

Interstate Rock Products, Inc.

Interstate Rock Products, Inc.
42 South 850 West
Hurricane, UT 84737

(435) 635-2628
Fax: (435) 635-2177
email: irp@xmission.com

Position applying for: _____
Date available for employment: _____

Employment Application

APPLICANT INFORMATION: Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone Number: Day: _____ Evening: _____ Cell: _____

All Applicants will be required to undergo drug testing as a condition of employment.

Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States. Interstate Rock Products, Inc. participates in E-Verify.

INTERSTATE ROCK PRODUCTS, INC. IS AN EQUAL OPPORTUNITY EMPLOYER

Read this application carefully. Type or print clearly in ink. You must sign and date this application and include all information requested. If more space is needed, attach additional sheets using the same application format. False statements, evidence of fraud or deceit in connection with this application will disqualify you from the selection process, and if discovered after employment, are grounds for discharge. This application and all attached documents are official records of Interstate Rock Products, Inc. and cannot be returned.

EDUCATION, TRAINING and CERTIFICATIONS: List job related professional or trade licenses, certificates, or registrations:

EXPERIENCE: IN THE FOLLOWING SECTION, PLEASE LIST ALL EMPLOYMENT FOR THE LAST 5 YEARS BEGINNING WITH THE PRESENT/MOST RECENT EXPERIENCE. There can be no unexplained gaps. If you were unemployed, in the military, attending school, etc. you must list that period of time. If you wish to elaborate on your experience, a supplemental sheet or resume may be attached, but this section must be completed. If using additional sheets to list further work experience, please use the same format as follows:

Employer: _____ From _____ To _____

Complete Address: _____ Full Time _____ Part Time _____

_____ Hours Worked per Week _____

Phone Number: _____ Hourly Wage _____

Job Title: _____ Supervisors Name: _____

Duties: _____

_____ Reason for Leaving: _____

Employer: _____ From _____ To _____

Complete Address: _____ Full Time _____ Part Time _____

Hours Worked per Week _____

Phone Number: _____ Hourly Wage _____

Job Title: _____ Supervisors Name: _____

Duties: _____

Reason for Leaving: _____

Employer: _____ From _____ To _____

Complete Address: _____ Full Time _____ Part Time _____

Hours Worked per Week _____

Phone Number: _____ Hourly Wage _____

Job Title: _____ Supervisors Name: _____

Duties: _____

Reason for Leaving: _____

Do you have a valid CDL? NO YES State: _____ Class: _____ Endorsements: _____

REFERENCES: List three people, not related to you, who know your qualifications for the position which you are applying.

FULL NAME	BUSINESS OR OCCUPATION	CURRENT TELEPHONE NUMBER	ALTERNATE TELEPHONE NUMBER

CERTIFICATION OF APPLICANT: PLEASE READ THE FOLLOWING PARAGRAPHS CAREFULLY BEFORE SIGNING

I hereby authorize any previous employer and references to give and release to Interstate Rock Products, Inc. any and all information of whatever kind in either written or verbal form. I release Interstate Rock Products, Inc. from any liability for the use of this information in considering and reviewing my application for any available position.

I understand that this employment application and any other Interstate Rock Products, Inc. documents are not contracts of employment and that any oral or written statements to the contrary are expressly disavowed.

I certify that all statements made in this application are true and complete and understand that any misrepresentation of material fact in this document or during an interview may subject me to disqualification or dismissal.

Signature: _____

Date: _____

Interstate Rock Products, Inc.

TRUCK DRIVER APPLICANTS

ADDITIONAL INFORMATION REQUIRED

NAME: _____ PHONE #: _____ Date: _____

DRIVING EXPERIENCE:

Truck Type: _____ Years Experience: _____ Material(s) Hauled: _____

Truck Type: _____ Years Experience: _____ Material(s) Hauled: _____

Truck Type: _____ Years Experience: _____ Material(s) Hauled: _____

Truck Type: _____ Years Experience: _____ Material(s) Hauled: _____

Truck Type: _____ Years Experience: _____ Material(s) Hauled: _____

ACCIDENT RECORD FOR PAST 3 YEARS, ATTACH ADDITIONAL SHEET IF NEEDED:

Date: _____ Description: _____ Injuries or Tow-a-ways? NO YES

Date: _____ Description: _____ Injuries or Tow-a-ways? NO YES

Date: _____ Description: _____ Injuries or Tow-a-ways? NO YES

TRAFFIC CITATIONS AND MOTOR CARRIER (FMCSA) VIOLATIONS FOR PAST 3 YEARS, OTHER THAN PARKING VIOLATIONS:

Date: _____ Location: _____ Charge: _____ Penalty: _____

Date: _____ Location: _____ Charge: _____ Penalty: _____

Date: _____ Location: _____ Charge: _____ Penalty: _____

Date: _____ Location: _____ Charge: _____ Penalty: _____

Date: _____ Location: _____ Charge: _____ Penalty: _____

Date: _____ Location: _____ Charge: _____ Penalty: _____

- | | | |
|--|----|-----|
| A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? | NO | YES |
| B. Has any license, permit or privilege ever been suspended or revoked? | NO | YES |
| C. Have you tested positive or refused to test for drugs or alcohol in the past 2 years? | NO | YES |

If the answer to either question A or B is yes, attach statement giving details.

Applicant may be required to provide additional information as required by Federal Motor Carrier Safety Regulations

MANDATORY USE FOR ALL MONTHLY ACCOUNT HOLDERS

**IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS
FROM THE PSP Online Service**

1. In connection with your application for employment with Interstate Rock Products (IRP) ("Prospective Employer"), it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). If the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report. The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing. If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

2. I authorize Prospective Employer to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

3. I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

4. Please note: Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NICT on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain a driver's written or electronic consent prior to accessing the driver's PSP report. Further, account holders are required by FMCSA to use the language provided in paragraphs 1-4 of this document to obtain a prospective driver's consent. The language must be used in whole, exactly as provided. The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.

Interstate Rock Products, Inc.

EMPLOYMENT APPLICATION

Part 2

Interstate Rock Products, Inc. is an Equal Opportunity Employer

Interstate Rock Products, Inc. adheres to the policy of Equal Employment Opportunity for all applicants and employees. Employment decisions are made in a non-discriminatory manner without regard to race, color, religion, sex, national origin, age, marital status, medical condition, disability, handicap, or any other legally protected classification.

Interstate Rock Products, Inc. complies with Equal Employment Opportunity government reporting requirements and is required to obtain information and keep applicable records as a result of this compliance. Please provide us with the information below for the sole purpose of recordkeeping, reporting, and other legal obligations. Providing this information is voluntary. This information will be kept strictly confidential and separate from the application and employment records. We appreciate your cooperation.

PLEASE PRINT ALL INFORMATION

Name: _____ Date: _____
 First MI Last

Position Applied for: _____ Male _____ Female _____

Please check on of the following race/ethnic groups:

- _____ Hispanic or Latino
- _____ White
- _____ Native Hawaiian or Other Pacific Islander
- _____ American Indian or Alaskan Native
- _____ Two or More Races
- _____ Black or African American
- _____ Asian

Please check any of the following that apply:

- _____ Vietnam Era Veteran
- _____ Disabled Veteran