



*** JOB OPENING ***

3825 S. Mount Zion Road
Decatur, IL 62521

*** JOB OPENING - CDL-A DRIVER - DECATUR, IL ***

We are seeking a Full-Time CDL-A Driver to join our Decatur, IL team! Monday – Friday. Pay is \$27/hour. You will be responsible for safely operating a truck with a capacity of at least 26,000 pounds Gross Vehicle Weight (GVW) while providing high quality customer service to customers.

Benefits

- Paid Holidays and Vacation
- Insurance: Medical, Dental, Vision, Short-Term Disability, Long-Term Disability, Life
- Retirement Savings Plan
- Home Daily, No Weekends

Job Responsibilities

- Safely operate a heavy or tractor-trailer truck
- Loading / Unloading trailers in all weather conditions using a forklift
- Responsible for transporting and dropping off fabricated rebar, wire mesh, and concrete construction materials
- Properly track and document activity log using an electronic log
- Inspect truck before and after trip
- Reporting maintenance and safety issues to the manager
- Additional duties assigned by the manager as needed

Requirements / Conditions

- Must possess a valid Class A CDL
- DOT drug screen, DOT physical
- High school diploma or GED equivalent
- Previous experience in truck driving or other related fields is preferred
- Ability to read and understand basic safety and operational instructions, basic math skills
- Strong work ethic, attention to detail, and have a dependable and punctual attendance history
- Knowledge in operating a forklift is a plus
- Must be willing to take direction
- Some heavy lifting may be necessary

**** If interested, please visit our website at www.MidwestConstructionMaterials.com to fill out an application and email it along with your resume to Nick Mendenall at nmendenall@midconmat.com or drop it off at the office.**

**** Email Nick or call the office at 217-864-1278 with any questions ****

DECATUR, IL
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Decatur, IL 62521
Ph: 217.864.1278
Fax: 217.864.1285



STOUGHTON, WI
220 Business Park Circle
Stoughton, WI 53589
Ph: 608.205.6040
Fax: 608.205.6045

* Date of Hire: _____
office use only

DRIVER'S APPLICATION FOR EMPLOYMENT

Company Name:	<u>Midwest Construction Materials</u>
Address:	<u>3825 S. Mount Zion Rd.</u>
City/State/Zip:	<u>Decatur, IL 62521</u>

* In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

- TO BE READ & SIGNED BY APPLICANT -

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 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
- 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: _____

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DRIVER'S APPLICATION FOR EMPLOYMENT

* Date of Application: _____

APPLICANT INFORMATION

Name: _____
Last First Middle

Date of Birth: _____ Social Security No.: _____ Cell Phone: _____
Month / Day / Year XXX - XX - XXXX () (Area Code) + 7 digits

Email Address: _____ Home Phone: _____
(Area Code) + 7 digits

Current Address: _____
Street Apartment/Unit # City State Zip Code

ADDRESS FOR THE PAST THREE YEARS

*** If at the above residence less than three years, list below all residences for the past three years. Attach a separate sheet if necessary.*

Street Apartment/Unit # City State Zip Code How Long? _____
Month/Year
Street Apartment/Unit # City State Zip Code How Long? _____
Month/Year
Street Apartment/Unit # City State Zip Code How Long? _____
Month/Year

EDUCATION

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 0 1 2 3 4
Last School Attended: _____ When? _____
School Name City State Month / Year

JOB RELATED INFORMATION

Position Applied For: _____ Who referred you (if applicable)? _____ Desired Rate of Pay: _____
Name of Person Dollars per Hour

Do you have the legal right to work in the United States? _____ Have you ever been convicted of a felony? _____
Yes/ No If yes, please explain on a separate sheet
Have you ever worked for this company before? _____ Where? _____ Dates: From _____ to _____
Yes / No Month / Year Month / Year
Position: _____ Reason for Leaving: _____

ALSO, PLEASE SUBMIT YOUR RESUME

RETURN TO: 3825 S. Mount Zion Rd., Decatur, IL 62521 - OR - Email to Nick at: nmendenall@midconmat.com

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DRIVER'S APPLICATION FOR EMPLOYMENT

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EMPLOYMENT HISTORY (FOR THE PAST 3 YEARS)

**** All driver applicants to drive in interstate commerce must provide the following employment history for at least a 3-year period preceding this application that includes the current place of employment. Must list the complete mailing address of all previous employers: street number, city, state, and zip code. Begin with most recent employment. Add another sheet as necessary.**

Employer Name: _____ From: _____ to _____
(most recent / current job) Month / Year Month / Year

Employer Address: _____
Street Suite/Unit # City State Zip

Phone: (____) _____ Supervisor/Manager: _____ Position Held: _____

May we contact previous employer for reference? ____ YES ____ NO

Responsibilities/Duties: _____

Reason for Leaving: _____

Were you subject to the FMCSRs 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

Employer Name: _____ From: _____ to _____
Month / Year Month / Year

Employer Address: _____
Street Suite/Unit # City State Zip

Phone: (____) _____ Supervisor/Manager: _____ Position Held: _____

May we contact previous employer for reference? ____ YES ____ NO

Responsibilities/Duties: _____

Reason for Leaving: _____

Were you subject to the FMCSRs 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

