

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: _____

Are you willing to work overtime if requested? Yes No

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? _____

Names of relatives working for this company? _____

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

EDUCATION

	Name	City/State	Diploma Yes/No	Dates Attended	Major or Course of Study
High School					
College					
Business					
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 _____

City, State, Zip _____ Phone: () - _____

Your position or type of work. _____

Reason for leaving? _____

Dates of Employment: From: _____ To: _____

Name of Company _____

Street Address/PO Box _____

City, State, Zip _____ Phone: () - _____

Your position or type of work. _____

Reason for leaving? _____

Dates of Employment: From: _____ To: _____

Name of Company _____

Street Address/PO Box _____

City, State, Zip _____ Phone: () - _____

Your position or type of work. _____

Reason for leaving? _____

Dates of Employment: From: _____ To: _____

Name of Company _____

Street Address/PO Box _____

City, State, Zip _____ Phone: () - _____

Your position or type of work. _____

Reason for leaving? _____

LCI CONCRETE, Inc.

10797 E 755th St, Colchester, IL 62326
309/837-1259 Fax: 309/833-4993

EMPLOYMENT INQUIRY RELEASE

In consideration for employment or promotion with LCI Concrete, Inc., *J L Hubbard Insurance Co.* will, on our behalf, make inquiries on your driving history.

Please complete the information below and sign the form authorizing J.L. Hubbard Insurance to furnish the above listed information. Your signature allows a photocopy or fax copy of this authorization to be as valid as the original.

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.*

Investigations completed by:
Factual Data Corp ◦ 5200 Hahns Peak Dr ◦ Loveland, CO ◦ 80538
Toll Free Phone: 800-929-3400

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/her designee.

Date: _____

Applicant's Signature: _____



Macomb / Beardstown

Ph. 309-837-1259 Ph. 217-440-1145

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: _____

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10797 E 755th St, Colchester, IL 62326
309/837-1259 Fax: 309/833-4993

Truck Driver QUALIFICATIONS:

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

1. Tandem Dump _____

2. Ready-Mix Truck _____

3. Semi with Dump Trailer _____

4. Semi with LowBoy _____

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? _____