Equal Employment Opportunity Data Reporting Form

Slurry Pavers, Inc. is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the company invites applicants and employees to voluntarily self-identify their race / ethnicity and gender.

Submission of this information is voluntary, and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Today’s Date: ________________

First Name: ___________________ Middle Initial: ___ Last Name: ___________________

Address: ___________________________________________________________________

City: __________________________ State: __________________ Zip Code: __________

Telephone: ______________________ Date of Birth: __________________

Position for which you are applying: Driver (CDL Required)

Referred by: __________________________________________________________________

Gender (Please check appropriate box):

☐ Male  ☐ Female  ☐ I choose not to answer

Race (Please check appropriate box):

☐ Hispanic or Latino: a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

☐ Black or African American (Not Hispanic or Latino): a person having origins in any of the black racial groups of Africa.

☐ White (Not Hispanic or Latino): a person of having origins in any of the original peoples of Europe, the Middle East or North Africa.

☐ Asian (Not Hispanic or Latino): a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

☐ American Indian or Alaska Native (Not Hispanic or Latino): a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

☐ Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino): a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ Two or more races (Not Hispanic or Latino): all persons who identify with more than one of the above five races.

☐ I choose not to answer
Voluntary Self-Identification of Veteran Status

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

- A “disabled veteran” is one of the following:
  - A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
  - A person who was discharged or released from active duty because of a service-connected disability.

- A “recently separated veteran” means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

- An “active duty wartime or campaign badge veteran” means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

- An “armed forces service medal veteran” means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA. Completion of this survey form is voluntary and is not required. Information will be kept confidential.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.

☐ I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE.

☐ I AM NOT A PROTECTED VETERAN.

☐ I CHOOSE NOT TO ANSWER.

Name: _______________________________  Date: ________________
Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

☐ YES, I HAVE A DISABILITY (or previously had a disability)
☐ NO, I DON’T HAVE A DISABILITY
☐ I DON’T WISH TO ANSWER

__________________________________________  ______________________________
Your Name                                      Today’s Date
Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor’s Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.
Commercial Driver Employment Application

The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age. I understand that the information in this application will be used and that prior employers will be contacted for purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations.

________________________________________________   _____________________
Applicant Signature          Date

Name: __________________________________________ Social Security #: _________________  Home phone:___________________

Are you 18 years old or older?       Y       N        Are you 21 years old or older?       Y       N

Place of birth (state, city, county) ___________________________________________________________________________________

Current address: ________________________________________________________        Cell :____________________
City: _____________________________________________   State & zip: __________________________  How long: ______________

Previous address: ______________________________________________  City: ____________________State & zip: ______________
How long: _______________

Position applied for: _____________________   Education  _________________ Military service:   ______   Branch: ________________

When will you be available for work?  ________________

Emergency contact: _____________________________________  Relation: ____________________Telephone # _________________

Have you worked for SPI before? __________   If yes, supervisor's name: ________________ Reason for leaving: _________________

Names of relatives in our employ:__________________________________________________________________________________

Currently employed? _____  If no, how long since last employment? _________  Who referred you for work? _________________

Driving Experience

Straight truck experience: ________  Type of straight truck ________________  From ___________ To __________  Miles__________

Comb. vehicle experience: ________  Type of comb. vehicle _______________  From ___________ To ___________ Miles__________

Other comm. vehicle:   _________  Type of other vehicle ________________  From _____________ To ________ Miles__________

Driving Qualifications

Valid driver’s license: ___________ Expires: ______________   License #:  __________________________________  State __________

Previous license in last 3 years: ___________ Previous license state: _________________  Previous license #: _________________

Ever denied a license? ___________ Explain: __________________________________________________________________________

License ever suspended or revoked? _______ Explain: _______________________________________________________________________

Ever been disqualified under section 391 of the Federal Motor Carrier Safety Regulations? __________

Explain: _______________________________________________________________________________________________________

List any driving courses or training that will help you as a driver: _________________________________________________________
List any safe driving awards: _______________________________________________________________________________________

Emp #       Rate        Job Code        Hire Date        Crew
Safety and Health Act of 1970. It shall be the policy of Slurry Pavers, Inc. to furnish employees a place of employment, free from recognized hazards that are likely to cause death or physical harm to employees, and to comply with the Occupational Safety and Health Standards as provided for by the Occupational Safety and Health Act of 1970.