Employer Name: _____ From: _____ to _____
Month / Year Month / Year

Employer Address: _____
Street Suite/Unit # City State Zip

Phone: (____) _____ Supervisor/Manager: _____ Position Held: _____

May we contact previous employer for reference? ____ YES ____ NO

Responsibilities/Duties: _____

Reason for Leaving: _____

Were you subject to the FMCSRs 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

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DRIVER'S APPLICATION FOR EMPLOYMENT

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EMPLOYMENT HISTORY

Employer Name: _____ From: _____ to _____
Month / Year Month / Year

Employer Address: _____
Street Suite/Unit # City State Zip

Phone: (____) _____ Supervisor/Manager: _____ Position Held: _____

May we contact previous employer for reference? ____ YES ____ NO

Responsibilities/Duties: _____

Reason for Leaving: _____

Were you subject to the FMCSRs 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

Employer Name: _____ From: _____ to _____
Month / Year Month / Year

Employer Address: _____
Street Suite/Unit # City State Zip

Phone: (____) _____ Supervisor/Manager: _____ Position Held: _____

May we contact previous employer for reference? ____ YES ____ NO

Responsibilities/Duties: _____

Reason for Leaving: _____

Were you subject to the FMCSRs 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

Employer Name: _____ From: _____ to _____
Month / Year Month / Year

Employer Address: _____
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Phone: (____) _____ Supervisor/Manager: _____ Position Held: _____

May we contact previous employer for reference? ____ YES ____ NO

Responsibilities/Duties: _____

Reason for Leaving: _____

Were you subject to the FMCSRs 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

The Federal Motor Carrier Safety Regulations (FMCSRs) 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 more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

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DRIVER'S APPLICATION FOR EMPLOYMENT

ACCIDENT RECORD

* FOR THE PAST 3 YEARS OR MORE*

** Attach sheet if more space is needed. Write 'NONE' if there has been no accidents in the previous 3 years.

LAST ACCIDENT (most recent)	Date Occurred: _____ Nature of Accident: _____ Month / Year Head-On, Rear-End, Upset, etc. Fatalities: _____ Please Explain Injuries: _____ Please Explain Hazardous Material Spill: _____ Please Explain
PREVIOUS ACCIDENT	Date Occurred: _____ Nature of Accident: _____ Month / Year Head-On, Rear-End, Upset, etc. Fatalities: _____ Please Explain Injuries: _____ Please Explain Hazardous Material Spill: _____ Please Explain
PREVIOUS ACCIDENT	Date Occurred: _____ Nature of Accident: _____ Month / Year Head-On, Rear-End, Upset, etc. Fatalities: _____ Please Explain Injuries: _____ Please Explain Hazardous Material Spill: _____ Please Explain
PREVIOUS ACCIDENT	Date Occurred: _____ Nature of Accident: _____ Month / Year Head-On, Rear-End, Upset, etc. Fatalities: _____ Please Explain Injuries: _____ Please Explain Hazardous Material Spill: _____ Please Explain

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TRAFFIC CONVICTIONS AND FORFEITURES

* FOR THE PAST 3 YEARS OR MORE*

** Don't include parking violations **

DATE	LOCATION	CHARGE	PENALTY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	FOR HOW LONG?	APPROX NO. OF MILES (TOTAL)
STRAIGHT TRUCK _____ YES _____ NO	_____ van, tank, flat, dump, refer	FROM _____ TO _____ month / year month / year	_____
TRACTOR & SEMI-TRAILER _____ YES _____ NO	_____ van, tank, flat, dump, refer	FROM _____ TO _____ month / year month / year	_____
TRACTOR – TWO TRAILERS _____ YES _____ NO	_____ van, tank, flat, dump, refer	FROM _____ TO _____ month / year month / year	_____
TRACTOR – THREE TRAILERS _____ YES _____ NO	_____ van, tank, flat, dump, refer	FROM _____ TO _____ month / year month / year	_____
MOTORCOACH – SCHOOL BUS MORE THAN 8 PASSENGERS _____ YES _____ NO	–	FROM _____ TO _____ month / year month / year	_____
MOTORCOACH – SCHOOL BUS MORE THAN 15 PASSENGERS _____ YES _____ NO	–	FROM _____ TO _____ month / year month / year	_____
OTHER: _____	_____ van, tank, flat, dump, refer	FROM _____ TO _____ month / year month / year	_____

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DRIVER EXPERIENCE AND QUALIFICATIONS

**** List driver licenses or permits held in the past 3 years. Attach another sheet if more space is needed.**

STATE	LICENSE NO.	CLASS/TYPE	ENDORSEMENTS	EXPIRATION DATE
_____	_____	_____	_____	_____ month / day / year
_____	_____	_____	_____	_____ month / day / year
_____	_____	_____	_____	_____ month / day / year
_____	_____	_____	_____	_____ month / day / year
_____	_____	_____	_____	_____ month / day / year

- A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? _____ YES _____ NO
- B. Has any license, permit, or privilege ever been suspended or revoked? _____ YES _____ NO
- *If the answer to either A or B is YES, please give details:* _____
- C. List states operated in for the last five years: _____
- D. Which safe driving awards do you hold and from whom? _____
- E. List special courses or/and training you've had that will help you as a driver: _____
- F. List special equipment or technical materials you can work with (other than those already shown): _____

- TO BE READ & SIGNED BY APPLICANT -

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.

Signature: _____ Date: _____