



## Application for Hourly Employment

*We consider all qualified applicants without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability, or any other legally protected status.*

**Memphis Ready Mix and Buzzi Unicem USA, Inc. is an Equal Opportunity Employer**

**Please furnish information requested. It will be treated in confidence. Use a pen, not pencil or typewriter. Please Print.**

### PERSONAL

Name-Last, First, Middle			Date
Present Address			Telephone Number:  E-mail:
Position(s) Applied For	Wages Desired	Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Available
Are you legally eligible for employment in the USA? (If yes, verification will be required). <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
How were you referred to Buzzi Unicem USA? <input type="checkbox"/> Advertisement <input type="checkbox"/> Employment Agency <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Walk-in <input type="checkbox"/> Other _____			
Have you ever been employed by any Buzzi Unicem USA or affiliates? If yes, when and where? <input type="checkbox"/> Yes <input type="checkbox"/> No   When _____ Where _____			Are you available to work (Check one or more, as applicable): <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Shift Work <input type="checkbox"/> Temporary <input type="checkbox"/> Summer
Have you previously applied for employment with Buzzi Unicem USA or affiliates? If yes, when and where? <input type="checkbox"/> Yes <input type="checkbox"/> No   When _____ Where _____			
Do you have any relatives currently working at Buzzi Unicem USA? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, please provide full name and relationship _____			

### EMPLOYMENT HISTORY

(List your most recent position first)

PLEASE COMPLETE ALL ENTRIES. BE SPECIFIC. LIST ALL EMPLOYERS – CONTINUE ON SEPARATE SHEET, IF NECESSARY.

**When listing work experience as a contractor or temporary worker, please provide the name and contact information of the contracting firm or temporary agency as the "Employer".**

<b>1</b>	Employer	<b>Employed</b>		Your Responsibilities	
	Address	<i>From (Month/Year)</i>	<i>To (Month/Year)</i>		
	Type of Business	<b>Wages</b>		Reason for Leaving	
	Name of Supervisor	<i>First</i>	<i>Last</i>	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone Number
<b>2</b>	Employer	<b>Employed</b>		Your Responsibilities	
	Address	<i>From (Month/Year)</i>	<i>To (Month/Year)</i>		
	Type of Business	<b>Wages</b>		Reason for Leaving	
	Name of Supervisor	<i>First</i>	<i>Last</i>	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone Number
<b>3</b>	Employer	<b>Employed</b>		Your Responsibilities	
	Address	<i>From (Month/Year)</i>	<i>To (Month/Year)</i>		
	Type of Business	<b>Wages</b>		Reason for Leaving	
	Name of Supervisor	<i>First</i>	<i>Last</i>	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone Number
	Employer	<b>Employed</b>		Your Responsibilities	

<b>4</b>	Address	From (Month/Year)	To (Month/Year)		
	Type of Business	<b>Wages</b>		Reason for Leaving	
	Name of Supervisor	First	Last	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone Number
<b>5</b>	Employer	<b>Employed</b>		Your Responsibilities	
	Address	From (Month/Year)	To (Month/Year)		
	Type of Business	<b>Wages</b>		Reason for Leaving	
	Name of Supervisor	First	Last	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone Number

**LIST ALL PERIODS OF UNEMPLOYMENT BELOW**

Periods of Unemployment	From	From	From	From
	To	To	To	To
Explain				

**EDUCATION AND TRAINING**

SCHOOL	NAME AND LOCATION	DID YOU GRADUATE?		DEGREE / GRADES	MAJOR SUBJECTS
		YES	NO		
Grade School					
High School					
Business or Trade					
College					

**ADDITIONAL INFORMATION**

Please list any other legal names you may have been employed or attended school under:

