



# COSTON & SON READY MIX

## EMPLOYMENT APPLICATION

1 of 13

**You may return this fillable application to our home office at  
155 E Oak Ave, Paris, Texas 75460 or Email to jimmy@costonconcrete.com**

**RESET FORM**

### **To All Job Applicants, Please Read The Following Carefully Before Completing Application:**

To be considered for employment with Coston & Son Ready Mix, 'The Company', you **must** have:

- Valid CDL License with a clear driving record.
- At least one year verifiable truck driving experience.
- Reside within a reasonable distance to the home office.
- **All information on the application must be complete, legible and accurate. Any application with missing information (i.e. employers, addresses, dates, supervisors, phone numbers, etc.) will be disqualified.**
- **All questions should have a written answer. If the question does not apply to you, fill the blank in with N/A (Not Applicable).**
- **You must be registered in the FMCSA Drug and Alcohol Clearinghouse.**
- There should be no gaps in job history. If so, please include documentation (i.e. proof of unemployment, DD-214).
- If offered employment, you must successfully complete the, DOT physical and DOT drug screen.
- **Resumes may be attached to the completed application.**
- **Submitting false information on your application will be reason for disqualification. Acceptance of an application is not an offer of employment.**
- We are proud to be an Equal Opportunity Employer and a Drug Free Workplace.

### TEXAS MOTOR CARRIER SAFETY REGULATIONS – 391

- (1) The prospective employer must expressly notify drivers with Department of Transportation regulated employment during the preceding three (3) years – via the application form or other written document prior to any hiring decision – that he or she has the following rights regarding the investigative information that will be provided to the prospective employer pursuant to the following sections:
  - (i) The right to review information provided by previous employers;
  - (ii) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer.
  - (iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.
- (2) Drivers who have previous Department of Transportation regulated employment history on the preceding three (3) 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 received the requested information from the previous employer(s), then the five (5)-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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Applicant's Signature

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Date



## APPLICATION FOR EMPLOYMENT

**We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.**

**(PLEASE PRINT CLEARLY)**

Last Name		First Name			Middle Initial
Address	Number	Street	City	State	Zip Code
Telephone Number		E-mail Address		Have you lived at this address for at least 3 years? Yes No	

(Please list, on the back of this form, any other addresses lived at within the last 3 years, if any)

Position(s) Applied For	Wage/Salary Expected
-------------------------	----------------------

How did you learn about us? Please check one and include the **Name**.

Advertisement       Friend       Walk In  
 Employment Agency       Relative       Other      **Name** \_\_\_\_\_

Are you at least 18 years of age? (21 for applicants seeking a driving position)  Yes  No

Date of Birth \_\_\_\_\_

Have you been employed with us before?  Yes  No

If yes, what dates \_\_\_\_\_

Do we employ any of your relatives?  Yes  No

If yes, Name \_\_\_\_\_ Location \_\_\_\_\_ Relationship \_\_\_\_\_

Once employed, can you submit verification of your legal right to work in the U.S.?  Yes  No

*(Such verification will be required upon employment)*

Are you currently employed?  Yes  No

On what date will you be available for work? Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Can you travel if a job requires it?  Yes  No

Are you available to work:       Full Time       Part Time       Shift Work       Temporary  
 Overtime       Evening       24-Hour Call       Nights

Have you ever had a conviction, deferred adjudication, or placement on probation for a felony or crime other than traffic violations:  Yes  No

If yes, please explain. (Disclosure of a criminal record does not automatically disqualify you for employment.

Consideration of your case will be judged on its own merit) \_\_\_\_\_

Have you tested positive, or refused to test, on any pre-employment drug or alcohol test within the past three years? Yes No  
 If yes, have you successfully completed the return to duty process? **Documentation must be provided.** Yes No



Employer	Date Employed		Job Title and Describe Duties Performed:		
	From	To			
City	State	Zip			
Telephone Number	Hourly Rate/Salary			<input type="checkbox"/> Air Brakes	<input type="checkbox"/> Mixer
	Starting	Final		<input type="checkbox"/> Straight Truck	<input type="checkbox"/> Tractor Trailer
Reason for leaving			<input type="checkbox"/> Standard Transmission	<input type="checkbox"/> Automatic Transmission	
			Commodity Hauled _____		
Were you subject to the FMCSRs** while employed? YES NO					
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? YES NO					

Employer	Date Employed		Job Title and Describe Duties Performed:		
	From	To			
City	State	Zip			
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**EDUCATION AND MILITARY SERVICE**

Schools	Name	Location	Years Completed	Graduate		Year	Degree	Major Subjects
				Yes	No			
High School				<input type="checkbox"/>	<input type="checkbox"/>			
College				<input type="checkbox"/>	<input type="checkbox"/>			
Graduate				<input type="checkbox"/>	<input type="checkbox"/>			

