

For Company Use Only:

DMV H-6 \_\_\_\_\_ JCP \_\_\_\_\_ DRUG SCREEN \_\_\_\_\_ PHYS \_\_\_\_\_

COMPANY APPLYING WITH: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

**\*\* COMMERCIAL DRIVER'S LICENSE & CURRENT MEDICAL CARD / CURRENT DMV H-6  
PRINTOUT & 6 MONTHS COMMERCIAL DRIVING EXPERIENCE \*\***

**ABOVE ITMES REQUIRED FOR ALL DRIVING POSITIONS**

**NOTICE TO ALL APPLICANTS**

**COMPLETION OF ANY OR ALL PHASES OF THE APPLICATION PROCESS, INCLUDING  
BACKGROUND CHECK, DRUG SCREEN, PHYSICAL, ETC. DOES NOT CONSTITUTE AN OFFER  
OF EMPLOYMENT WITH OUR COMPANY.**

NAME: \_\_\_\_\_  
Last First Middle Initial

Telephone No. \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street City State Zip

POSITION APPLYING FOR: \_\_\_\_\_ Full time ( ) Part Time ( )

Wage desired: \_\_\_\_\_ Years of experience: \_\_\_\_\_ Date available: \_\_\_\_\_

Any additional information relative to change of name, use of assumed name or nickname to enable a check on the information you are providing on this application (please explain):

Are you employed now? \_\_\_\_\_ May we inquire with present employer? \_\_\_\_\_

Have you ever applied with this company before? \_\_\_\_\_ When? \_\_\_\_\_

Have you ever worked for any of our companies before? \_\_\_\_\_ When? \_\_\_\_\_

Do you have any relatives employed by this company? If yes, provide their name, your relationship to them, and their position with the Company: \_\_\_\_\_

## EMPLOYMENT HISTORY

Please list all employment starting with present or most recent employer. Please complete in full. Please use blank sheet of paper if additional space required.

1. Employer \_\_\_\_\_ Phone: \_\_\_\_\_  
City/State \_\_\_\_\_ Job Title: \_\_\_\_\_  
Dates: \_\_\_\_\_ Wage: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
From (Mo/Yr) To (Mo/Yr)  
Duties: \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

2. Employer \_\_\_\_\_ Phone: \_\_\_\_\_  
City/State \_\_\_\_\_ Job Title: \_\_\_\_\_  
Dates: \_\_\_\_\_ Wage: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
From (Mo/Yr) To (Mo/Yr)  
Duties: \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

3. Employer \_\_\_\_\_ Phone: \_\_\_\_\_  
City/State \_\_\_\_\_ Job Title: \_\_\_\_\_  
Dates: \_\_\_\_\_ Wage: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
From (Mo/Yr) To (Mo/Yr)  
Duties: \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Have you ever been suspended or discharged by any employer for misconduct, poor performance, absenteeism or tardiness in the last ten years? If yes, explain the circumstances surrounding the discharge and the approximate date. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EDUCATION

	NAME OF SCHOOL CITY & STATE	DIPLOMA/ DEGREE	SUBJECTS STUDIED
HIGH SCHOOL :	_____	_____	_____
COLLEGE:	_____	_____	_____
TECHNICAL OR VOCATIONAL SCHOOL:	_____	_____	_____
OTHER TRAINING:	_____	_____	_____

DRIVER'S LICENSE(S) HELD WITHIN THE LAST THREE YEARS:

State: _____	License No. _____	Class: _____
State: _____	License No. _____	Class: _____
State: _____	License No. _____	Class: _____

**\*\*DMV H-6 PRINTOUT CURRENT WITHIN 30 DAYS IS REQUIRED FOR ALL DRIVING POSITIONS**

Have you ever been convicted of a felony or misdemeanor? (if yes please explain)

Do you have any physical condition which may limit your ability to perform the job applied for?  
If yes, what can be done to accommodate your limitation? \_\_\_\_\_

Name and phone number of emergency contact during working hours: \_\_\_\_\_

It is the policy of Robar Enterprises, Inc., Daily Transit Mix, LLC and AgCon, Inc. to afford equal opportunity for employment, training, compensation and promotion to all individuals without regard to race, color, creed, religion, sex (including gender harassment and harassment based on pregnancy, childbirth or related medical conditions), age, disability, sexual orientation, veteran status, or any other consideration made unlawful by federal, state or local laws.

**PROOF OF EMPLOYMENT ELIGIBILITY WILL BE REQUIRED UPON EMPLOYMENT.**

## PRE-EMPLOYMENT DRUG TESTING POLICY

As a component of the screening process, applicants shall be required to undergo drug and/or alcohol screening. Refusal or failure to submit to drug and/or alcohol screening at the time specified will disqualify applicant for further consideration for employment.

I voluntarily agree to submit to drug and/or alcohol screening as part of my application for employment. I understand a \$30 deposit shall be required for drug and/or alcohol screen, which shall be refunded to me upon a negative drug screen result. A non-negative drug screen shall result in forfeiture of \$30 deposit. I acknowledge that I have read and fully understand the above requirements.

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Signature of Applicant

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Date

## APPLICANT'S STATEMENT

I certify that the information I have given on this application is true and complete. I understand that omissions, misrepresentations, or falsifications of information will result in rejection of this application and/or will be sufficient grounds for immediate termination.

I authorize the release of all high school, college and other educational records pertaining to my attendance, course work and other school activities at any educational institution attended by me at any time.

***I acknowledge by my signature that my former employer is released from any and all claims, demands or liabilities arising out of or in any way related to the disclosure of any and all information relating to my present and former employment, and I request all current and former employees to supply such information to Robar Enterprises, Inc., Daily Transit Mix, LLC and/or AgCon, Inc. upon its request.*** Additionally I waive and release Robar Enterprises, Inc., Daily Transit Mix, LLC and/or AgCon, Inc. and its agents from any liability for any action taken due to information provided by any current or former employer.

I agree that, if hired, I will conform to all rules, regulations and procedures of Robar Enterprises, Inc., Daily Transit Mix, LLC and/or AgCon, Inc. I further understand and agree that if I am hired, my employment with Robar Enterprises, Inc., Daily Transit Mix, LLC and/or AgCon, Inc. is for an indefinite period and may, regardless of the time and manner of payment of my wages and salary, be terminated at any time by Robar Enterprises, Inc., Daily Transit Mix, LLC and/or AgCon, Inc. or me, with or without cause, and without prior notice or warning.

I further understand that this Application for Employment and any policies and procedures communicated or followed by Robar Enterprises, Inc., Daily Transit Mix, LLC and/or AgCon, Inc. during the term of my employment are not intended to be and are not a contract of employment, and that any such policies and procedures may be modified, disregarded or eliminated at any time, with or without notice to me, at the Company's sole discretion.

I understand that this Application for Employment shall be considered active for a period of time not to exceed 90 days from this date and that if I wish to be considered for employment beyond that date, I must submit another employment application.

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Signature of Applicant

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Date

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