

EMPLOYMENT HISTORY

Starting with your present or most recent employer, list all previous employers, including summer, part-time, temporary and full-time jobs. All time must be accounted for, including any gaps in employment. Use additional paper if necessary.

All driver applicants must provide the following information on all employers during the preceding 3 years. Driver applicants must also provide an additional 7 years of information on those employers for whom the applicant operated a commercial vehicle. This includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

Employer	Date
Name: _____	From: _____ To: _____
Address: _____	
City: _____	State _____ Zip _____ Salary/Wage: _____
Describe Position Held: _____	
Was this job subject to the Federal Motor Carrier Regulations? _____ Was this job subject to alcohol & drug testing? _____	
Contact Person: _____	Phone#: _____ Reason(s) for Leaving: _____

Employer	Date
Name: _____	From: _____ To: _____
Address: _____	
City: _____	State _____ Zip _____ Salary/Wage: _____
Describe Position Held: _____	
Was this job subject to the Federal Motor Carrier Regulations? _____ Was this job subject to alcohol & drug testing? _____	
Contact Person: _____	Phone#: _____ Reason(s) for Leaving: _____

Employer	Date
Name: _____	From: _____ To: _____
Address: _____	
City: _____	State _____ Zip _____ Salary/Wage: _____
Describe Position Held: _____	
Was this job subject to the Federal Motor Carrier Regulations? _____ Was this job subject to alcohol & drug testing? _____	
Contact Person: _____	Phone#: _____ Reason(s) for Leaving: _____

EMPLOYMENT HISTORY (cont.)

Employer **Date**

Name: _____ From: _____ To: _____

Address: _____

City: _____ State _____ Zip _____ Salary/Wage: _____

Describe Position Held: _____

Was this job subject to the Federal Motor Carrier Regulations? _____ Was this job subject to alcohol & drug testing? _____

Contact Person: _____ Phone#: _____ Reason(s) for Leaving: _____

Employer **Date**

Name: _____ From: _____ To: _____

Address: _____

City: _____ State _____ Zip _____ Salary/Wage: _____

Describe Position Held: _____

Was this job subject to the Federal Motor Carrier Regulations? _____ Was this job subject to alcohol & drug testing? _____

Contact Person: _____ Phone#: _____ Reason(s) for Leaving: _____

Employer **Date**

Name: _____ From: _____ To: _____

Address: _____

City: _____ State _____ Zip _____ Salary/Wage: _____

Describe Position Held: _____

Was this job subject to the Federal Motor Carrier Regulations? _____ Was this job subject to alcohol & drug testing? _____

Contact Person: _____ Phone#: _____ Reason(s) for Leaving: _____

Employer **Date**

Name: _____ From: _____ To: _____

Address: _____

City: _____ State _____ Zip _____ Salary/Wage: _____

Describe Position Held: _____

Was this job subject to the Federal Motor Carrier Regulations? _____ Was this job subject to alcohol & drug testing? _____

Contact Person: _____ Phone#: _____ Reason(s) for Leaving: _____

EXPERIENCE AND QUALIFICATION (To be completed for driving positions only.)

Driver Licenses **STATE** **LICENSE NO.** **TYPE** **EXPIRATION DATE**

Driving Experience

CLASS OF EQUIPMENT

TYPE OF EQUIPMENT
(Van, Tank, Flat, Etc.)

Straight Truck

Tractor & Semi-Trailer

Tractor - Two Trailers

Other

List all states a license was issued during the past 10 years: _____

Indicate special courses or training you have taken and special certifications you hold. _____

List any trucking, transportation or other experience that may help in your work for our Company. _____

DRIVING RECORD

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 is "yes" to either question, please explain. _____

**Traffic Convictions,
Forfeitures (will be
considered only as it
relates to job being
sought)**

LOCATION

DATE

CHARGE

PENALTY

**Accidents (describe each
in the last 3 years prior
to date of application)**

Fatalities? _____

Fatalities? _____

Fatalities? _____

SKILLS AND QUALIFICATIONS

List any skills, special training or experience you have that may assist in the performance of your job.

