



**BRUENING ROCK PRODUCTS, INC. AND ITS AFFILIATES**

900 MONTGOMERY STREET, P.O. BOX 127  
DECORAH, IOWA 52101  
(563) 382-2933

**VOLUNTARY SURVEY**

Bruening Rock Products, Inc. and its affiliates are required by state and federal laws to furnish statistical data and to maintain records of certain population characteristics of those applying for jobs with us. The information you supply will be used for statistical purposes only. If you are offered employment with Bruening Rock Products, Inc. and its affiliates, it will not be used as employment criteria. Bruening Rock Products, Inc. and its affiliates are equal opportunity employers supporting diversity in the workplace.

**NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DATE:** \_\_\_\_\_ **POSITION APPLIED FOR:** \_\_\_\_\_

**REFERRAL SOURCE:** How did you learn of this position?

- \_\_\_ Advertisement (If newspaper, please list \_\_\_\_\_)
- \_\_\_ Friend
- \_\_\_ Relative
- \_\_\_ Walk-In
- \_\_\_ Employment Agency (Agency Name \_\_\_\_\_)
- \_\_\_ Other (list source) \_\_\_\_\_

**SEX:** \_\_\_ Male \_\_\_ Female

**ETHNIC ORIGIN:**

- \_\_\_ White \_\_\_ Hispanic \_\_\_ American Indian/Alaskan Native
- \_\_\_ Black \_\_\_ Asian/Pacific Islander \_\_\_ Other

**CHECK ANY OF THE FOLLOWING THAT APPLY:**

\_\_\_ Military Veteran \_\_\_ Disabled Veteran \_\_\_ Disabled Individual



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**NOTICE FOR ALL EMPLOYEES & APPLICANTS**

**OPERATING STATEMENT**

It is the policy of Bruening Rock Products, Inc. and its affiliates to assure that applicants are employed, and that employees are treated during employment, without regard to their race, religion, sex, color, national origin, age, or disability. Such action shall include: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including: apprenticeship, pre-apprenticeship, or on-the-job training.

**DESIGNATION OF EEO/AA OFFICER**

Bruening Rock Products, Inc. and its affiliates have designated John Courtney, 900 Montgomery Street, Decorah, IA, 52101, phone (563)382-2933 as the EEO/AA Officer. John Courtney has the responsibility to effectively administer and promote this Policy, and is assigned adequate authority and responsibility to do so.

**TRAINING LETTER**

Bruening Rock Products, Inc. and its affiliates have an approved training program or an informal training and promotion program.

At this time, our company offers training programs in the following job classifications (with qualifications) and hours needed to complete each individual program.

Cement mason	1040 hours	Stringline	720 hours
Carpenter	2640 hours	Bulldozer Operator	1040 hours
Laborer	520 hours	Mechanics Helper	1040 hours

For further information, copies of qualifications and outlines of individual job classification training program outlines, you must request them from:

John Courtney, EEO/AA Officer  
900 Montgomery Street  
Decorah, IA 52101  
(563)382-2933



**BRUENING ROCK PRODUCTS, INC.**  
 900 MONTGOMERY STREET  
 DECORAH, IA 52101

**SKYLINE CONSTRUCTION, INC.**  
 900 MONTGOMERY STREET  
 DECORAH, IA 52101



## APPLICATION FOR EMPLOYMENT

Federal law obligates us to provide reasonable accommodation to the known disabilities of applicants and employees, unless to do so would pose an undue hardship. Please let us know if you need an accommodation to complete the application process or to perform any essential elements of the position sought.

Applicants are considered for all positions, and employees are treated during employment, without regard to race, color, religion, sex, national origin, age, disability, or any other prohibited basis of discrimination, as provided under applicable state and federal law.

**PLEASE PRINT**

Job Applied For \_\_\_\_\_ Date \_\_\_\_\_

### A. PERSONAL INFORMATION

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_  
STREET APT. # CITY STATE ZIP

Telephone Number where you can be contacted \_\_\_\_\_

Are you at least 18 years of age?  YES  NO

What is your military status? \_\_\_\_\_

Are you prevented from becoming employed because of visa or immigration status?  YES  NO

(If NO, be prepared to provide proof of citizenship or legal residence and work permit to interviewer.)

Will you be able to perform the essential functions of the position for which you have applied  YES  NO

If NO, what accommodation to this condition would make it possible for you to do this job? \_\_\_\_\_

Do you speak, read or write fluently a language other than English?  YES  NO

If YES, describe ability and list language(s) \_\_\_\_\_

### B. CRAFT TRAINING, EXPERIENCE, AND READINESS TO WORK

On what date would you be available for work? \_\_\_\_\_

Are you available to work:  FULL TIME  PART TIME  SHIFT  TEMPORARY

Are you on a lay-off and subject to recall?  YES  NO

Can you travel if a job requires it?  YES  NO

If the position you are applying for involves the driving of a vehicle or equipment which requires a license, do you have a valid license?  YES  NO

If YES, please specify the type of license:  OPERATORS LICENSE  COMMERCIAL DRIVERS LICENSE

List the following: License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Have you had a motor vehicle accident or a moving violation in the past 3 years?  YES  NO

If YES, please explain \_\_\_\_\_

What types and makes/models of construction equipment can you operate or repair? \_\_\_\_\_

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

List any craft training programs in which you have participated \_\_\_\_\_

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

**LIST PREVIOUS EMPLOYMENT (LIST PRESENT OR LAST JOB FIRST)**

DATES	EMPLOYER	ADDRESS	JOB HELD/DUTIES	WAGE/RATE	REASON FOR LEAVING

**C. SPECIAL SKILLS AND QUALIFICATIONS**

Summarize special skills and qualifications acquired from employment or other experience \_\_\_\_\_

\_\_\_\_\_

Do you have your own craft tools, clothing and other equipment?     YES     NO

Would you accept employment     Out of town?     Statewide?     Unaccompanied by Family?

