

# EMPLOYMENT **APPLICATION**

# ***Scioto***

## **READY MIX**

- **100% Safety  
Minded Company**
- **Drug & Alcohol Testing  
is Mandatory**
- **Equal Opportunity  
Employer that promotes  
a drug FREE Work Environment  
and respects United States  
veterans and individuals with  
disabilities**

Complete all 4 sections and sign.

# Drug & Alcohol Testing is Mandatory

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## PERSONAL DATA

NAME (LAST)		FIRST	MIDDLE	SOCIAL SECURITY NUMBER
PRESENT ADDRESS		STREET	CITY	STATE (ZIP CODE)
ARE YOU A CITIZEN OF THE U.S. OR DO YOU HAVE A LEGAL RIGHT TO WORK IN U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		EMERGENCY CONTACT:		
DO YOU HAVE A VALID DRIVER'S LICENSE? <input type="checkbox"/> Yes <input type="checkbox"/> No		STATE ISSUED IN:	DRIVER'S LICENSE NUMBER:	PHONE ( )
DO YOU HAVE CURRENT PERSONAL AUTOMOBILE LIABILITY INSURANCE COVERAGE PER OHIO LAWS <input type="checkbox"/> Yes <input type="checkbox"/> No		WITH WHO:		PHONE:
				HOME ( )
				CELL ( )
DO YOU HAVE A CDL LICENSE? <input type="checkbox"/> Yes <input type="checkbox"/> No		TYPE:	ENDORSEMENT:	WHAT TYPE OF DEPENDABLE TRANSPORTATION DO YOU OWN: TYPE & MAKE OF YOUR CAR:
HAVE YOU EVER PLEAD GUILTY, NO CONTEST, AND/OR BEEN CONVICTED OF A FELONY? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, WHEN?	WHERE? CITY: STATE: COUNTY:	NATURE & DISPOSITION OF CONVICTION:
		Indicating 'yes' will not eliminate you from employment consideration.		
ARE YOU CURRENTLY PART TIME OR FULL TIME EMPLOYED ANYWHERE ELSE? <input type="checkbox"/> Yes <input type="checkbox"/> No		PLACE OF CURRENT EMPLOYMENT:		DOING WHAT TYPE OF WORK:
				CURRENT WORKSHIFT HOURS:

POSITION YOU ARE APPLYING FOR:

PLEASE LIST IN BRIEF THE EXPERIENCE YOU HAVE FOR THE TYPE OF POSITIONS(S) YOU ARE APPLYING:

MEMBER OF ANY AFFILIATION TO ANY ORGANIZATIONAL LABOR? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, WHICH ONE? LOCAL & TYPE OF TRADE:	WHAT CITY/STATE?
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## EDUCATIONAL DATA

	NAME & ADDRESS OF SCHOOL	DATES ATTENDED*				GRADUATED		DATE DEGREE CONFERRED	MAJOR	MINOR
		FROM Mo	Yr	TO Mo	Yr	Yes	No			
HIGH SCHOOL										
COLLEGE/ OTHER										
GRADUATE SCHOOL										

\*Information required to secure records and all pertinent data from school officials.

ARE YOU PRESENTLY ENROLLED IN SCHOOL? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, WHERE ENROLLED?	<input type="checkbox"/> Day <input type="checkbox"/> Evening
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LIST STATES AND COUNTIES OF RESIDENCE FOR THE PAST SEVEN YEARS:

HAVE YOU USED ANY OTHER NAME OR SOCIAL SECURITY NUMBER OTHER THAN THOSE LISTED? ☐ Yes ☐ No IF SO, PLEASE LIST:

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## EMPLOYMENT HISTORY

HAVE YOU EVER APPLIED FOR EMPLOYMENT TO, OR HAVE BEEN EMPLOYED BY **SCIOTO READY MIX** BEFORE?

☐ Yes ☐ No

If yes, please give date(s) of your previous employment with the company or companies.

CURRENTLY OR PREVIOUSLY HAVE ANY OF YOUR FAMILY MEMBERS OR RELATED INDIVIDUALS (I.E. COUSINS) AND IN-LAWS EVER BEEN EMPLOYED BY **SCIOTO READY MIX** DURING THE PAST 20 YEARS?

☐ Yes ☐ No

If yes, list their names and companies, other than **Scioto Ready Mix** they were employed.

**List all present and past employment, beginning with your most recent. Please attach additional sheets if necessary.**

**COMPANY NAME/ADDRESS/TELEPHONE NUMBER**

( )

IMMEDIATE SUPERVISOR:

YOUR JOB TITLE OR POSITION:

DATES EMPLOYED

FROM (Mo/Yr) TO (Mo/Yr)

STARTING WAGE OR SALARY

FINAL WAGE OR SALARY

**REASON(S) FOR LEAVING**

DESCRIBE YOUR DUTIES

COMPANY BENEFITS (HEALTH, DENTAL, VISION, PRESCRIPTION DRUG COVERAGES); ALSO LIST 401K, PROFIT SHARING, USE OF COMPANY VEHICLE, CELL PHONE, ETC.