PROFESSIONAL REFERENCES

Provide two references of former employers who are not relatives or personal friends.

Name: _____ Occupation: _____

Address: _____ Phone #: _____

Name: _____ Occupation: _____

Address: _____ Phone #: _____

APPLICANT INFORMATION

I certify that the information which I have provided in this application is true and complete to the best of my knowledge and that I have withheld no information or other response that would, if disclosed, affect this application unfavorably. I understand that any misleading or incorrect statements or responses may render this application void and, if employed, may result in my immediate termination regardless of the point in time at which the misleading or incorrect statement or response was discovered.

I understand that the Company may conduct an investigation concerning my character, general reputation, employment history and criminal conviction records. I authorize the Company to obtain, and persons contacted to release to the Company, all such information regarding my character, general reputation, mode of living, criminal records, employment history, job performance and other qualifications, whether or not it is in their records. I hereby release the Company and any and all such individuals, employers, police and sheriff departments, municipalities and other governmental units, from any and all liability for any damage flowing from the disclosure of this information and the Company's action thereon.

I hereby consent to and authorize the Company to use my name, image and likeness in Company sponsored publications, news releases and other public communications.

I agree to submit myself, upon request by the Company, to a physical examination by a physician or laboratory designated by the Company and to testing for the presence of alcohol and other drugs or substances by a physician or laboratory designated by the Company. I understand and agree that any positive test result, or the refusal to submit to such testing, may result in disciplinary action up to and including immediate termination of employment. I acknowledge that the Company reserves the right to inspect all vehicles, packages, cases, clothing, desks and other work spaces or any other item brought on Company property.

I further acknowledge and understand that, if I am employed, the Company has the unilateral right, at any time and for any reason, to make changes in all employment policies, employee benefits, instructions, work rules and procedures with or without notice. I further understand and agree that my employment is at will, is not for any specific term or period of time, and that the Company may take any action concerning my employment, including termination, with or without cause, with or without notice, and without further obligation to me, at the sole and absolute discretion and will of the Company. No person, other than the Chief Executive Officer of the Company, whose agreement must be in a formal writing, has the power or authority to make any oral or written representation contrary to the preceding statements or to enter into any agreement inconsistent with the preceding statements.

Applicant's Signature: _____ Date: _____

MMC MATERIALS, INC. & BAYOU CONCRETE, LLC

DISCLOSURE TO APPLICANT/EMPLOYEE AND
CONSENT TO CONSUMER BACKGROUND INVESTIGATION

In connection with your Application for Employment and/or continued employment, we may conduct an investigation into your consumer credit history, character, general reputation, personal characteristics, driving record(s), and/or mode of living, including criminal records, by obtaining a consumer report from one or more consumer reporting agencies, including credit reporting agencies. The purpose of this notice is to make you aware of and obtain your consent to conduct this investigation and to explain your rights regarding this investigation, in accordance with the Fair Credit Reporting Act, as amended by the Consumer Credit Reporting Reform Act of 1996, 15 U.S.C. § 1681-1681u (the "Act").

1. The consumer information obtained will be used only for the permissible purpose of verifying your suitability for employment or continued employment at MMC Materials, Inc. or Bayou Concrete, LLC ("the Company"), and not for any other purpose. It will not be used in violation of any federal, state or local equal employment opportunity law or regulation.
2. You are entitled to learn the nature and substance of the information in your consumer report which the Company receives by sending a written request to the Human Resources Manager, in the Human Resources Department. The information will be provided within 5 business days of receipt of your request.
3. If you are denied employment or continued employment because of your consumer report, the Company will provide to you: (a) a copy of your report, and (b) a written description of your rights under the Act, including your right, within 60 days of the Company's decision, to obtain a free copy of your consumer report from the consumer reporting agency.
4. Please read the following Consent form carefully. If you consent to this investigation, sign where indicated. You will be given a copy of this Consent for your records.

