



CENTEX MATERIALS LLC

3019 Alvin Devane Blvd., Suite 100 – Austin, TX 78741

www.psp.fmcsa.dot.gov

www.dps.texas.gov

APPLICATION FOR EMPLOYMENT

ANSWER ALL QUESTIONS – PLEASE PRINT

Applicants will receive consideration without discrimination based on race, religion, color, gender, age, national origin, disability, veteran status, or any other classification protected by law.

I wish to be considered for employment with Eagle Materials, Inc. or one of its subsidiaries (“the Company”). I hereby authorize the references listed below to give the Company any and all information concerning my previous employment and any pertinent information they may have regarding my work performance and character and I release all persons and entities from all liability with respect to furnishing such information to the Company. I release the Company from liability for obtaining such information. I understand and agree that, if employed, the period of my employment shall not be specific and that I may terminate my employment with the Company or be terminated by the Company at any time with or without cause and with or without notice at the option of either myself or the Company. I also understand that the Company has policies and programs, in writing and otherwise, relating to other terms and conditions of my employment and that such policies are not a contract of employment and subject to change at any time for any reason by the Company at its discretion and that I have no vested rights in any Company policy or program now or hereafter in effect. I certify that the information contained in this Application of Employment with the Company is correct to the best of my knowledge. I understand that this information is important to the Company and will be used by it in considering my employment and that any falsification of this information will result in the Company’s refusal to hire me or, in my immediate dismissal.

I authorize that a background check be conducted.

SIGNATURE

DATE

Notice to all Commercial Drivers Applicants: All sections of this application must be completed in full

List all addresses that you have resided at during the three years preceding this application – Attach additional pages if necessary

Name _____ Social Security No. _____ - _____ - _____

Last First Middle

Present Address _____ How long at this address _____

Number Street City State Zip

Previous Address _____ How long at this address _____

Number Street City State Zip

Previous Address _____ How long at this address _____

Number Street City State Zip

Home Phone _____ Other Phone _____

Email Address _____

Position Desired _____ Pay Expected _____ When will you be available to work? _____

Are you legally eligible for employment in the United States? _____ "Proof of eligibility to work in the U.S. will be required upon start of employment: you will not be permitted to continue work if you do not have the required documents".

Are you over 18? _____

Have you ever been bonded? _____ If Yes, with what employers? _____

Special training or skills (languages, machine operation, etc.) _____

Were you referred? _____ If yes, please provide name of employee: _____

Education – Circle the highest grade completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Last school attended _____

Name City

Are you able to perform the essential functions of the job with or without reasonable accommodation? _____

EMPLOYMENT

Give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

All Applicants must provide the following information on all jobs held during the preceding 10 years. Explain all gaps in employment history.

(Add additional sheets if necessary.)

Company Name		Telephone
		From _____ To _____
Address	Supervisor's Name	Employed (Month and Year)
		Start _____ End _____
Your Job Title and Work Description		Weekly Pay
Was this job subject to Federal Motor Carrier Safety Regulations? (Circle One)	YES	NO
Were you subject to drug and alcohol testing under Department of Transportation rules? (Circle One)	YES	NO

Company Name		Telephone
		From _____ To _____
Address	Supervisor's Name	Employed (Month and Year)
		Start _____ End _____
Your Job Title and Work Description		Weekly Pay
Was this job subject to Federal Motor Carrier Safety Regulations? (Circle One)	YES	NO
Were you subject to drug and alcohol testing under Department of Transportation rules? (Circle One)	YES	NO

Company Name		Telephone
		From _____ To _____
Address	Supervisor's Name	Employed (Month and Year)
		Start _____ End _____
Your Job Title and Work Description		Weekly Pay
Was this job subject to Federal Motor Carrier Safety Regulations? (Circle One)	YES	NO
Were you subject to drug and alcohol testing under Department of Transportation rules? (Circle One)	YES	NO

Company Name		Telephone
		From _____ To _____
Address	Supervisor's Name	Employed (Month and Year)
		Start _____ End _____
Your Job Title and Work Description		Weekly Pay
Was this job subject to Federal Motor Carrier Safety Regulations? (Circle One)	YES	NO
Were you subject to drug and alcohol testing under Department of Transportation rules? (Circle One)	YES	NO

Company Name		Telephone
		From _____ To _____
Address	Supervisor's Name	Employed (Month and Year)
		Start _____ End _____
Your Job Title and Work Description		Weekly Pay
Was this job subject to Federal Motor Carrier Safety Regulations? (Circle One)	YES	NO
Were you subject to drug and alcohol testing under Department of Transportation rules? (Circle One)	YES	NO

Add Another Sheet as necessary

(Drivers must read, sign and complete the information on the back page of this application)

We may contact employers listed above. Are there any that you wish not to be contacted? _____

Who? _____ Reason _____

CERTIFICATION

PRINT APPLICANT'S FULL NAME

It is agreed and understood that any misrepresentations of information given above shall be considered an act of dishonesty.
It is agreed and understood that the employer or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information.
The applicant agrees to furnish such information.
The applicant agrees to furnish such additional information and complete such examinations as may be required to complete the employment file.
It is agreed and understood that this application for employment in no way obligates the employer to employ this applicant.
It is agreed and understood that if hired, the employee may be on a probationary period during which time he may be discharged without recourse.
I certify 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.

_____ Date _____ Applicant's Signature

(For Office Personnel Only)

DATE HIRED _____ DEPT. _____ STARTING RATE PER HOUR _____ CLASSIFICATION _____

TERMINATION DATE _____ DATE REJECTED _____ (If rejected, summarize in the comments section below)

INTERVIEWER COMMENTS: _____

SIGNATURE OF INTERVIEWER _____ DATE _____

DATE OF PRE-EMPLOYMENT DRUG TEST _____ DATE OF EMPLOYMENT PHYSICAL _____

HUMAN RESOURCES PROCESSING INITIALS _____ DATE _____

SIGNATURE OF DEPARTMENT MANAGER _____ DATE _____

COMMERCIAL DRIVER APPLICANTS

Driver Applicant Name

Date of Birth

Complete all information below

DRIVER LICENSE

STATE

LICENSE NO.

TYPE

EXPIRATION DATE

Have you ever been denied a license, permit or privilege to operate a motor vehicle? _____ Has any license, permit or privilege ever been suspended or revoked? _____ If your answer to either of the above questions is yes, give details. _____

DRIVING EXPERIENCE – If you have been employed as a driver by other Motor Carriers prior to date of this application, fill in the information below.

Type of Equipment (Dump, Tank, Mixer, Van, Etc.)	Month/Year Start	Month/Year End	Approximate Total Miles

ACCIDENT RECORD – Fill in the information below on all accidents in which you were involved as a driver during the preceding five years.

Date	Nature of Accident (Head-on, Rear-end, Turnover, Etc.)	No. of Fatalities	No. of Injuries

TRAFFIC VIOLATION RECORD – Fill in the information on all violations of motor vehicle law or ordinances (other than parking violations) of which you were convicted of forfeited bond or collateral during the three years preceding the date of this application.

Date	Type	Location (City or County and State)

Notice to all Commercial Driver Applicants:

You have the right to have errors in the information corrected by the previous employer and for that previous employer to resend the corrected information to the prospective employer.

You have the right to have a rebuttal statement attached to the alleged erroneous information, if you and the previous employer can not agree on the Accuracy of the information.

Drivers who wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or at least 30 days after being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business days deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

I have read and understand the above statement and this certifies that this application was completed by me, and all entries on it are true and complete to the best of my knowledge.

Applicant's Signature

Date