous Employer: _____ Email: _____

Street Address: _____ Phone: _____

City, State, Zip: _____ Fax: _____

to release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substance Testing records within the previous 3 years from _____

(Date of Employment Application)

Prospective Employer Hard Rock Materials, Inc. Attn.: HR Department

Street Address: 4410 Industrial Park Rd Phone: 904-284-1377

City, State, Zip Green Cove Springs, FL 32043

In compliance with 49 CFR §§40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

Prospective employer's confidential fax number: 904-529-5600

Prospective employer's confidential email: payroll@hardrockmaterials.com

Applicant's Signature

Date

SECTION 1

AUTHORIZATION

Employee: _____

Last Name First Name MI Last 4 of SS

I, (Print Name) _____, hereby authorize:

(First, M.I., Last)

Previous Employer: _____ Email: _____

Street Address: _____ Phone: _____

City, State, Zip: _____ Fax: _____

to release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substance Testing records within the previous 3 years from _____

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Prospective employer's confidential email: payroll@hardrockmaterials.com

Applicant's Signature

Date