CONSENT TO CONSUMER BACKGROUND INVESTIGATION

I consent to an investigation by and authorize the Company or any person or consumer reporting agency it may employ for this purpose, to obtain my consumer report, including my credit history, character, general reputation, personal characteristics, driving record, prior employment, drug/alcohol test results, and/or mode of living, including any criminal records. I understand that, if hired, my consent will apply throughout my employment and that reports may be ordered periodically throughout my employment. I release the Company, its employees, officers, agents, and any and all such persons and consumer reporting agencies contacted from any and all liability for any damage flowing from the disclosure of this information and the Company's actions taken thereon.

I voluntarily and knowingly authorize for employment purposes only, any present or past employer or supervisor, university or institution of learning, administrator, law enforcement agency, state agency, federal agency, credit bureau, private business, military branch, personal reference, the Federal Motor Carrier Safety Administration and/or other persons, to give records or information they may have concerning my criminal history, motor vehicle history, driving history records, driving performance and safety inspection history, earnings history and employment records, credit history, educational transcripts, general reputation, character or any other information requested to MMC Materials, Inc. & Bayou Concrete, LLC or any person or consumer reporting agency it may employ.

Signed: _____

Name [Printed]: _____

Date: _____

MMC MATERIALS, INC. & BAYOU CONCRETE, LLC

AUTHORIZATION AND CONSENT TO RELEASE INFORMATION

DOT DRIVERS. I understand that 49 C.F.R. §391.23 provides that my prospective employer and/or its agents may contact all former employers of a driver within the last three years under the regulation of the Department of Transportation. Information such as dates of employment, position, driving history, accident history, and information pertaining to my drug and alcohol testing history may be requested from each employer. In addition, my prospective employer and/or its agents may obtain my driving, safety inspection and performance history from the Federal Motor Carrier Safety Administration and/or state agencies or departments.

By signing below, I consent to and authorize the gathering of this information by my prospective employer and those whom my prospective employer has engaged to request and obtain this information, including from former employers. I hereby release and hold harmless any person, firm, or entity, that discloses matters in accordance with this authorization from liability that might otherwise result from the request for use of and/or disclosure of any or all of the information discussed above.

I acknowledge and understand that I have the following rights regarding the information that may be provided by previous employers to MMC Materials, Inc. and Bayou Concrete, LLC:

- (i) The right to review information provided by previous employers;
- (ii) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer;
- (iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

I agree that a copy of this authorization has the same effect as an original. Where permitted, this authorization shall remain in effect over the course of my employment and reports may be ordered periodically during the course of my employment.

Applicant's Full Name _____
(Print Clearly)

Date of Signature _____

Signature _____

MMC MATERIALS, INC. & BAYOU CONCRETE, LLC

MVR VERIFICATION

Federal regulations require employers to review the MVR record of individuals applying for certain positions. Please provide the following information so an accurate check can be made.

NAME: _____
(Please Print)

ADDRESS: _____

SOCIAL SECURITY #: _____

DATE OF BIRTH: _____

DRIVERS LICENSE NUMBER: _____ STATE _____

SIGNATURE: _____

NOTE: This form will be retained with the employee's file.

MMC Materials, Inc.

Bayou Concrete, LLC

P.O. Box 2569

Madison, Ms. 39130

601-898-4000 -- Fax 601-898-4030

Request for Previous DOT Accident, Drug, and Alcohol Verification

The following person is seeking employment and has fully and legally authorized you to provide the following information:

Name _____ Social Security Number _____

Signature _____

To be completed by previous employer:

Name of company: _____

No. of Accidents : _____

Accident Date	Type	Preventable?	Chargeable?	Injuries/Fatalities	\$ Damages
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Part 382 Drug/Alcohol Questions:

1. In the last three years, has this person ever tested positive for a controlled substance?
____ Yes ____ No
2. In the last three years, has this person ever had an alcohol test with a BAC greater than 0.04?
____ Yes ____ No
3. In the last three years, has this person ever refused a required test for drugs or alcohol?
____ Yes ____ No

If Yes to any of the above Part 382 questions, who was the Substance Abuse Professionals?