Employee’s General Safety Rules: All work shall be planned and supervised to ensure safe working conditions at all times. Federal Standards for safe practices shall be enforced. Supervisors and foremen shall insist on employees observing every safe standard and shall take disciplinary action to obtain complete observance.

Safe Work Practices:
1. Wear clothes suited to your job. Dangling or loose clothing can catch in equipment, machinery or tools and cause serious injury.
2. If you do not understand how to do the job safely—before starting work—ask your supervisor for instructions.
3. You must wear personal protective equipment that the job requires, such as hard hats, safety glasses, safety vests, etc.
4. Use all safeguards provided; see that they are in place and functioning. Report deficiencies to your supervisor.
5. You shall observe safe practices and immediately report unsafe conditions to your supervisor.
6. You must be aware of fellow employees and observe practices that will not result in accidents or injuries.
7. You shall not indulge in horseplay.
8. You must immediately report any injury or accident, regardless of severity, to your supervisor.
9. You shall keep your mind on the job at hand; “day dreaming” causes injuries.
10. You shall ask your supervisor for special instructions regarding unfamiliar conditions. Never perform a task that you are unfamiliar with or have not been trained to do.

Tools and Equipment:
1. Tools and equipment shall be kept in good condition. Report any deficiency to your supervisor.
2. Use the proper tool for the job.
3. All electrical tools shall be properly grounded. All power tools must be used in accordance with safe practices
4. Use tools and equipment in the proper manner. Ask supervisor for instructions if you are not sure. Do not risk injury to yourself or others by improper use of tools.

Machinery and Vehicles:
1. Do not operate machinery or equipment without permission from your supervisor.
2. Do not start equipment, operate valves, or electrical switches until you make sure it is safe to do so.
3. Do not repair or adjust machinery while it is in operation.
4. Never work under machinery or equipment supported by jacks or chain hoists without protective blocking.
5. Do not operate machinery or equipment unless you are trained and qualified. Observe all safe practices and rules while operating machinery or equipment.
6. All machinery and vehicles must be inspected prior to use. Never operate equipment or machinery that is in need of repair. Immediately inform your supervisor if equipment or vehicles require repair.
7. Backing: Always use a spotter if available. If no spotter is available, perform a physical search of your intended backing path to ensure a safe backing path is present; free from personnel, equipment or other objects.

The facts set forth in my application for employment are true and complete. I understand that, if employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history. I have read the safety rules and agree to comply. I am aware that all persons are employed on a 60 day probation period. I understand that employment with Slurry Pavers, Inc. is at-will and either party can terminate the relationship at any time with or without cause and with or without notice. I understand that this application will not be considered for any vacant positions that occur more than 30 days from this date.

Signed: ___________________________ Date: ___________________________
Federal Regulations require the applicant to provide names and addresses of the applicant's employers during the three (3) years preceding the date of this application in addition to the other information requested. Also, a list of the applicant's employers during the seven (7) year period preceding the three (3) years mentioned above, for which the applicant was employed as an operator of a commercial vehicle.

Applicant Name:_______________________________________________ Date:_____________________

Last employer: ____________________________________________________ Supervisor's name: _____________________________
Address: ___________________________________________________________________ Phone: _____________________________
Position held: _____________________________ Start employment date: _______________ End employment date: _______________
Reason for leaving: ________________________ Were you subject to the FMCSRs while employed here?  Yes ____ No _____
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes_____  No _____

Second last employer: _________________________________________________________ Supervisor's name: _________________
Address: ___________________________________________________________________ Phone: _____________________________
Position held: _____________________________ Start employment date: _______________ End employment date: _______________
Reason for leaving: ________________________ Were you subject to the FMCSRs while employed here?  Yes ____ No _____
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes_____  No _____

