

EMPLOYMENT APPLICATION

for

Nettleton, Inc.; Nettleton Concrete Works, Inc.; Nettleton Ready Mix, Inc.;
Nettleton Concrete Products, Inc.; Nettleton Concrete, Inc.; Pneumatic Transport, Inc.
2318 Moore Rd. Jonesboro, AR 72402

Applicant Note: This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. You will be required to sign a criminal history release form. Additional testing of job-related skills and for the presence of drugs/alcohol in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you are required to submit to a medical review. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

Last Name	First Name	Middle Initial
<input type="text"/>	<input type="text"/>	<input type="text"/>

Social Security Number	Birth Date	Today's Date
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
Current Street Address	City	State Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>

If the above residence is less than three years, list below all residences for the past 3 years.

Street Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Home Phone Number	Work Phone Number	Cell Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Position or Job Wanted	Date Available
<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>

Regular Occupation or Trade
<input type="text"/>

Education or Training
<input type="text"/>

Driver's License Number	Expiration Date	State of Issue	Type or Class
<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>

LICENSES and FAILED TEST Information (Driver's Licenses held in the past 3 years must be shown)

Driver's License Number	Expiration Date	State	Endorsement(s)	Type or Class
<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Public Record Information

Please do not overfill the boxes on this page. If more room is needed, please use the additional explanation pages at the end of the form.

Do you have an appointment on any court docket for any reason? If yes, please explain below.

Yes No

Have you ever had your paycheck garnished for the payment of child support, taxes or other debts?

Yes No

Have you ever been convicted of a felony? If yes, complete the chart below.

Yes No

Have you ever been convicted of a misdemeanor? If yes, complete the chart below.

Yes No

Date	City/County/State	Charge	Penalty
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Has any license, permit or privilege ever been suspended or revoked? If yes, please explain below.

Yes No

Have you ever been denied a license, permit or privilege to operate a motor vehicle?
If yes, please explain below.

Yes No

40.25 (j) Drug/Alcohol

40.25 (j) In the last three years, have you had a positive drug/alcohol test or have you refused to submit to a required drug/alcohol test (this includes any pre-employment drug or alcohol test)?

Yes No

If answered "yes" to the 40.25 (j) question, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Yes No

Safety Performance History

Have you had any traffic convictions or forfeitures in the last 3 years? If yes, complete the chart below.

Yes No

TRAFFIC CONVICTIONS and FORFEITURES for the past 3 years other than parking violations.

Date	City/County/State	Charge	Penalty
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Have you had any accidents in the last 3 years? If yes, complete the chart below.

Yes No

ACCIDENT REVIEW for the past 3 years.

Date	Nature of Accident <small>(Head-on, Rear-end, Overturn, etc.)</small>	Fatalities	Injuries
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I understand that as part of the Department of Transportation Driver Qualification process (DOT 49CFR Parts 382 CONTROLLED SUBSTANCES AND ALCOHOL USE AND TESTING) this company is required to obtain the results of all DOT required drug/alcohol tests (including refusals to be tested). I understand that I must give this company written authorization to obtain above mentioned information from all of the companies for which I performed a safety sensitive function, or for which I took a pre-employment drug/alcohol test, during the past three years. I also understand that any signing of the authorization does not guarantee me a job with this company.

Below I have listed all of the employers for which I performed a safety sensitive function, **or for which I took a pre-employment drug/alcohol test**, during the past three years. I hereby authorize those employers to furnish all information concerning my positive drug/alcohol tests and any instances in which I refused to submit to a required drug/alcohol test.

Your application will not be considered unless every question in this section is answered. **The correct telephone numbers of past employers are critical**. We need ALL employment history for a total of 10 years.

Have you ever previously applied at Nettleton? Supply date if yes.

Yes No Date - -

Have you ever previously worked at Nettleton? Supply date if yes.

Yes No Date - -

May we contact your current and past employers?

Yes No

From - - Salary \$ Company
To - - per
Address City State Zip Code

Title Supervisor

Duties

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR) while employed with this employer? Yes No

Was the job designated as a safety sensitive function in any DOT required mode and were you subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40? - Yes No

Type of Test Results

Reason for Departure

From - - Salary \$ Company
To - - per
Address City State Zip Code

Title Supervisor

Duties

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR) while employed with this employer? Yes No

Was the job designated as a safety sensitive function in any DOT required mode and were you subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40? - Yes No

Type of Test Results

Reason for Departure

From - - Salary \$ Company
To - - per
Address City State Zip Code

Title Supervisor

Duties

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR) while employed with this employer? Yes No

Was the job designated as a safety sensitive function in any DOT required mode and were you subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40? - Yes No

Type of Test Results

Reason for Departure

From - - Salary \$ Company
To - - per
Address City State Zip Code

Title Supervisor

Duties

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR) while employed with this employer? Yes No

Was the job designated as a safety sensitive function in any DOT required mode and were you subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40? - Yes No

Type of Test Results

Reason for Departure

From -- Salary \$ Company
To -- per
Address City State Zip Code

Title Supervisor

Duties

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR) while employed with this employer? Yes No

Was the job designated as a safety sensitive function in any DOT required mode and were you subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40? - Yes No