Was part or all the cost for your 'Company Benefits' deducted from your weekly paycheck?

**COMPANY NAME/ADDRESS/TELEPHONE NUMBER**

( )

IMMEDIATE SUPERVISOR:

YOUR JOB TITLE OR POSITION:

DATES EMPLOYED

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( )

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DESCRIBE YOUR DUTIES

COMPANY BENEFITS (HEALTH, DENTAL, VISION, PRESCRIPTION DRUG COVERAGES); ALSO LIST 401K, PROFIT SHARING, USE OF COMPANY VEHICLE, CELL PHONE, ETC.

Was part or all the cost for your 'Company Benefits' deducted from your weekly paycheck?

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Do you have any current Worker's Compensation Claims pending with any previous employer at this time that you would like to list voluntarily? Yes ☐ No ☐

IF YES, PLEASE DESCRIBE PENDING CLAIM(S) BELOW, INCLUDE YEAR & DATE FILED:

Have you had any Worker's Compensation Claims in the past 10 years that you would like to list voluntarily? Yes ☐ No ☐

DESCRIBE PREVIOUS CLAIMS BELOW, INCLUDE YEAR & DATE FILED:

Have you been hospitalized in the last 24 months that you would like to list voluntarily? Yes ☐ No ☐

IF YES, PLEASE EXPLAIN:

Have you been involved with any moving motor vehicle accidents in the past ten years where you were at fault or given a traffic fine? ☐ Yes ☐ No

IF YES, PLEASE EXPLAIN:

Do you have any current active points against your driver's license? ☐ Yes ☐ No

IF YES, PLEASE EXPLAIN:

Do you have any medications that you are currently taking that you would like to list voluntarily? ☐ Yes ☐ No

IF YES, PLEASE EXPLAIN:

Please voluntarily identify yourself as having any individual disabilities? Yes ☐ No ☐

IF YES, PLEASE EXPLAIN:

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OTHER ACCOMPLISHMENTS: CIVIC, CHURCH, CHARITIES,  
HOBBIES, ENTERTAINMENT LIKES

Over to complete section 4 and sign

(Open to complete sections ② and ③)

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# UNITED STATES ARMED FORCES HISTORY

MILITARY SERVICE STATUS	BRANCH OF SERVICE	DATES OF SERVICE	
		From	To
<input type="checkbox"/> VETERAN <input type="checkbox"/> NON-VETERAN			
<input type="checkbox"/> NATIONAL GUARD <input type="checkbox"/> RESERVES	<input type="checkbox"/> Inactive <input type="checkbox"/> Active		
<input type="checkbox"/> ADVANCED ROTC			

DID YOU RECEIVE ANY MILITARY TRAINING RELATED TO THE JOB FOR WHICH YOU ARE APPLYING?   ☐ Yes   ☐ No   IF YES, PLEASE EXPLAIN:

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## REFERENCES

NAME	ADDRESS	OCCUPATION/TELEPHONE#
1.		Occupation: Telephone #: (   )
2.		Occupation: Telephone #: (   )
3.		Occupation: Telephone #: (   )
4.		Occupation: Telephone #: (   )
5.		Occupation: Telephone #: (   )

## SIGNATURE (Please read carefully before signing)

Applicants Authorization: I hereby voluntarily authorize **Scioto Ready Mix** to obtain consumer reports about me from any consumer reporting agency and to consider the consumer reports when making decisions regarding my employment at **Scioto Ready Mix**.

I understand that **Scioto Ready Mix** may contact the past employers and/or personal references I have provided in order to verify my past employment and work record. I authorize all past employers, educational institutions, government agencies and/or personal references to release any all information concerning my past employment work history, performance and personal character. I hereby release all such past employers, personal references and **Scioto Ready Mix** from any all liability resulting from damages I may incur in the reference verification process. I also understand that if employed by **Scioto Ready Mix**, my employment is "at will" and can be terminated at any time for any reason either by myself or the Company. This agreement cannot be modified by any representative of the Company either in writing or verbally. Finally, I understand it is unlawful for **Scioto Ready Mix** to employ anyone who is neither a citizen of the U.S. nor an authorized resident alien. I certify that the U.S. citizenship information I have provided the Company is authentic. Further, I certify that all information I have provided on this application is accurate.

False information or omission of facts on the application will result in the termination of my employment with **Scioto Ready Mix** regardless of when the false information or omission is discovered.

**Once you are hired at Scioto Ready Mix you can not have or maintain any other employment.**

**TO THE BEST OF MY KNOWLEDGE I HAVE PROVIDED TRUE AND ACCURATE INFORMATION, AND ALL INFORMATION I HAVE PROVIDED HERE IS VOLUNTARY WITHOUT ANY RESERVATIONS.**

SIGNATURE

DATE

X

Scioto Ready Mix, LLC is an Equal Opportunity Employer. Scioto Ready Mix, LLC does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law. Applicants with experience in this business field are preferred. Veterans of the United States Armed Services and individuals with disabilities are respected.

*You must sign the application to be considered for Employment.*