

Application Release Forms

Available in person or www.cementdistributors.com



Cement Distributors, Inc.

17501 59th Ave, Arlington, WA 98223

360-403-7335 | Fax: 360-403-7718

Thank you for your interest in joining the Cement Distributors, Inc. team. In order for CDI to properly process your employment application, the following application release forms will need to be filled out and submitted along with your completed application. Please submit your application and release forms to:

recruiter@cementdistributors.com

CEMENT DISTRIBUTORS, INC. IS AN EQUAL OPPORTUNITY EMPLOYER.

CEMENT DISTRIBUTORS, INC.

PRE-EMPLOYMENT SUBSTANCE TESTING ACKNOWLEDGEMENT [FMCSA02]

I certify that I have been given a copy of Cement Distributors, Inc.'s **CONTROLLED SUBSTANCES AND ALCOHOL USE AND TESTING POLICY AND PROCEDURES** and that I have read it and acknowledge that Cement Distributors, Inc., under its administration of applicable regulations of the U.S. Department of Transportation (DOT), including 49 CFR Part 40 and 49 CFR Part 382, Corporation Policy and in substantial compliance with applicable state statutes pertaining to a drug-free workplace, will be preemployment testing for the purpose of determining the presence of, and content of, any or all of the following substances:

1. Amphetamines
2. Cannabinoids
3. Cocaine
4. Phencyclidine (PCP)
5. Opioids

I also understand and acknowledge that I may be subject to non-DOT screening and testing under Corporation Policy as set forth in the Policy.

I further acknowledge that under applicable DOT regulations, and the Policy, results of said tests will be released to Cement Distributors, Inc., to Cement Distributors, Inc.' Medical Review Officer, its Service Agents and as provided in the Policy.

I understand that a negative test is a pre-condition of employment with Cement Distributors, Inc. and that the refusal to submit to testing or a positive test result will result in the rejection of my application or the rescinding of a conditional offer of employment. I also understand that it is not the purpose of this screen or test to identify any disability I may have and that pre-employment screening and testing activities are conducted in compliance with ADA requirements applicable to the Corporation, if any.

MANDATORY DOT QUESTION:

During the past three (3) years, have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules?

(check one) **YES** **NO**

Are You Currently Employed as a CDL Driver?

(circle one) **YES** **NO** If Yes, list Employer (s): _____

I further agree that a reproduced copy of this form shall have the same force and effect as the original.
I have carefully read the foregoing and fully understand its contents.

Applicant Printed Name: _____ SS#: _____

Applicant Signature: _____ Date: _____

Witness Printed Name: _____

Witness Signature: _____

CEMENT DISTRIBUTORS, INC.
AUTHORIZATION TO OBTAIN MOTOR VEHICLE RECORD

THE UNDERSIGNED DOES HEREBY ACKNOWLEDGE AND CERTIFY AS FOLLOWS:

1. Certifies that the undersigned is an employee, or has applied to become an employee of the below named employer in a position which involves the operation of a motor vehicle and the undersigned gives his or her consent to the release of their driving record (MVR) for review by:

Cement Distributors, Inc.

Name of Employer or Potential Employer

2. That the undersigned authorizes his or her driving record to be periodically obtained and reviewed for the purpose of initial and continued employment.
3. That all information presented in this form is true and correct. The undersigned makes this certification and affirmation under penalty of perjury and understands that knowingly making a false statement or representation on this form is a criminal violation.

NAME OF EMPLOYEE/POTENTIAL EMPLOYEE: _____

(Print name as it appears on driver's license)

LICENSE NUMBER & STATE: _____

DATE OF BIRTH: ____ / ____ / ____

SIGNATURE OF EMPLOYEE/POTENTIAL EMPLOYEE: _____

DATE: _____

EMPLOYER AUTHORIZED REPRESENTATIVE NAME: _____

AUTHORIZED REPRESENTATIVE SIGNATURE: _____

DATE: _____

Motor Vehicle Driver's
**CERTIFICATION OF COMPLIANCE
WITH DRIVER LICENSE REQUIREMENTS**

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. They are as follows:

1. **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.
2. **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391.15 (b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (If the violation occurs in a state other than the one which issued your license). The notification to both the employer and the state must be in writing.

THE FOLLOWING LICENSE IS THE ONLY ONE I WILL POSSESS:

DRIVER'S LICENSE NO. _____ STATE _____ EXP. DATE _____

DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.

DRIVER'S NAME: _____

DRIVER'S SIGNATURE: _____ DATE: _____

NOTES: _____

CRIMINAL BACKGROUND CHECK CONSENT FORM

I understand that CEMENT DISTRIBUTORS, INC. will conduct a criminal history background check as part of the procedure for processing my employment application.