Military Service - **PLEASE ATTACH DD-214 TO APPLICATION**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Type of Discharge  Honorable  Dishonorable  General and Other

**DRIVER EXPERIENCE AND QUALIFICATIONS**

U.S. Department of Transportation. 49 CFR 391.21 requires questions contained in this section

Driver's 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. \_\_\_\_\_ < --- Initial

Type of Driver's License currently held \_\_\_\_\_ Issuing State \_\_\_\_\_ Date Issued \_\_\_\_\_

Driver's License Number \_\_\_\_\_ Expiration Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Do you currently hold a valid commercial vehicle operator's license? Yes  No  Class: A B C

Have you ever had your driver's license suspended, revoked or been denied a driver's license? Yes  No   
If yes, please explain \_\_\_\_\_

Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes  No

Do you possess a valid USDOT Medical Examiner's Certificate? Yes  No  If so, when does it expire? \_\_\_\_\_

Do you have any restrictions on your Driver's License or Medical Examiner's Certificate? Yes  No  If so, please list: \_\_\_\_\_

Do you (or have you in the past) require a waiver of any kind to operate a commercial vehicle? Yes  No   
If so, please describe: \_\_\_\_\_

**Class and Weight of Vehicles Driven:**

Class of Equipment	Type of Equipment (Transit Mixer, Tank, Van, Flat, Etc.)	Date		Approximate Number of Miles (Total)
		From	To	
<b>DRIVING</b>	Straight Truck			
	Tractor and Semi-Trailer			
	Tractor and Multiple Trailers			
	Other			

List any violation of motor vehicle laws or ordinances (other than parking) for which you have been convicted or forfeited bond or collateral during the preceding 3 years:

Date	Violation	State Received	Penalty/ Conviction

List all motor vehicle accidents in which you have been involved during the preceding 3 years:

Accident	Vehicle	Date	City And State	Injuries	Fatalities	Brief Description of Accidents
<input type="checkbox"/> DOT <input type="checkbox"/> NON-DOT	<input type="checkbox"/> Personal <input type="checkbox"/> Commercial			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> DOT <input type="checkbox"/> NON-DOT	<input type="checkbox"/> Personal <input type="checkbox"/> Commercial			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> DOT <input type="checkbox"/> NON-DOT	<input type="checkbox"/> Personal <input type="checkbox"/> Commercial			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## MAINTENANCE EXPERIENCE AND QUALIFICATIONS

List formal training and years of experience in the following areas:

Area	Formal Training	Years of Experience	Area	Formal Training	Years of Experience
Drive Line Components			Air Conditioning		
Diesel Tune-up / Rebuild			Frame and Wheel Alignment		
Gasoline Tune-up / Rebuild			Hydraulics		
Brakes			Trailer Repair		
Electrical Repair			Body Work		
Cooling System			Mechanical Inspections		

List formal training and years of experience with the following equipment:

Equipment	Formal Training	Years of Experience	Equipment	Formal Training	Years of Experience
Electrical Diagnostic Equipment			Electric Welder		
Frame/Axle Straightening Equipment			Oxy / Acetylene Welder		
Engine Rebuilding Equipment			Wheel Balancing Equipment		
Diesel Injection Equipment			Air Conditioning Equipment		

List additional maintenance training or certifications: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Summarize special job-related skills, qualifications, training, and apprenticeships:

List any business and personal references:

Name	Address and Telephone Number	Occupation

## ADDITIONAL INFORMATION

State additional information you feel may be helpful to us in considering your application:

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List references familiar with your employment history:

Name	Position
Address	Phone #
Name	Position
Address	Phone #
Name	Position
Address	Phone #

### Applicant's Statement:

I hereby certify the application was completed by me and the answers given herein are true and complete to the best of my knowledge. I understand and agree that any falsified answer or omission may disqualify me from consideration for employment. I hereby authorize investigation of all answers, statements or other information contained in this application as may be deemed necessary in arriving at an employment decision. I also authorize each and every person named in this application to provide any information deemed relevant by The Company and its subsidiaries in arriving at an employment decision. Furthermore, I hereby release The Company and its subsidiaries and such other persons and organizations named in this application from all liability and for any damage whatsoever incurred in providing, receiving, or investigating such information. I further agree that The Company may obtain my credit report in accordance with 1681(b)(2) of Title 15 of the United States Code, commonly known as the Fair Credit Reporting Act.

I understand that this application shall be considered active for a period of time not to exceed 60 days from the date indicated below. I understand that if I wish to be considered for employment beyond this time period, I must inquire as to whether applications are being accepted at that time.

**I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with The Company and/or its subsidiaries is of an "at will" nature, which means the employee may resign at any time and the employer may discharge employee at any time with or without cause or reason.** I further understand that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the President and Chief Executive Officer of The Company.

I agree that before being employed, I am to submit to and must pass a controlled substance test to be conducted in accordance with The Company's policy. I agree that any offer of employment is contingent upon successful completion of a post offer medical examination by a physician designated by The Company. I further agree to take physical exams and controlled substance and alcohol testing when required during my employment.

