

PETERS CONCRETE COMPANY

Main Office / Plant

1516 Atkinson Drive
Green Bay, WI 54303
Phone (920) 494-3700
Fax (920) 494-5475

Marinette Plant

1604 W. Cleveland Ave.
Marinette, WI 54143
Phone 1-800-735-1505
Fax (715) 732-9028

Bonduel Plant

N3601 State Highway 47
Bonduel, WI 54107
Phone (715) 758-2363
Fax (715) 758-6362

www.petersconcrete.com

Ready Mixed Concrete • Excavation • Heavy & Highway • Sewer & Water • Crushing & Aggregates

APPLICATION FOR EMPLOYMENT

NAME: _____
(First) (Middle I) (Maiden, if any) (Last)

ADDRESS: _____ **HOW LONG:** _____
(Street) (City) (State & Zip Code)

HIRE DATE: _____

TELEPHONE #: _____ **E-MAIL:** _____
(Home & Cell)

PREVIOUS THREE YEARS RESIDENCY (Attach sheet if more space is needed)

(Street) (City) (State & Zip Code) # YEARS _____

(Street) (City) (State & Zip Code) # YEARS _____

POSITION APPLIED FOR: _____
(Attach sheet if more space is needed) (Desired Salary)

LAST EMPLOYER NAME: _____

ADDRESS: _____ **PHONE:** _____

POSITION HELD: _____ **FROM** _____ **TO** _____ **SALARY** _____

REASON FOR LEAVING: _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed? Yes ___ No ___

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol & controlled substances testing requirements as required by 49 CFR Part 40? Yes ___ No ___

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LAST EMPLOYER NAME: _____

ADDRESS: _____ **PHONE:** _____

POSITION HELD: _____ **FROM** _____ **TO** _____ **SALARY** _____

REASON FOR LEAVING: _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed? Yes ___ No ___

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol & controlled substances testing requirements as required by 49 CFR Part 40? Yes ___ No ___

LAST EMPLOYER NAME: _____

ADDRESS: _____ **PHONE:** _____

POSITION HELD: _____ **FROM** _____ **TO** _____ **SALARY** _____

REASON FOR LEAVING: _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed? Yes ___ No ___

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol & controlled substances testing requirements as required by 49 CFR Part 40? Yes ___ No ___

Any gaps in employment and/or unemployment must be explained. Include Month/Year and reason.

ADDITIONAL WORK RELATED INFORMATION HELPFUL TO CONSIDER FOR THIS APPLICATION

WORK RELATED REFERENCES

NAME	ADDRESS	PHONE #

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TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquiries to 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 providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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. If hired, I further understand my driving record will be periodically checked as may be necessary and my continued employment will be contingent upon maintaining an acceptable driving record. I will notify my supervisor of any moving violations as they occur.

"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 current/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."

APPLICANT SIGNATURE

DATE

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

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

**Note: All CDL Driver Applicants Must Fill Out The
Attached Sheet Labeled "CDL Drivers Only"**

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CDL DRIVERS ONLY

Please complete this section only if you are applying for a position that requires you to hold a Commercial Drivers License. (this includes pick-up trucks pulling trailers, etc.)

LICENSE INFORMATION

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES FROM TO	APPROXIMATE NUMBER OF MILES (Total)
STRAIGHT TRUCK			
TRACTOR AND SEMI-TRAILER			
TRACTOR-TWO TRAILERS			
OTHER			

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (Attach sheet if more space is needed)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS - OTHER THAN PARKING VIOLATIONS (Attach sheet if more space is needed)

DATES CONVICTED (Month/Year)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (Forfeited bond, collateral and/or points)

PER REQUIREMENTS OF FMCSA PART 391.21

Social Security Number	Date of Birth
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A. Have you ever been denied a license, permit or privilege to operate a motor vehicle: ☐ Yes ☐ No

If yes, explain _____

B. Has any license, permit, privilege ever been suspended or revoked? ☐ Yes ☐ No

If yes, explain _____

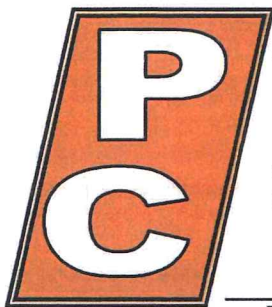
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Applicant's Signature _____

Date _____

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This Form is to be completed by employees only.

Please Print

Name: _____

Employee Affirmative Action Voluntary Identification

This Company is a government contractor. A requirement for Federal or Federally Assisted Construction Contracts is to report the number of handicapped, veteran, male/female, and minority/non-minority employees and applicants we have.

SUBMISSION OF THE INFORMATION REQUESTED BELOW IS **STRICTLY VOLUNTARY.**

Please Print

Position(s) applied for _____ **Date** _____

Referral Source(s):

___ Advertisement

___ Employee

___ Relative

___ Walk-in

___ Other

___ Government Employment Agency

___ Private Employment Agency

What is your race/ethnic origin?

___ White

___ Black or African American

___ Hispanic or Latino

___ Asian

___ Native Hawaiian or Other Pacific Islander

___ American Indian or Alaska Native

___ Two or More Races

Name of referral source (if applicable) _____

What is your Gender?

___ Female

___ Male

Are you an individual with a disability?

___ Yes

___ No

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(Over)

Please check all categories that apply to you:

☐ **Disabled Veteran**

- A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
- A person who was discharged or released from active duty because of a service connected disability.

☐ **Other Protected Veteran** – A veteran who served on active duty in the U.S. military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized.

☐ **Armed Forces Service Medal Veteran** – A veteran who, while serving on active duty in the U.S. military, ground, naval, or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 Fed. Reg.1209).

☐ **Recently Separated Veteran** – A veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.

Discharge Date: _____ **(To be completed by all veterans).**

This information will be used only for Affirmative Action reporting purposes and will not become part of your employment file or application, nor will it be used as a basis for any personnel action.

Submission of this information is confidential, and is solicited on a strictly voluntary basis. Your decision to provide the information will not result in any adverse treatment.

☐ **I decline to provide this information**

This company is an Equal Opportunity / Affirmative Action Employer and does not discriminate on the basis of race, color, creed, religion, national origin, ancestry, sex, sexual orientation, disability, age, marital status, pregnancy or childbirth, use of lawful products, arrest or conviction record, honesty testing, genetic testing or information, military service membership, status with regard to public assistance, local human rights commission activity, gender identity, height, weight or other basis prohibited by applicable local, state or federal fair employment laws or regulations.

Date: _____ **Signature:** _____

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