



## APPLICANT

### DRIVERS APPLICATION FOR EMPLOYMENT

Include Current MVR with Application

You may pick up your MVR at: Motor Vehicle Department  
1881 Pierce Street, Denver, CO  
303-205-5600



### BRANNAN LOCATIONS

**Main Office:**

2500 E Brannan Way  
Denver, CO 80229

**BSG Number:**

303-534-1231

**BCC Number:**

303-273-9382

**Lipan Asphalt Plant:**

5880 Lipan St.  
Denver, CO 80221

303-477-1607

Fax: 303-455-9529

**Rock Creek:**

1240 Rock Creek Circle  
Lafayette, CO 80026

303-604-0688

**I-76 Plant:**

7271 Colorado Blvd  
Commerce City, CO 80022

**Ready Mix Central:**

7291 Colorado Boulevard  
Commerce City, CO 80022

303-795-5995

**Ready Mix South:**

2600 West Union  
Englewood, CO 80110



**APPLICATION FOR EMPLOYMENT**  
**An Equal Opportunity Employer**

We do not discriminate on the basis of race, color, religion, national origin, sex, age, or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on first and last page of the application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied For \_\_\_\_\_ Today's Date \_\_\_\_\_

Are you seeking: Full-time  Part-time  Temporary  Employment? When could you start work? \_\_\_\_\_

How did you hear about the Company/Position? \_\_\_\_\_

Last Name	First Name	Middle Name	Telephone Number
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**TO BE READ AND SIGNED BY APPLICANT**

I authorize you to make such investigation and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care provider and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

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

**List your addresses of residency for the past 3 years**

Current Address _____	How Long? _____
Street _____	City _____
State and Zip Code _____	

Previous Address _____	How Long? _____
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Street _____	City _____	State and Zip Code _____	How Long? _____
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Street _____	City _____	State and Zip Code _____	How Long? _____
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Street _____	City _____	State and Zip Code _____	How Long? _____
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Street _____	City _____	State and Zip Code _____	How Long? _____
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Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

If hired, can you furnish proof you are eligible to work in the U.S.? Yes  No

Have you ever applied here before?..... Yes  No  If yes, when? \_\_\_\_\_

Were you ever employed here? ..... Yes  No  If yes, when? \_\_\_\_\_

Have you ever been convicted of any law violation (except a minor traffic violation)?..... Yes  No

If yes, give details: \_\_\_\_\_

(A "Yes" answer does not automatically disqualify you from employment, since the nature of the offense, date, and the job for which you are applying will also be considered.)

Are you now or do you expect to be engaged in any other business or employment?..... Yes  No

If yes, please explain: \_\_\_\_\_

**EMPLOYMENT HISTORY**

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code. Applicants to drive a commercial motor vehicle\* in intrastate or interstate commerce shall also provide an additional 7 years information on those employers for whom the applicant operated such vehicle.

Name of current or last employer	Telephone
Address, include City, State, & Zip Code	Supervisor
Job Title: _____ Describe Job Duties	Dates of Employment: From: _____ To: _____
Reason for Leaving	Pay in dollars Starting: _____ Ending: _____
Were you subject to the FMCSRs ** while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was your job designated as a safety-sensitive function on any DOT-Regulated mode subject to the Drug and Alcohol testing requirements of 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name of employer	Telephone
Address, include City, State, & Zip Code	Supervisor
Job Title: _____ Describe Job Duties	Dates of Employment: From: _____ To: _____
Reason for Leaving	Pay in dollars Starting: _____ Ending: _____
Were you subject to the FMCSRs ** while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was your job designated as a safety-sensitive function on any DOT-Regulated mode subject to the Drug and Alcohol testing requirements of 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name of employer	Telephone
Address, include City, State, & Zip Code	Supervisor
Job Title: _____ Describe Job Duties	Dates of Employment: From: _____ To: _____
Reason for Leaving	Pay in dollars Starting: _____ Ending: _____
Were you subject to the FMCSRs ** while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was your job designated as a safety-sensitive function on any DOT-Regulated mode subject to the Drug and Alcohol testing requirements of 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name of employer	Telephone
Address, include City, State, & Zip Code	Supervisor
Job Title: _____ Describe Job Duties	Dates of Employment: From: _____ To: _____
Reason for Leaving	Pay in dollars Starting: _____ Ending: _____
Were you subject to the FMCSRs ** while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was your job designated as a safety-sensitive function on any DOT-Regulated mode subject to the Drug and Alcohol testing requirements of 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>	

\* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including driver), or any size vehicle used to transport hazardous material in a quantity requiring placarding.  
 \*\* The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

**ACCIDENT RECORD For past 3 years (Attach sheet if more space is needed) If none write NONE.**

Dates	Nature of Accident (Head-on, Rear-end, Upset, etc.)	Fatalities	Injuries
Last Accident: _____	Hazardous Material Spill? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Last Accident: _____	Hazardous Material Spill? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Last Accident: _____	Hazardous Material Spill? Yes <input type="checkbox"/> No <input type="checkbox"/>		

**TRAFFIC CONVICTIONS and forfeitures for the past 3 years (other than parking violations), If none write NONE.**

Location	Date	Charge	Penalty

**EXPERIENCE AND QUALIFICATIONS**

State	License No	Class	Endorsement(s)	Expiration Date
Drivers Licenses or Permits Held in the Past 3 years				

**DRIVING EXPERIENCE**

Class of Equipment	Circle Type of Equipment	Dates	Approx. Number of Miles (Total)
Straight Truck Yes <input type="checkbox"/> No <input type="checkbox"/>	(Van, Tank, Flat, Dump, Refer)		
Tractor and Semi-Trailer Yes <input type="checkbox"/> No <input type="checkbox"/>	(Van, Tank, Flat, Dump, Refer)		
Tractor – Two Trailers Yes <input type="checkbox"/> No <input type="checkbox"/>	(Van, Tank, Flat, Dump, Refer)		
Tractor – Three Trailers Yes <input type="checkbox"/> No <input type="checkbox"/>	(Van, Tank, Flat, Dump, Refer)		
Motorcoach – School Bus More than 8 Passengers Yes <input type="checkbox"/> No <input type="checkbox"/>	N/A		
Motorcoach – School Bus More than 15 Passengers Yes <input type="checkbox"/> No <input type="checkbox"/>	N/A		
Other :			

**LICENSE INFORMATION**

Has your license ever been suspended, denied or revoked? Yes <input type="checkbox"/> No <input type="checkbox"/> IF YES ATTACH STATEMENT WITH DETAILS
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**PLEASE READ STATEMENTS CAREFULLY BEFORE SIGNING**

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics, and mode of living obtained from interviews with neighbors, friends, former employers, schools, and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation. I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre and/or post employment drug screen as a condition of employment, if required.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

I have read and understand the above statements. By my signature, I consent to these statements. This certifies that this application was completed by me, and that all entries on it and information on it are true and complete to the best of my knowledge.

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

This application for employment will remain active for a limited time. Ask the organization representative for details.