In the event of employment, I fully understand that this application will become a part of my personnel record and that false and misleading information given in my application or interview(s) may result in discharge. I agree to abide by all policies, rules and regulations of The Company and/or its subsidiaries and, if requested, to sign the company's agreements relating to discoveries, inventions, and confidential information.

**I have read the paragraphs above and fully understand their importance and effect upon my employment. I also acknowledge the same as a condition of my employment with The Company and/or its subsidiaries.**

Signature of Applicant

Date



**The following three pages must be completed in order to process your application:**

- ◆ Release of Driving Record
- ◆ Former Employer Verification
- ◆ Release of CDL Holders Reported Positive Alcohol or Controlled Substance Test Results  
For any position you are applying, this form is required.
- ◆ FMSCA Clearinghouse Consent

**If these forms are not completed, your application will not be processed.**



## Release of Driving Record

In order to meet the Federal Motor Carrier Safety Regulations, 49 CFR Part 391.23, as condition of employment, Coston & Son Ready Mix (hereinafter referred to as 'The Company') is required to review the driving record of a newly hired driver. Under 49 CFR Part 391.25, The Company is required to review an annual driving record for all existing employees.

Under 49 CFR Part 391.23 and 391.51, The Company is required to have a driving record on file indicating a CDL driver's medical status within 15 days of a renewed Medical Certification.

- Initial Driving Record
- Annual Driving Record
- Current Medical Certificates

I, \_\_\_\_\_, give Coston & Son Ready Mix permission to request my driving record, or any other records required to meet Federal Motor Carrier Safety Regulations. I further understand that this permission is granted for the duration of my employment, and that failure to give or the future revocation of permission may result in termination of employment.

### Driver Information

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

State & License Number: \_\_\_\_\_

Audit Number (located at the bottom of license): \_\_\_\_\_

Last 4 Digits of Social: \_\_\_\_\_

Driver Signature: \_\_\_\_\_ Date \_\_\_\_\_

Company Official: \_\_\_\_\_ Date \_\_\_\_\_



# FORMER EMPLOYER VERIFICATION

## SECTION 1: Previous Employee Information and Release

### **\*\* APPLICANTS COMPLETE SECTION 1 ONLY \*\***

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(Print Full Name)

I hereby authorize the following companies (list previous employers) \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_,

to release the below requested information to COSTON & SON and/or CONCRETE COMPANY for the purposes of investigation and qualifying me to drive a commercial motor vehicle including any pre-employment drug test results. You are now required by the U.S. DOT and Federal Motor Carrier Safety Regulations 49 CFR Parts 40, 382, and 391 to furnish this information. Your quick response to this request will be greatly appreciated.

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

### **\*\* APPLICANTS DO NOT COMPLETE PAST THIS LINE \*\***

## SECTION 2: Previous Employee Work History

Dates of Employment From: \_\_\_\_\_ to \_\_\_\_\_ Job Duties \_\_\_\_\_  
(month) (year) (month) (year)

Did employee drive a motor vehicle? ..... Yes  No

Types of equipment operated:  Tractor/Trailer  Straight Truck  Other

## SECTION 3: Safety Performance History Per 49 C.F.R. 391.23(2)

Was this employee a safe and efficient driver? ..... Yes  No

Was this employee involved in any accidents in the last three years? ..... Yes  No

If yes, were any accidents preventable? ..... Yes  No

If yes, please provide details, including dates: \_\_\_\_\_

Reason for Leaving:  Discharged  Resigned  Laid Off  Other, list: \_\_\_\_\_

## SECTION 4: Previous Drug and Alcohol Results Per 49 C.F.R. 40.25

Was this person in a DOT controlled substance testing program with your company? ..... Yes  No

1. Did the employee have alcohol tests with a result of 0.04 or higher? ..... Yes  No
2. Did the employee have verified positive drug test? ..... Yes  No
3. Did the employee refuse to be tested? ..... Yes  No
4. Did the employee have other violations of DOT agency drug and alcohol testing Regulations? ..... Yes  No
5. Did any previous employers report any drug or alcohol rule violations to you? ..... Yes  No

Name of person completing form: \_\_\_\_\_ Title: \_\_\_\_\_  
Company Name \_\_\_\_\_  
Phone #: \_\_\_\_\_ Date: \_\_\_\_\_



## 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.  
***(Electronic signatures will not be accepted)***

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

Check here if CDL Holder is requesting results on self

\_\_\_\_\_ ,  
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

\_\_\_\_\_ ,  
**COSTON & SON READY MIX** **903-784-2321**  
Print Motor Carrier's Name Phone Number

\_\_\_\_\_ ,  
**155 E Oak Ave, Paris, Texas 75460**  
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.dps.texas.gov.htm>.**