Type of Test Results

Reason for Departure

From -- Salary \$ Company
To -- per
Address City State Zip Code

Title Supervisor

Duties

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR) while employed with this employer? Yes No

Was the job designated as a safety sensitive function in any DOT required mode and were you subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40? - Yes No

Type of Test Results

Reason for Departure

From -- Salary \$ Company
To -- per
Address City State Zip Code

Title Supervisor

Duties

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR) while employed with this employer? Yes No

Was the job designated as a safety sensitive function in any DOT required mode and were you subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40? - Yes No

Type of Test Results

Reason for Departure

From -- Salary \$ Company
To -- per
Address City State Zip Code

Title Supervisor

Duties

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR) while employed with this employer? Yes No

Was the job designated as a safety sensitive function in any DOT required mode and were you subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40? - Yes No

Type of Test Results

Reason for Departure

From - - Salary \$ Company

To - - per

Address City State Zip Code

Title Supervisor

Duties

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR) while employed with this employer? Yes No

Was the job designated as a safety sensitive function in any DOT required mode and were you subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40? - Yes No

Type of Test	Results
<input type="text"/>	<input type="text"/>

Reason for Departure

I certify that I have read and understand the APPLICANT NOTE on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or agents, including any consumer reporting bureaus, to verify any of this information including, but not limited to, criminal history, motor vehicle driving records, and drug/alcohol tests. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs/alcohol is prohibited during employment. I understand that I am to sign below only after any questions I have are answered, and I understand and agree to the above terms and conditions. I have read, understand and agree to the above terms and conditions.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge

Signature _____ Date _____

Even if you have never performed the following job descriptions, please rate your expected performance if you were to perform these tasks continuously.

1. Easy
2. With Effort
3. With Short Rest Periods
4. With Work Rest Cycles 50%-50%
5. Hard
6. Very Difficult
7. Can not accomplish

1. Climb a 10 ft. ladder up and down carrying a 40 lb. bucket of water and concrete. 1 2 3 4 5 6 7

2. Carry 94 lb. bags of cement 10 feet and stack on pallet. 1 2 3 4 5 6 7

3. Walk in ankle deep mud and drag 3/4 in. cable (90 lb. pull). 1 2 3 4 5 6 7

4. Shovel sand and gravel into loader bucket. 1 2 3 4 5 6 7

5. Push loaded wheelbarrow on level ground with 300 lbs. of concrete. 1 2 3 4 5 6 7

6. Pick up 10:00 x 20 truck tire (120 lbs.) waist high and place on dismounting machine. 1 2 3 4 5 6 7

7. Place upright and roll a 10:00 x 20 truck tire (180 lbs.). 1 2 3 4 5 6 7

8. Roll and then place upright 55 gallon drum of oil (385 lbs.). 1 2 3 4 5 6 7

9. Climb a 40 ft. ladder to an elevated platform with rails to paint and clean. 1 2 3 4 5 6 7

10. Go inside the drum of a ready mix truck and perform maintenance. 1 2 3 4 5 6 7

Thank you for applying for a position at Nettleton. All applications will be processed within fourteen business days. However, the application process may be delayed if previous employer information and telephone numbers are incomplete or missing.

If you are being considered for the position we will contact you by telephone. Please do not contact our office to inquire about your application.

DISCLOSURE TO EMPLOYMENT APPLICANT REGARDING PROCUREMENT OF INVESTIGATIVE INFORMATION

In connection with your application for employment, we will procure investigative reports regarding your employment, driving record, accidents, and drug and alcohol test results during the preceding three years. These reports are required by Sections 382.413, 391.23 and 391.25 of the Federal Motor Carriers Safety Regulations.

By signing below, you acknowledge that you have received the notification required by the Federal Motor Carrier Safety Regulations §391.23(i)(1), specifically, that you have been notified that you have:

The right to review information provided by previous employers.

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.

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.

Applicant Name

Applicant Address

City/State/Zip

Signature: _____

Date

Social Security #

I have been informed by this company that the previous employment information I have given for the preceding three (3) years with FMCSA regulated entities will be investigated by contacting my previous employers for the purpose of obtaining my safety performance history as required by paragraphs (d) and (e) of 391.23.

This company has advised me, during the application process, that I have the following due process rights regarding information received from previous employers as a result of these investigations conducted on my safety performance history. In accordance with 391.23(i) I have been advised that I have the right to review information provided by previous employers; I have 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; I have the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and I cannot agree on the accuracy of the information. I have been informed that my previous Department of Transportation regulated employment history in the previous three (3) years can be reviewed by me by submitting 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. This company has advised me that within five (5) business days after receiving my request or within five (5) business days of receiving the information they will supply the information to me. This company has advised me that if I have not arranged to pick up or receive the requested records within thirty (30) days of making them available, the company may consider I have waived the request to review the records. All information obtained is to be used in the decision making for employment with this company.

It has been recommended to me to read 49 CFR Part 391.23 to be more aware of the procedures motor carriers are required to use to obtain/ review my safety performance history with previous DOT regulated motor carriers.

DATE

APPLICANT SIGNATURE

Applicant must read and sign

Appointment on any Court Docket Explanation

License, Permit, or Privilege Suspended or Revoked Explanation

License, Permit, or Privilege to Operate a Motor Vehicle Denied Explanation