Have you attended High School, Vocational/Technical School or College?     Yes     No

If YES, please specify \_\_\_\_\_

**D. GENERAL**

Who should be notified in case of emergency?

NAME	ADDRESS	AREA CODE/PHONE NUMBER

"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, and I agree to hold my employer harmless in the event of my dismissal based thereon.

I authorize investigation of all statements contained herein and to do background checks to give you and all information concerning my previous employment and any pertinent information they may have, confidential or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I realize that under certain provisions of Iowa law, pre-employment drug testing could be a condition of my employment. I also acknowledge that the employer may require drug testing at a subsequent time providing that proper advance notice of testing is provided.

I also recognize that I could be offered employment subject to appropriate medical examination and that such a report could nullify my ultimate employment by this employer. I agree to submit to physical examination if required.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the method of payment of my wages and salary, be terminated at any time without prior notice. If employment is obtained under this application, I will comply with all the rules and policies of my employer."

Additionally, I authorize the Company to supply my employment record, in its sole discretion, in whole or in part, to any prospective employer, government agency, or other party, with any interest that the Company deems appropriate.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Note: This application will be current for 6 months.)

*This employer does not discriminate in hiring or employment on the basis of age, race, color, sex, religion, national origin or handicap.*

**AN EQUAL EMPLOYMENT  
OPPORTUNITY EMPLOYER**

# DRIVER APPLICATION FORM

COMPANY NAME \_\_\_\_\_ Location: Region/District/Branch \_\_\_\_\_

COMPANY ADDRESS \_\_\_\_\_  
Street City State Zip

## TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

"I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information."

Signature \_\_\_\_\_ Date \_\_\_\_\_

NAME \_\_\_\_\_  
Last First Middle

Social Security Number \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Phone Number Date of Birth Hire Date

ADDRESS \_\_\_\_\_  
Street City State Zip Number of Years

PAST 3 YEAR RESIDENCY \_\_\_\_\_  
Street City State Zip Number of Years

Street City State Zip Number of Years

## Employment History

(Use Additional Employment History Information form if necessary)

All applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding three years. You must give the same information for all employers for whom you have driven a commercial vehicle seven years prior to the initial three years (total of ten year employment record).

**You are required to list the complete mailing address: street number and name, city, state and zip code.**

CURRENT OR LAST EMPLOYER: Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(month/year) (month/year)

Reasons for Leaving \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations\*\* while employed?  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

\*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason \_\_\_\_\_

SECOND LAST EMPLOYER: Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(month/year) (month/year)

Reasons for Leaving \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations\*\* while employed?  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

\*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason \_\_\_\_\_

THIRD LAST EMPLOYER: Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(month/year) (month/year)

Reasons for Leaving \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations\*\* while employed?  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

\*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason \_\_\_\_\_

\*Any gaps in employment and/or unemployment must be explained.

\*\*The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

PLEASE COMPLETE REVERSE SIDE

FORM # 858-F 9653 04/06

# EXPERIENCE AND QUALIFICATION

Attach separate sheet if more space is needed

## Driving Experience

If no driving experience within the last 3 years – check here

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Circle all that apply)	DATES		APPROXIMATE NUMBER OF MILES
		FROM	TO	
Straight Truck	Van, Reefer, Tank, Flat	_____	_____	_____
Tractor & Semi-Trailer	Van, Reefer, Tank, Flat	_____	_____	_____
Tractor – Two Trailers	Van, Reefer, Tank, Flat	_____	_____	_____
Tractor – Three Trailers	Van, Reefer, Tank, Flat	_____	_____	_____
Motorcoach – School Bus <small>(Greater than 8 passengers)</small>	N/A	_____	_____	_____
Motorcoach – School Bus <small>(Greater than 15 passengers)</small>	N/A	_____	_____	_____
Other: _____	Van, Reefer, Tank, Flat, N/A	_____	_____	_____

OR

## Accident History (3 years)

If no accidents within the last 3 years – check here

DATE (month/year)	NATURE OF ACCIDENT (head-on, rear-end, upset, etc.)	NUMBER OF FATALITIES	NUMBER OF INJURIES	HAZARDOUS MATERIALS SPILL?	
				<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	_____	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	_____	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	_____	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO

## Traffic Convictions and Forfeitures (3 years)

If no traffic convictions and/or forfeitures in the last 3 years – check here

DATE CONVICTED (month/year)	VIOLATION (Other than violations involving parking only)	STATE OF VIOLATION	PENALTY (Forfeited bond, collateral and/or points)
_____	_____	_____	_____
_____	_____	_____	_____

## License Information

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

\_\_\_\_\_ State \_\_\_\_\_ License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle?  Yes  No  
If yes, give details \_\_\_\_\_

B. Has any license, permit, or privilege ever been suspended or revoked?  Yes  No  
If yes, give details \_\_\_\_\_

## Applicant Certification

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

\_\_\_\_\_ Applicant's Signature

\_\_\_\_\_ Date