



PBMaterials
 DBA WALLACH CONCRETE Inc &
 CROCKETT COUNTY MINING Ltd

CMV Driver Application for Employment

PLEASE READ COMPLETELY

The information requested on this form is required by federal law (49 CFR) to be provided by any applicant applying for a commercial motor vehicle (CMV) position as defined by 49 CFR 390.5. Failure to complete the required areas can place both the applicant and carrier in violation of federal law. Information provided will be verified by carrier as required under various parts of 49 CFR, including Part 382 and Part 391. If help is required to complete form please ask an authorized PB Materials representative.

PLEASE PRINT CLEARLY, FILL OUT EACH AREA OUTLINED IN A GREEN BOX, AND SIGN YOUR FULL LEGAL NAME AT THE END WHERE REQUIRED. ANY INFORMATION NOT COMPLETED IN AREAS HIGHLIGHTED BY THE GREEN BOX MAY RESULT IN THE APPLICATION NOT BEING PROCESSED

FALSE STATEMENTS MAY RESULT IN REFUSAL TO HIRE OR IMMEDIATE TERMINATION

Application Date	_____	Name	_____	_____	_____
			Last	First	M.I.
Phone Number	_____	SSN	_____	DOB	_____
Current Address	_____			How Long	_____
	Street	City, State & Zip Code			yr./mo.
Previous Addresses (If less than 3 years)	_____			How Long	_____
	Street	City, State & Zip Code			yr./mo.
	_____			How Long	_____
	Street	City, State & Zip Code			yr./mo.
	_____			How Long	_____
	Street	City, State & Zip Code			yr./mo.
Are you legally authorized to work in the United States as a commercial driver under 49 CFR?			Yes	No	
Have you ever been convicted of a felony?	_____				
If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment. All circumstances will be considered.					
Is there any reason you might be unable to perform the functions of the job for which you have applied?			Yes	No	
If yes, explain if you wish:					

EMPLOYMENT HISTORY

(NOTE: List employers in reverser order starting with the most recent. Use additional sheet if necessary)

Current Employer			Dates (Mo./Yr.)
Company Name			From To
Address			Position Held
City	State	Zip	Salary/Wage
Contact Person		Phone Number	Reason for Leaving

Were you subject to the Federal Motor Carrier Safety Regulations while employed? Yes No

May we contact this employer to verify employment? Yes No If no, please explain:

Previous Employer			Dates (Mo./Yr.)
Company Name			From To
Address			Position Held
City	State	Zip	Salary/Wage
Contact Person		Phone Number	Reason for Leaving

Were you subject to the Federal Motor Carrier Safety Regulations while employed? Yes No

May we contact this employer to verify employment? Yes No If no, please explain:

Previous Employer			Dates (Mo./Yr.)
Company Name			From To
Address			Position Held
City	State	Zip	Salary/Wage
Contact Person		Phone Number	Reason for Leaving

Were you subject to the Federal Motor Carrier Safety Regulations while employed? Yes No

May we contact this employer to verify employment? Yes No If no, please explain:

Previous Employer			Dates (Mo./Yr.)
Company Name			From To
Address			Position Held
City	State	Zip	Salary/Wage
Contact Person		Phone Number	Reason for Leaving

Were you subject to the Federal Motor Carrier Safety Regulations while employed? Yes No

May we contact this employer to verify employment? Yes No If no, please explain:

Accident Record

Provide the following information for any accident you were involved in during the preceding 3 years (If none, write NONE)

Dates	Nature of Accident (Head-on, rear-end, overturn)	Fatalities	Injuries	Hazardous Spill
Last Accident				
Next Previous				
Next Previous				

Traffic Convictions

Provide the following information for all motor vehicle violations for which you were convicted or pled guilty to during the preceding 3 years (Do not include parking tickets) (If none, write NONE)

Location	Date	Charge	Penalty

(Attach additional sheet if more space needed)

Experience and Qualifications - Driver

List all driver licenses or permits held in the past 3 years

Driver Licenses	State	License Number	State	Expiration Date

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes No
 Has any license, permit, or privilege ever been suspended or revoked? Yes No

IF THE ANSWER TO EITHER QUESTION ABOVE IS YES, PLEASE PROVIDE DETAILS:

Driving Experience (Check yes or no)

Class of Equipment			Circle Type of Equipment	Dates		# of Miles
				From	To	
Straight Truck	Yes	No	Van, Tank, Flat, Dump, Refer	-		
Tractor and Semi Trailer	Yes	No	Van, Tank, Flat, Dump, Refer	-		
Tractor Two Trailers	Yes	No	Van, Tank, Flat, Dump, Refer	-		
Concrete Mixer	Yes	No		-		
Other				-		

List states operated in for the last 5 years: _____

Drug and Alcohol Information

In the previous 3 years have you:

- Violated the Alcohol and Controlled Substance prohibitions under subpart B of 49CFR Part 382 or 49 CFR Part 40? Yes No
- Failed to undertake or complete a rehabilitative program prescribed by SAP pursuant to 49CFR 382.605? Yes No

Check all that apply:

- I have an alcohol test result of 0.04 or higher?Yes No N/A
- I had a Verified Positive Drug Test?Yes No N/A
- I refused to test (including verified adulterated or substituted drug test results)?Yes No N/A

TO BE READ AND SIGNED BY APPLICANT

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.