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**EXPERIENCE**

<b>Field and Plant</b>				
Mobile Equipment	<input type="checkbox"/> Scraper <input type="checkbox"/> Dozer <input type="checkbox"/> Traxcavator <input type="checkbox"/> Crane <input type="checkbox"/> Rotary Drill <input type="checkbox"/> Other (Please Describe) <input type="checkbox"/> Grader <input type="checkbox"/> Front End Loader <input type="checkbox"/> Forklift <input type="checkbox"/> Bobcat <input type="checkbox"/> Tug Boat _____			
Stationary Equipment	<input type="checkbox"/> Boilers <input type="checkbox"/> Screw Conveyor <input type="checkbox"/> Generators <input type="checkbox"/> Crusher <input type="checkbox"/> Concrete Batch <input type="checkbox"/> Elevator <input type="checkbox"/> Belt Conveyor <input type="checkbox"/> Bulk Storage <input type="checkbox"/> Scalehouse <input type="checkbox"/> Portable Compressor <input type="checkbox"/> Derrick <input type="checkbox"/> Bulk Truck Loader <input type="checkbox"/> Grinding Mill <input type="checkbox"/> Kiln <input type="checkbox"/> Other (Please Describe) _____			
Machine Tool Equipment	<input type="checkbox"/> Milling Machine <input type="checkbox"/> Brakes <input type="checkbox"/> Grinders <input type="checkbox"/> Drill Press <input type="checkbox"/> Lathes <input type="checkbox"/> Other (Please Describe) _____			
Skills Acquired	<input type="checkbox"/> Machinist <input type="checkbox"/> Truck Dispatch <input type="checkbox"/> Plumber <input type="checkbox"/> Blaster <input type="checkbox"/> Oiler/Greaser <input type="checkbox"/> Metal Fabrication <input type="checkbox"/> Welder <input type="checkbox"/> Electrician <input type="checkbox"/> Electronics <input type="checkbox"/> Batch <input type="checkbox"/> Diesel/Butane Equip. Repair <input type="checkbox"/> Blueprint Reading <input type="checkbox"/> Assembly <input type="checkbox"/> Mechanic <input type="checkbox"/> Carpenter <input type="checkbox"/> Mason <input type="checkbox"/> Other (Please Describe) _____			
<b>Driver</b>				
Do You Have?	<input type="checkbox"/> Commercial License <input type="checkbox"/> Chauffeurs License	Number	Expiration	
Type of Trucks You Have Driven:	<input type="checkbox"/> Semi <input type="checkbox"/> Pick-Up <input type="checkbox"/> Trailer <input type="checkbox"/> Scraper <input type="checkbox"/> Stake <input type="checkbox"/> Dump <input type="checkbox"/> Ready-Mix <input type="checkbox"/> Euclid <input type="checkbox"/> Pull <input type="checkbox"/> Other _____	State	Date	
Has Your Drivers License Ever Been Suspended?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Driving Experience	Years	Please indicate which transmission you are familiar with: <input type="checkbox"/> Rockwell <input type="checkbox"/> Fuller <input type="checkbox"/> Eaton <input type="checkbox"/> Maxidine <input type="checkbox"/> Other _____
Have You Earned Any Safe Driving Awards?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How Many Traffic Accidents in the Last 3 Years? Traffic _____ Tickets _____		
Will You Do Other Work Where There Are No Deliveries?	<input type="checkbox"/> Yes <input type="checkbox"/> No	What Kind of Truck Do You Like Best? _____		

## APPLICANT'S STATEMENT

1. I certify that all statements I give in this application are true and I understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.
  2. I understand that any employment offered to me will be contingent upon my passing an employment entrance examination (medical examination and or inquiry) and a drug test. I hereby consent to such examination and drug test. Further, I authorize the hospital, clinic, physician and/or testing facility to release to Buzzi Unicem the results of such examination and testing and I release Buzzi Unicem, its doctors, medical personnel and the testing facility and their employees and agents from any and all liability arising from the release or use of this information.
  3. I hereby understand and acknowledge that, unless otherwise defined by applicable laws, any employment relationship with Buzzi Unicem is of an "at will" nature, which means that the employee may resign at any time and Buzzi Unicem may discharge the 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, oral statement, or other conduct, unless said change is specifically acknowledged in writing by an authorized officer of Buzzi Unicem USA.
  4. I understand that Buzzi Unicem may thoroughly investigate my work and personal history and verify data presented on this application, on related papers, and in interviews. I authorize all individuals, schools, firms and other organizations named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.
  5. Any amount of money owing to me, whether for wages or salary, or otherwise shall, except as required by law, become due only after my accounts have been duly verified.
  6. Any documents or records, of whatsoever nature, prepared or received by me, or in my possession, custody or control, in the course of my employment with the company, with the sole exceptions of personal documents such as payroll check stubs and publications such as the company's annual report, are the property of the company, and that I (a) shall keep all such documents and records confidential and not disclose them or their contents to any person who is not an employee of the company except as may be required by my duties as an employee; (b) shall not use such documents or records in a legal action brought by me, or in my behalf, against the company or any of its subsidiaries, affiliates, directors, officers, employees or agents; and (c) shall return all such documents and records promptly upon termination of my employment with the company.
  7. I authorize all companies, credit agencies, law enforcement agencies, military services, and former employers to release information they may have about me to Buzzi Unicem, or its agents, and release them from any liability from doing so. Further as may be permitted by law, I authorize the procurement of a criminal and/or investigative consumer report, and understand that it will contain pertinent information about my background, character and personal reputation and that this information may be made available to me upon written request within a reasonable period of time.
  8. In the event this application is used by an affiliate of Buzzi Unicem USA Inc., the reference to Buzzi Unicem or Company shall mean the affiliated company.
- I certify that all statements made above are true.

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Signature of Applicant

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Date