

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION **B.E.T.-ER MIX, INC.** DATE _____

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO. ()	REFERRED BY		

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?

EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS KNOWN

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

DATE _____ SIGNATURE _____

INTERVIEWED BY _____ DATE _____

DO NOT WRITE BELOW THIS LINE

REMARKS

NEATNESS		CHARACTER		
PERSONALITY		ABILITY		
HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES

APPROVED: 1. _____ 2. _____ 3. _____
EMPLOYMENT MANAGER DEPARTMENT HEAD GENERAL MANAGER

This application for employment is sold only for general use throughout the United States. Adams assumes no responsibility and hereby disclaims any liability for the inclusion in this form of any questions or requests for information upon which a violation of local, state, and/or federal law may be based. It is the user's responsibility to ensure that this form's use complies with applicable laws, which change from time to time.

B.E.T.-ER MIX, INC. (EST. 1972)

concrete & related products

Mailing Address: PO Box 5577, Hudson, FL 34674-5577
Administrative Office: 16551 Scheer Blvd., Hudson, FL 34667
Central Dispatch: 9301 Denton Ave., Hudson, FL 34667

Accounting: (866) 962-3827
phn (727) 862-2239 fax (727) 868-5617

Dispatch: (800) 232-6833
phn (727) 863-6072 fax (727) 863-5520

RELEASE

Under the provisions of the Fair Credit Reporting Act, 15 USC, Section 1681 et seq., the Americans with Disabilities Act and all applicable federal, state, and local laws, I hereby authorize and permit B.E.T.-ER Mix, Inc. and its division Cement Products to obtain a consumer report and/or investigative consumer report which may include the following:

1. My employment records.
2. Records concerning any driving history, criminal history, credit history, civil record, worker's compensation (post offer-only) and drug testing.
3. (For truck drivers only) In accordance with the Department of Transportation Motor Carrier Safety Regulations, Section 382.413, information concerning alcohol and controlled substances for the past three years.
4. Verification of my academic and/or professional credentials; and information and/or copies of documents from military service records.

I understand that an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living which may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information.

I agree that a copy of this authorization has the same effect as an original.

I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as B.E.T.-ER Mix, Inc. and its division Cement Products from liability that might otherwise result from the request for use of and/or disclosure of any or all of the forgoing information.

I understand and acknowledge that under provision of the Fair Credit Reporting Act I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I hereby authorize B.E.T.-ER Mix, Inc. and its division Cement Products to obtain and prepare an ~~investigative consumer report as set forth above, as part of its investigation of my employment application.~~ This authorization shall remain in effect over the course of my employment. Reports may be ordered periodically during the course of my employment.

Full Name _____
please print clearly

Signature _____

Date _____

B.E.T.-ER MIX, INC. (EST. 1972)

Accounting: (866) 962-3827
phn (727) 862-2239 fax (727) 868-5617

concrete & related products

Dispatch: (800) 232-6833
phn (727) 863-6072 fax (727) 863-5520

Mailing Address: PO Box 5577, Hudson, FL 34674-5577
Administrative Office: 16551 Scheer Blvd., Hudson, FL 34667
Central Dispatch: 9301 Denton Ave., Hudson, FL 34667

DISCLOSURE

As part of our hiring background and investigation, we may obtain consumer reports to prepare an investigative consumer report. The investigative consumer report may consist of contacting all listed prior employers to verify your employment history. It may also include, but not be limited to, credit information reports, criminal history reports and driving history records. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your Rights Under the Fair Credit Reporting Act.

Applicant Signature

Date

Print Name

Social Security #

3D BACKGROUND SCREENING

Applicant Waiver Form

(To be signed by all applicants along with employee application form.)

I agree and understand that all the information and statements on my application are correct and no attempt has been made to conceal or withhold pertinent information. I agree that any omission, falsification, or misrepresentation is cause for immediate termination at any time during my employment.

In connection with this request, I authorize all corporations, credit agencies, government agencies, persons, educational institutions, law enforcement agencies and former employers to release further information they may have about me, and release them from any liability and responsibility from doing so; further I authorize the procurement of an investigative consumer report and understand that such report may contain information as to my background, mode of living, character, personal reputation, and driving records. This authorization, in original and copy form, shall be valid for this and any future reports that may be requested.

I hereby authorize investigation of all statements at this time with no liability arising there from.

Print Name

Date of Birth

/-----
Social Security Number

Signature

Date

Carol Shernowitz

Company Representative

B.E.T.-ER MIX, INC.

ADMINISTRATION OFFICE:

16551 SCHEER BLVD.

HUDSON, FL 34667

(727) 862-2239

MAILING ADDRESS:

PO BOX 5577

HUDSON, FL 34674-5577

YOU ARE BEING INFORMED THAT REPORTS VERIFYING YOUR PREVIOUS
EMPLOYMENT, PREVIOUS DRUG AND ALCOHOL TEST RESULTS, YOUR
DRIVING RECORD, AND CRIMINAL BACKGROUND CHECK WILL BE
OBTAINED FOR EMPLOYMENT PURPOSES.