Applicant Signature: _____

Date: _____

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

Part 1:	TO BE COMPLETED BY APPLICANT			
I, (Print name) _____		First _____	M.I. _____	Last _____
				Social Security Number _____
				Date of Birth _____
Hereby authorize:		Email _____		
Previous Employer _____		Telephone _____		
Street _____		Fax No. _____		
City, State, Zip _____				
<p>To release and forward the information requested in Part 2 (Accident History) and Part 3(Drug/Alcohol History) of this document concerning records within the 3 previous years from _____</p> <p style="text-align: right;">Employment Application Date</p>				
<p>Return to:</p> <p style="display: flex; justify-content: space-between;"> PB Materials Email hr.pbm@pb-materials.com </p> <p style="display: flex; justify-content: space-between;"> P.O. Box 14168 Telephone (432)563-8036 </p> <p style="display: flex; justify-content: space-between;"> Odessa, TX 79768 Fax No. (888)654-4905 </p>				
<p>In compliance with 40.25(g) and 391.23(h), release of this information must be made in written form that ensures confidentiality, such as fax, email, or letter.</p>				
Applicant Signature: _____				Date: _____

Part 2:	TO BE COMPLETED BY PREVIOUS EMPLOYER				
ACCIDENT HISTORY					
The applicant named above was employed by us. Yes <input type="checkbox"/> No <input type="checkbox"/>					
Employed as _____ from (m/y) _____ to (m/y) _____					
1. Did he/she drive a motor vehicle for you? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes, what type (Circle one)? Straight Truck Tractor Semi Trailer Bus Cargo Tank Doubles/Triples					
Other (Please specify) _____					
2. Reason for leaving employ (Circle one): Discharged Resignation Lay Off Military Duty					
If there is no safety performance history to report, check here <input type="checkbox"/> , sign below, and return.					
Accidents: Complete the following for any accidents included on your accident register (390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here <input type="checkbox"/> if there is no accident register data for this driver.					
	Date	Location	# Injuries	Fatalities	Hazmat Spill
1.					
2.					
3.					
Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies:					

Any other remarks: _____					
Signature: _____		Title: _____		Date: _____	

DRUG AND ALCOHOL HISTORY

Part 3:

TO BE COMPLETED BY PREVIOUS EMPLOYER

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here , fill in the dates of employment from _____ to _____, complete bottom section of Part 3, sign, and return.

Driver was subjected to Department of Transportation testing requirements from _____ to _____

1. Has this person had an alcohol test with the result of .04 or higher?

Yes No

2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?

Yes No

3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?

Yes No

4. Has this person committed other violations of Subpart B of Part 382, or Part 40?

Yes No

5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return to duty and follow up tests? If yes, please send documentation with this form.

Yes No

6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test of .04 or greater, a verified positive drug test, or refuse to be tested?

Yes No

In answering these questions, please include any required DOT drug or alcohol testin information obtained from prior previous employers in the 3 years prior to the application date shown on Page 1.

Name of Previous Employer _____

Street _____

City, State, Zip _____

Part 3 Completed by (Please Print) _____

Phone Number _____

Signature: _____

Date: _____

CONSENT TO OBTAIN CONSUMER REPORTS FOR EMPLOYMENT PURPOSES

In connection with my employment with PB Materials, I understand that you will procure reports for employment purposes that relate to my credit, criminal, driving, employment, or education history. This information will, in whole or in part, be obtained from iIX (1716 Briarcrest Drive, Suite 200, Bryan, TX 77802, Ph. 866-560-7015). These reports may include information as to my general reputation, character, personal characteristics, mode of living, work habits, job performance, and experience along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information from various federal, state, and other agencies or institutions, which maintain public and non-public records concerning my past activities relating to my driving, credit, civil, education, and other experiences.

I authorize, without reservation, any party, institution, or agency contacted by IIX or this employer to furnish the above mentioned information.

Name _____ SSN _____ DOB _____
Last First M.I.

Current Address _____ Sex _____
(No PO boxes, please) Street City, State & Zip Code

Driver's License No. _____ State _____
Expiration Date _____ Class _____

Please provide a legible copy of driver's license with this form

Applicant Signature: _____ Date: _____