Third last employer: _________________________________________________________ Supervisor's name: _________________
Address: ___________________________________________________________________ Phone: _____________________________
Position held: _____________________________ Start employment date: _______________ End employment date: _______________
Reason for leaving: ________________________ Were you subject to the FMCSRs while employed here?  Yes ____ No _____
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes_____  No _____

Fourth last employer: _________________________________________________________ Supervisor's name: _________________
Address: ___________________________________________________________________ Phone: _____________________________
Position held: _____________________________ Start employment date: _______________ End employment date: _______________
Reason for leaving: ________________________ Were you subject to the FMCSRs while employed here?  Yes ____ No _____
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes_____  No _____

Fifth last employer: _________________________________________________________ Supervisor's name: _________________
Address: ___________________________________________________________________ Phone: _____________________________
Position held: _____________________________ Start employment date: _______________ End employment date: _______________
Reason for leaving: ________________________ Were you subject to the FMCSRs while employed here?  Yes ____ No _____
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes_____  No _____

Sixth last employer: _________________________________________________________ Supervisor's name: _________________
Address: ___________________________________________________________________ Phone: _____________________________
Position held: _____________________________ Start employment date: _______________ End employment date: _______________
Reason for leaving: ________________________ Were you subject to the FMCSRs while employed here?  Yes ____ No _____
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes_____  No _____
Applicant Name: ____________________________________________ Date: __________________

Seventh last employer: ______________________________________ Supervisor's name: __________
Address: __________________________________________________ Phone: ______________________
Position held: _____________________________ Start employment date: _______________ End employment date: _______________
Reason for leaving: ________________________ Were you subject to the FMCSRs while employed here? Yes ____ No _____

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes_____ No _____

Eighth last employer: ______________________________________ Supervisor's name: __________
Address: __________________________________________________ Phone: ______________________
Position held: _____________________________ Start employment date: _______________ End employment date: _______________
Reason for leaving: ________________________ Were you subject to the FMCSRs while employed here? Yes ____ No _____

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes_____ No _____

Ninth last employer: ______________________________________ Supervisor's name: __________
Address: __________________________________________________ Phone: ______________________
Position held: _____________________________ Start employment date: _______________ End employment date: _______________
Reason for leaving: ________________________ Were you subject to the FMCSRs while employed here? Yes ____ No _____

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes_____ No _____

Tenth last employer: ______________________________________ Supervisor's name: __________
Address: __________________________________________________ Phone: ______________________
Position held: _____________________________ Start employment date: _______________ End employment date: _______________
Reason for leaving: ________________________ Were you subject to the FMCSRs while employed here? Yes ____ No _____

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes_____ No _____
Applicant name:__________________________________________________________

Are you at least 21 years of age? __________

Do you have a current commercial driver’s license? __________ Expiration Date: __________________________

Do you have a valid DOT Medical Card? __________ Expiration Date: __________________________

What endorsements do you have on your commercial driver’s license? (Check all that apply)
HAZMAT _____
TANKER _____
DOUBLES / TRIPLES _____
PASSENGER _____
OTHER _____ Explain: _________________________________________________________________________________________
NONE _____

What class is your commercial driver’s license? __________ (explain if other) _____________________________

How long (years/months) have you held a commercial driver’s license? Years ________ Months _________

How many years and/or months of commercial truck driving experience have you had within the past 3 years? Years ________ Months _________

How many months of commercial truck driving experience have you had within the past year? Months _________

Have you hauled trailers? __________ If Yes, what type of trailers do you have experience pulling? (Check all that apply)
Trailer Type
DRY VAN _____
LOW BOY _____
TANKER _____
FLAT _____
MULTI AXLE _____
DUMP _____
DOUBLES _____
OTHER (explain) __________________________________________________________________________________________________________

Do you have experience with the following types of commercial driving? (Check all that apply)
___Winter Driving ___ Mountain Driving ___ Dump Truck Operation ___ Permit Loads ___ Drop Axles ___ City Driving

