



## Ready Mix Driver/Loader Application

To Applicant,

Thank you for your interest in working with Choate Concrete.

Please complete and electronically sign the attached application. Once you have completed the application, please email it to [tiffany@choateconcrete.com](mailto:tiffany@choateconcrete.com).

After your application has been reviewed, we will reach out to you to schedule a time to interview.

Sincerely,

*David Choate*



## READY MIX TRUCK DRIVER APPLICATION FOR EMPLOYMENT

These instructions must be followed exactly. Fill out application form completely. If questions are not applicable, enter "NA." **Do not leave questions blank.** Be sure to sign electronically when completed. Choate Concrete is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services. You may submit multiple copies of this application and enter different position titles, but **each application must be signed electronically.** **Resumes will not be accepted in lieu of applications,** unless specifically stated in the job vacancy notice.

NAME \_\_\_\_\_ ( ) \_\_\_\_\_  
(Last) (First) (Middle) (Daytime Phone)

MAILING ADDRESS \_\_\_\_\_ ( ) \_\_\_\_\_  
(Street) (City) (State) (Zip) (Country) (Work Phone, Optional)

E-MAIL ADDRESS \_\_\_\_\_

List any other names used if different from name on this application. \_\_\_\_\_

List exact title of position or type of work and location for which you wish to apply:	Job Posting Number	Closing Date
	Do you have any relatives working for Choate Concrete? If so, list names and relationships:	

Full-Time  Part-Time  Summer  Temp/Project  Date available for work? \_\_\_\_\_ Are you at least 17 years of age? Yes  No

Are you willing to work hours other than 8-5? Yes  No  What days are you unable to work? \_\_\_\_\_

Are you willing to travel? Yes  No  If yes, what percent of time? \_\_\_\_\_

Current Driver's License # (if required for position) \_\_\_\_\_ Commercial Driver's License Yes  No   
(State) (Number)

Geographic preference. (Be specific to city/area. If no preference, write "statewide.") \_\_\_\_\_

**Have you ever been convicted of a felony or subjected to deferred adjudication on a felony charge? Yes  No**  If your answer is "Yes," explain in concise detail on a separate page, giving dates and nature of the offense, name and location of the court, and disposition of the case(s). A conviction may not disqualify you, but a false statement will. Note: Some state agencies may require additional information related to convictions of misdemeanors.

**EDUCATION (NOTE: Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certifications, and registrations.)**

High School Graduate or GED? Yes  No  If yes, name and location of high school or GED institute: \_\_\_\_\_

Type of School	Name and Location of School	Dates Attended				Date Graduated	Expected Graduation Date	Sem/Clock Hours Completed	Type of Diploma or Degree	Major/Minor Fields of Study
		From		To						
		Mo.	Yr.	Mo.	Yr.					
Undergraduate Colleges or Universities										
Graduate Schools										
Technical or Vocational Schools										

**AN EQUAL OPPORTUNITY EMPLOYER**

If a license, certificate, or other authorization is required or related to the position for which you are applying, complete the following:

LICENSE/CERTIFICATION (P.E., R.N., Attorney, C.P.A., etc.)	Date issued	Date expires	Issued by/Location of issuing authority (State or other authority) (City & State)	License No.

**Special Training/Skills/Qualifications:** List all job related training or skills you possess and machines or office equipment you can use, such as calculators, printing or graphics equipment, computer equipment, types of software and hardware. (Attach additional page, if necessary.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approximately how many words per minute do you type? \_\_\_\_\_

Sign Language (If required for this position) Yes  No

Are you a certified interpreter? Yes  No

Do you speak a language other than English? (If required for this position) Yes  No

How fluently? Fair  Good  Excellent

If yes, what language(s) do you speak? \_\_\_\_\_

Do you write in a language other than English? (If required for this position) Yes  No

If yes, which language(s) \_\_\_\_\_

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE  
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AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED E BY SIGNING IN THE SPACE PROVIDED**

I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information may be grounds for refusal to hire or, if hired, termination.

I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S. I understand that Choate Concrete will check with the Texas Department of Public Safety, the Federal Bureau of Investigation or other organizations, for any criminal history in accordance with applicable statutes.

I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.

I hereby authorize Choate Concrete Choate Concrete to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that Choate Concrete will utilize an outside firm or firms to assist it in checking such information and I specifically authorize such an investigation by information services and outside entities of the company's choice. I understand that a recent copy of my MVR will need to be provided to Choate Concrete as part of the background check. I also understand that I may withhold my permission and that in such a case no investigation will be done and my application for employment will not be processed further.

**TERMS AND ACCEPTANCE OF SIGNATURE**

**Electronic Signature:**

Please type your First and Last Name below:

First Name

Last Name

Date

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.

## EMPLOYMENT HISTORY

This information will be the official record of your employment history and must accurately reflect all significant duties performed. Summaries of experience should clearly describe your qualifications.

1. Include ALL employment. Begin with your current or last position and work back to your first. Employment history should include **each position** held, even those with the same employer.
2. **EMPLOYER ADDRESSES MUST BE COMPLETE MAILING ADDRESSES, INCLUDING ZIP CODE.**
3. Answer all questions and completely summarize your experience including technical and managerial responsibilities and any special training, skills and qualifications for each position you have held.

If you need additional space to adequately describe your employment history, you may use this employment history sheet or attach a typed employment history providing the same information in the same format as this application form.

**Name** \_\_\_\_\_

Last First Middle

Position Title: Employer: Mailing Address: City & State/ZIP: Employer's Telephone No.: (    )							Immediate Supervisor Name:  Title:  Supervisor's Telephone No.: (    )			Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Summer <input type="checkbox"/> Temp/Project <input type="checkbox"/>	
Starting Date			Leaving Date			Current/ Final Salary		Technical <input type="checkbox"/> Non-Managerial <input type="checkbox"/> Supervisory/Managerial <input type="checkbox"/>		Give average # of hours worked per week if part-time:	
Mo.	Day	Yr.	Mo.	Day	Yr.	\$	If supervisory, number of employees you supervised:				

Summary of experience including special training/skills/qualifications you have used in the performance of this job:

**Specific reason for leaving:**

Position Title: Employer: Mailing Address: City & State/ZIP Employer's Telephone No.: (    )							Immediate Supervisor Name:  Title:  Supervisor's Telephone No.: (    )			Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Summer <input type="checkbox"/> Temp/Project <input type="checkbox"/>	
Starting Date			Leaving Date			Current/ Final Salary		Technical <input type="checkbox"/> Non-managerial <input type="checkbox"/> Supervisory/Managerial <input type="checkbox"/>		Give average # of hours worked per week if part-time:	
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Summary of experience including special training/skills/qualifications you have used in the performance of this job:

**Specific reason for leaving:**