Print Name

Date

Signature

Social Security Number

B.E.T.-ER MIX, INC. (EST. 1972)

Accounting: (866) 962-3827
phn (727) 862-2239 fax (727) 868-5617

concrete & related products

Mailing Address: PO Box 5577, Hudson, FL 34674-5577
Administrative Office: 16551 Scheer Blvd., Hudson, FL 34667
Central Dispatch: 9301 Denton Ave., Hudson, FL 34667

Dispatch: (800) 232-6833
phn (727) 863-6072 fax (727) 863-5520

GENERAL INFORMATION

HAVE YOU EVER BEEN BONDED? _____

IF YES, NAME OF BONDING COMPANY

HAVE YOU EVER WORKED FOR THIS COMPANY UNDER ANOTHER NAME?
IF SO, WHAT NAME?

HAVE YOU EVER BEEN CONVICTED OF A FELONY?

IF YES, PLEASE PROVIDE ALL DETAILS. CONVICTION OF A CRIME IS NOT
AN AUTOMATIC BAR TO EMPLOYMENT-ALL CIRCUMSTANCES ARE
CONSIDERED.

Signature

/_____/_____
Date

B.E.T.-ER MIX, INC. (EST. 1972)

Accounting: (866) 962-3827
phn (727) 862-2239 fax (727) 868-5617

concrete & related products

Mailing Address: PO Box 5577, Hudson, FL 34674-5577
Administrative Office: 16551 Scheer Blvd., Hudson, FL 34667
Central Dispatch: 9301 Denton Ave., Hudson, FL 34667

Dispatch: (800) 232-6833
phn (727) 863-6072 fax (727) 863-5520

PLEASE READ AND SIGN

I UNDERSTAND that, in accordance with Florida Statute 443.131(3)(A)(2), If hired, I will be placed on a 90-day probation period. I further understand that if I am terminated for unsatisfactory work performance within the 90-day probationary period, the employer may seek to contest any unemployment benefit I might attempt to obtain as a result of my termination. _____(initial)

I UNDERSTAND and agree to all policies, procedures, and the employee handbook may be modified, amended, or deleted by the company with or without notice to me of such an amendment, modification, or deletion; that the policies and procedures are not intended to be a contract of employment; and that my employment may be terminated at my option or the option of B.E.T.-ER Mix, Inc. with or without notice of either party. I also understand that there are no other arrangements, agreements, or understandings regarding the terms of employment. There may be no amendments or exceptions to this statement unless they are in writing and signed by the president of the company. _____(initial)

I UNDERSTAND that I may be required to undergo blood/breath and/or urinalysis screening for drug and alcohol use as part of our pre-employment process. In addition, all employees are subject to random breath, blood, and/or urinalysis screening for drug or alcohol use. _____(initial)

I certify that all information given on this employment application,, any resume I submit to the company, and any related papers and answers given during oral interviews are true and correct. I understand that B.E.T.-ER Mix, Inc. will make a thorough investigation of my work and personal history. I authorize the giving and receiving of any such information requested by the company. I understand that falsification of any information or any derogatory information discovered as a result of this investigation may subject me to immediate termination. I hereby release from liability all persons who provide information to B.E.T.-ER Mix, Inc. during the course of any such investigation. _____(initial)

DATE_____

SIGNATURE OF
APPLICANT_____

Para informacion en espanol, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive ~~credit score information for free from the mortgage lender.~~

- **You have the right to dispute incomplete or inaccurate information.** If you identify ~~information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous.~~ See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:

CONTACT:

1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.

a. Bureau of Consumer Financial Protection
1700 G Street NW
Washington, DC 20006

b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the Bureau:

b. Federal Trade Commission: Consumer Response Center – FCRA
Washington, DC 20580
(877) 382-4357

2. To the extent not included in item 1 above:

a. Office of the Comptroller of the Currency
Customer Assistance Group
1301 McKinney Street, Suite 3450
Houston, TX 77010-9050

a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks

b. Federal Reserve Consumer Help Center
P.O. Box 1200
Minneapolis, MN 55480

b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act

c. FDIC Consumer Response Center
1100 Walnut Street, Box #11
Kansas City, MO 64106

c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations

d. National Credit Union Administration
Office of Consumer Protection (OCP)
Division of Consumer Compliance and Outreach (DCCO)
1775 Duke Street
Alexandria, VA 22314

d. Federal Credit Unions

Asst. General Counsel for Aviation Enforcement & Proceedings
Department of Transportation
400 Seventh Street SW
Washington, DC 20590

3. Air carriers

Office of Proceedings, Surface Transportation Board
Department of Transportation
1925 K Street NW
Washington, DC 20423

4. Creditors Subject to Surface Transportation Board

Nearest Packers and Stockyards Administration area supervisor

5. Creditors Subject to Packers and Stockyards Act

Associate Deputy Administrator for Capital Access
United States Small Business Administration
406 Third Street, SW, 8th Floor
Washington, DC 20416

6. Small Business Investment Companies

Securities and Exchange Commission
100 F St NE
Washington, DC 20549

7. Brokers and Dealers

8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations

Farm Credit Administration
1501 Farm Credit Drive
McLean, VA 22102-5090

9. Retailers, Finance Companies, and All Other Creditors Not Listed Above

FTC Regional Office for region in which the creditor operates or
Federal Trade Commission: Consumer Response Center – FCRA
Washington, DC 20580
(877) 382-4357