Describe experience: ______________________________________________________________________________________________________
________________________________________________________________________________________________________________________

Have you operated commercial vehicles with automatic transmissions? __________ Years Operated ________

Have you operated commercial vehicles with standard transmissions? __________ Years Operated ________

If yes, what types? ________________________________________________________________________________________________

How many speeds/gears? _____________________________________________________________________________________________

The facts set forth in my application for employment are true and complete. I understand that, if employed, false statements on this application shall be considered sufficient cause for dismissal. I am aware that all persons are employed on a 60 day probation period. I understand that employment with Slurry Pavers, Inc. is at-will and either party can terminate the relationship at any time with or without cause and with or without notice. I understand that this application will not be considered for any vacant positions that occur more than 30 days from this date.

Signature: _____________________________________________ Date: __________________________
Disclosure Regarding Background Investigation

Slurry Pavers, Inc. (the “Company”) may request, for lawful employment purposes, background information about you from a consumer reporting agency in connection with your employment or application for employment (including independent contractor assignments, as applicable). This background information may be obtained in the form of consumer reports and/or investigative consumer reports (commonly known as “background reports”). These background reports may be obtained at any time after receipt of your authorization and, if you are hired or engaged by the Company, throughout your employment or your contract period.

The Virginia DMV, or another consumer reporting agency, will prepare or assemble Virginia background reports for the Company. The Virginia DMV can be contacted by mail at PO Box 27412 Richmond, VA 23269 or by phone at 804-497-7100. Information about the Virginia DMV’s privacy practices is available at http://www.dmv.virginia.gov/.

HireRight, Inc., or another consumer reporting agency, will prepare or assemble out-of-state background reports for the Company. HireRight, Inc. is located and can be contacted by mail at 5151 California, Irvine, CA 92617 or by phone at (800) 400-2761. Information about HireRight’s privacy practices is available at www.hireright.com/Privacy-Policy.aspx.

The background report may contain information concerning your character, general reputation, personal characteristics, mode of living, and credit standing. The types of information that may be obtained include, but are not limited to: social security number verifications; address history; credit reports and history; criminal records and history; public court records; driving records; accident history; worker’s compensation claims; bankruptcy filings; educational history verifications (e.g., dates of attendance, degrees obtained); employment history verifications (e.g., dates of employment, salary information, reasons for termination, etc.); personal and professional references checks; professional licensing and certification checks; drug/alcohol testing results, and drug/alcohol history in violation of law and/or company policy; and other information bearing on your character, general reputation, personal characteristics, mode of living and credit standing.

This information may be obtained from private and public record sources, including, as appropriate: government agencies and courthouses; educational institutions; former employers; personal interviews with sources such as neighbors, friends and associates; and other information sources. If the Company should obtain information bearing on your credit worthiness, credit standing or credit capacity for reasons other than as required by law, then the Company will use such credit information to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being evaluated.

You may request more information about the nature and scope of any investigative consumer reports by contacting the Company. A summary of your rights under the Fair Credit Reporting Act is also being provided to you.
Authorization of Background Investigation

I have carefully read and understand this Disclosure and Authorization form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to preparation of background reports by a consumer reporting agency such as HireRight, Inc. or the Virginia DMV, and to the release of such background reports to Slurry Pavers, Inc. and its designated representatives and agents, for the purpose of assisting the Company in making a determination as to my eligibility for employment (including independent contractor assignments, as applicable), promotion, retention or for other lawful employment purposes. I understand that if the Company hires me or contracts for my services, my consent will apply, and the Company may obtain background reports, throughout my employment or contract period.

I understand that information contained in my employment or contractor application, or otherwise disclosed by me before or during my employment or contract assignment, if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of employment or contract for services.

I hereby authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency.

By my signature below, I also certify the information I provided on and in connection with this form is true, accurate and complete. I agree that this form in original, faxed, photocopied or electronic (including electronically signed) form will be valid for any background reports that may be requested by or on behalf of the Company.

Applicant Last Name ____________________________ First _____________________ Middle __________________

Applicant Signature ___________________________________________  Date__________________