I understand that CEMENT DISTRIBUTORS, INC. will conduct an investigation that verifies my social security number and includes obtaining information regarding my past employment and criminal background. I understand that the criminal history background check will include National Criminal Offender Databases.

I also understand that before I am denied employment based on information obtained in the report, I will receive a copy of the report and a copy of my rights under the Fair Credit Reporting Act.

I understand that if I disagree with the accuracy of any of the information in the report, I must notify CEMENT DISTRIBUTORS, INC. representatives within three (3) business days of receipt of the report. If I notify CEMENT DISTRIBUTORS, INC. within this time, I will have a reasonable opportunity to address the information contained in the criminal history background check report.

I understand that the information contained in the criminal history background check will be available to ONLY those persons involved in making employment decisions or performing the background investigation and that this information will be used for the sole purpose of making employment decisions.

I have read and understood the above information. I have been given the opportunity to have questions answered prior to signing of this document. In the interest of time, I hereby consent to the commencement of pre-employment background investigations, even prior to an offer, which the company may or may not make to me. I understand that, if so noted on my application, CEMENT DISTRIBUTORS, INC. will not contact my present employer until I terminate that employment.

Applicant's Name: _____

Signature: _____ Date: _____

I hereby refuse further background checks. I understand that I will not be considered further for employment with CEMENT DISTRIBUTORS, INC.

Applicant's Name: _____

Signature: _____ Date: _____

CEMENT DISTRIBUTORS, INC.
FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

APPLICANTS SIGNATURE: _____ DATE: _____

PRINTED NAME: _____ SS#: _____

CEMENT DISTRIBUTORS, INC.
PRE-BACKGROUND CHECK AUTHORIZATION LETTER

In connection with your application for employment, and duration of your employment (including contract for service) we may obtain a consumer report on you as part of the process of considering your candidacy as an employee.

We may also obtain an investigative report including consumer, criminal, driving, and other reports. These reports may include information as to your general reputation, character, mode of living, work habits, performance, experience and reasons for termination from previous employers. We will be requesting information from various federal, state and other agencies which maintain public and non-public records concerning your past activities.

This information may be obtained by contacting your previous employers or references supplied by you.

MicroBilt Corporation
1640 Airport Road, Suite 115 770-218-4400
Kennesaw, GA 30144 770-218-4997

I hereby release Cement Distributors Inc. and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time, result to me, because of compliance with this authorization.

I authorize without reservation, any party or agency contacted by this employer, to furnish the above mentioned information in order to be considered for employment.

Applicant Signature: _____ Date: _____

Print Name: _____

THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS

IMPORTANT DISCLOSURE REGARDING BACKGROUND REPORTS FROM THE PSP ONLINE SERVICE

In connection with your application for employment with **Cement Distributors, Inc.** ("Prospective Employer"), its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FM CSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FM CSA; that the FM CSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FM CSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMC SA without your authorization.

AUTHORIZATION

IF YOU AGREE THAT THE PROSPECTIVE EMPLOYER MAY OBTAIN SUCH BACKGROUND REPORTS, PLEASE READ THE FOLLOWING AND SIGN BELOW:

I authorize **Cement Distributors, Inc.** ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Signature: _____ Date: _____

Name (Please Print): _____

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

CEMENT DISTRIBUTORS, INC.

GENERAL CONSENT FOR LIMITED QUERIES OF THE FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION (FMCSA) DRUG AND ALCOHOL CLEARINGHOUSE FOR THE DURATION OF EMPLOYMENT [FMCSA24] PAGE 1 OF 4

I, the "Driver" whose name appears below, hereby provide consent to Cement Distributors, Inc. to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse. Driver consents to unlimited multiple limited queries, for the duration of employment.

I understand that if the limited query conducted by Cement Distributors, Inc. indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Cement Distributors, Inc. without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for Cement Distributors, Inc. to conduct a limited query of the Clearinghouse, Cement Distributors, Inc. must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

READ, ACKNOWLEDGE AND CONSENTED TO THIS _____ DAY OF _____, 20____

DRIVER SIGNATURE: _____

LAST NAME: _____

FIRST NAME: _____

CDL# _____ STATE OF ISSUE _____ COUNTRY OF ISSUE _____

DOB (DATE OF BIRTH): ____/____/____ (MM/DD/YYYY)

PERSONAL EMAIL: _____

MOBILE PHONE NUMBER: _____

(THE ABOVE INFORMATION IS USED TO COMPLETE THE EMPLOYER PORTION OF THE BATCH EXCEL SHEET FOR CLEARINGHOUSE LIMITED ANNUAL QUERY.)