_____ Location _____

The above information was provided by: _____

Title _____ Date _____

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PART 1:	TO BE COMPLETED BY PROSPECTIVE EMPLOYEE
I, (Print Name) _____	
First	M.I.
Last	Social Security Number
Hereby authorize: _____ Date of Birth _____	
Previous Employer: _____	Email: _____
Street: _____	Telephone: _____
City, State, Zip: _____	Fax No.: _____
To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____ (employment application date)	
To:	Prospective Employer: <u>MMC Materials, Inc./Bayou Concrete, LLC</u>
	Attention: _____ Telephone: <u>601-898-4000</u>
	Street: <u>P. O. Box 2569</u>
	City, State, Zip: <u>Madison, MS 39130</u>
In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.	
Prospective employer's fax number: <u>601-898-4030</u>	
Prospective employer's email address: _____	
Applicant's Signature _____	
Date _____	
This information is being requested in compliance with §40.25(g) and 391.23.	

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 motor vehicle for you? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what type? Straight Truck <input type="checkbox"/> Tractor-Semitrailer <input type="checkbox"/> Bus <input type="checkbox"/> Cargo Tank <input type="checkbox"/> Doubles/Triples <input type="checkbox"/> Other (Specify) _____	
2. Reason for leaving your employ: Discharged <input type="checkbox"/> Resignation <input type="checkbox"/> Lay Off <input type="checkbox"/> Military Duty <input type="checkbox"/> 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 <input type="checkbox"/> here 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: _____	

PREVIOUS EMPLOYER – COMPLETE PAGE 2 PART 3

PART 3:	TO BE COMPLETED BY PREVIOUS EMPLOYER
DRUG AND ALCOHOL HISTORY	
<p>If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here <input type="checkbox"/>, fill in the dates of employment from _____ to _____, complete bottom of Part 3, sign, and return.</p> <p>Driver was subject to Department of Transportation testing requirements from _____ to _____.</p>	
<ol style="list-style-type: none"> 1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration? YES <input type="checkbox"/> NO <input type="checkbox"/> 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? YES <input type="checkbox"/> NO <input type="checkbox"/> 3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? YES <input type="checkbox"/> NO <input type="checkbox"/> 4. Has this person committed other violations of Subpart B of Part 382, or Part 40? YES <input type="checkbox"/> NO <input type="checkbox"/> 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 back with this form. YES <input type="checkbox"/> NO <input type="checkbox"/> 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 result of 0.04 or greater, a verified positive drug test, or refuse to be tested? YES <input type="checkbox"/> NO <input type="checkbox"/> 	
<p>In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on page 1.</p>	
Name: _____	
Company: _____	
Street: _____	
City, State, Zip: _____ Telephone: _____	
Part 3 Completed by (Signature): _____ Date: _____	

PART 4a:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
<p>This form was (check one) <input type="checkbox"/> Faxed to previous employer <input type="checkbox"/> Mailed <input type="checkbox"/> Emailed <input type="checkbox"/> Other _____</p>	
By: _____ Date: _____	

PART 4b:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
<p>Complete below when information is obtained.</p>	
Information received from: _____	
Recorded by: _____ Method: <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Telephone	
Date: _____ <input type="checkbox"/> Other _____	

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

- PAGE 1 PART 1:** Prospective Employee
 - Complete the information required in this section
 - Sign and date
 - Submit to the Prospective Employer
- PAGE 2 PART 4a:** Prospective Employer
 - Complete the information
 - Send to Previous Employer
- PAGE 1 PART 2:** Previous Employer
 - Complete the information required in this section
 - Sign and date
 - Turn form over to complete SIDE 2 SECTION 3

- PAGE 2 PART 3:** Previous Employer
 - Complete the information required in this section
 - Sign and date
 - Return to Prospective Employer
- PAGE 2 PART 4b:** Prospective Employer
 - Record receipt of the information
 - Retain the form

**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY
ALL ACCOUNT HOLDERS**

**IMPORTANT DISCLOSURE
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service**

In connection with your application for employment with Bayou Concrete LLC ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Bayou Concrete LLC ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear

on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report. I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

LAST UPDATED 12/22/2015