



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

A background check will be performed.

I wish to be considered for employment with Centex Materials Inc. (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 understand and agree that, if employed, the period of my employment shall be at will 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 further understand that this term and condition of my employment may not be changed except by a written agreement specifically for such purpose entered into between myself and the Company and signed by the President of the Company and that such term and Condition of my employment shall not be affected by any other employment policies or programs the Company may have. I understand that this application is not a contract or guarantee of employment or continued employment. 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 and programs are 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 the Application for 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. Falsification or omission of information will result in the Company's refusal to hire me or, if then employed, in my immediate dismissal.

Name _____
Last First Middle

Present Address _____
Number Street City State Zip

Best telephone to reach you _____ Email Address _____
Circle One: Home Cell

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

Are you able to perform the functions of the job for which you are applying for with or without reasonable accommodation/s? _____

Any special training or skills (languages, machine/s operated, etc.) _____

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

(Circle All that Apply)

Are you legally authorized to work in the United States? Yes No Are you at least 18 years of age? Yes No Have you ever worked for Centex Materials or another Eagle Materials subsidiary company Yes No

(Circle All that Apply)

EDUCATION

High School College Post Graduate

Last school attended _____
Name City

The Company is an Equal Opportunity Employer. The Company treats all of its applicants and Employees equally and without regard to race, color, religion, sex, national origin, age disability, if otherwise qualified and can perform essential functions of the job with or without reasonable accommodation or any other factor prohibited by federal, state or local law. After a conditional offer of employment has been extended, you may be required to successfully pass a physical examination and drug test.

_____ Date

_____ Applicant's Signature

EMPLOYMENT HISTORY

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 7 years. Explain all gaps in employment history. Attach additional sheets if necessary.

Company Name	Telephone	
	From _____ To _____	
Address	Supervisor's Name	Employed (Month and Year)

Your Job Title and Work Description

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

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	From _____ To _____	
Address	Supervisor's Name	Employed (Month and Year)

Your Job Title and Work Description

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

(Drivers must also read, sign and complete the information on the last page of this application) We may contact employers listed above. Are there any that you wish not to be contacted?
Who? _____ Reason _____

COMMERCIAL DRIVER APPLICANTS

Complete all information below

Applicant Name _____

Drivers may be required to operate different types of trucks should the need arise due to weather, lack/increase in production, etc. while employed with Centex Materials LLC

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, County, 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 cannot 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 I have completed this application and all entries on it are true and complete to the best of my knowledge.

Signature of Commercial Applicant

Date