Commercial Vehicle Driver Application

DRIVER'S APPLICATION FOR EMPLOYMENT

SCHMITZ READY MIX, INC.

11815 West Bradley Road, Milwaukee, WI 53225

Hello and thank you for applying with Schmitz Ready Mix, Inc. These instructions are being provided to assist you in completing the required paperwork.

Please note that it will greatly speed up the processing of your paper work and application if you will please ***fill out your paperwork completely.***

Please answer all questions. Sign and date the paperwork and application.

Falsification of the application could result in termination of employment.

Processing of your application will take approximately three (3) to five (5) working days.

FULL NAME: _____

REFERRED BY: _____

SCHMITZ

NAME (First)	Middle	Maiden Name (if any)	Last

ADDRESS (Street)	City	State & Zip Code	How Long?

DATE OF BIRTH	SOCIAL SECURITY NO.	HIRE DATE

TELEPHONE NUMBER	E-MAIL ADDRESS

PREVIOUS THREE YEARS RESIDENCY

Street	City	State & Zip Code	# Years

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 NO.	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES FROM TO	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK			
TRACTOR AND SEMI-TRAILER			
TRACTOR - TWO TRAILERS			
OTHER			

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS
				YES ☐ NO ☐
				YES ☐ NO ☐
				YES ☐ NO ☐

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

DATE CONVICTED (month/year)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (forfeited bond, collateral and/or points)

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES ☐ NO ☐

If yes, explain _____

B. Has any license, permit or privilege ever been suspended or revoked? YES ☐ NO ☐

If yes, explain _____

EMPLOYMENT RECORD

Must list the complete mailing address: street number and name, city, state and zip code.

LAST EMPLOYER: NAME

ADDRESS		**PHONE**	
POSITION HELD	**FROM**	**TO**	**SALARY**

REASONS FOR LEAVING

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON.

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes ☐ No ☐

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes ☐ No ☐

SECOND LAST EMPLOYER: NAME

ADDRESS		**PHONE**	
POSITION HELD	**FROM**	**TO**	**SALARY**

REASONS FOR LEAVING

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON.

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes ☐ No ☐

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes ☐ No ☐

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

DATE **APPLICANT'S SIGNATURE**

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquiries to 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."

DATE **APPLICANT'S SIGNATURE**

ALL APPLICANTS': PLEASE MAKE SURE TO FILL OUT THE HIGHLIGHTED AREAS WITH YOUR NAME, DATE, AND YOUR SIGNATURE

PRINT NAME, DATE AND SIGN

AUTHORIZATION, RELEASE, AND CERTIFICATION

I certify that all the information on this application is true, complete, and correct to the best of my knowledge. I understand that any false or misleading statements by me, or material omissions of information requested of me, may result in rejection of my application or, if employed, my immediate dismissal.

I hereby give permission to Schmitz Ready Mix, Inc. to seek verification and supplement the information set forth in the application. I release from all liability or legal claims every person seeking or providing information, whether oral or written. A photocopy of this release shall be as valid as the original, and may be relied upon by all persons providing information.

I understand that employment with Schmitz Ready Mix, Inc. is not contractual and is at-will. I understand and agree that, if hired I may voluntarily leave employment at any time, and may be terminated at any time without prior notice for any reason, or for no reason. I understand that oral or written statements which I may claim to have been made to me now or in the future inconsistent with the provisions of this paragraph, are expressly disavowed and revoked by the company and should not be relied upon by me as an applicant for employment or as an employee if hired.

I understand that I may be required to submit to a medical examination if offered a position conditioned on such examination. If employed, I agree to abide by all of the work and safety rules of the company. I understand that Schmitz Ready Mix, Inc. is committed to maintaining a drug-free workplace. I am aware that Schmitz Ready Mix, Inc. will require a drug test as a part of the hiring process. Also, if employed, I realize that Schmitz Ready Mix, Inc. conducts random drug testing of its employees.

I understand this application will be considered inactive after 60 days. I certify I have read (or have had it read to me) and understand this authorization, release, and certification. A photocopy of this release shall be as valid as the original. This authorization shall be valid for one year from the date of signing hereof.

DATE: _____ **APPLICANTS NAME (print):** _____

APPLICANTS SIGNATURE: _____

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

In connection with your application for employment with Schmitz Ready Mix, Inc. ("Prospective Employer"), 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 FMCSA 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 FMCSA; that the FMCSA 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 FMCSA 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 FMCSA 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 Schmitz Ready Mix, 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 neither the Prospective Employer nor the FMCSA contractor supplying the information will be liable for any information contained in the PSP Online Service PSP report.

DATE: _____ **SIGNATURE:** _____

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.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 09/23/2026

PRINT NAME, DATE AND SIGN

REQUEST/CONSENT FROM PREVIOUS EMPLOYER

This is in compliance with § 382.405 (f) and (h) which state:

(f) Records shall be made available to a subsequent employer upon receipt of a written request from a driver. Disclosure by that subsequent is permitted only as expressly authorized by the terms of the driver's request.

(h) An employer shall release information regarding driver's records as directed by the specific written consent of the driver authorizing release of the information to an identified person. Release of such information by the person receiving the information is permitted only in accordance with the terms of the employee's consent.

§ 382.413 (a)(b)(c)(e)(f) further state:

(a) An employer may obtain, pursuant to a driver's written consent, any of the information concerning the driver which is maintained under this part of the driver's previous employers.

(b) An employer shall obtain, pursuant to a driver's consent, information of the driver's alcohol tests with a concentration result of 0.04 or greater, positive controlled substances test results, and refusals to be tested, within the preceding two years, which maintained by the driver's previous employers under § 382.401 (b) (1) (i) through (iii).

(c) The information in paragraph (b) of this section must be obtained and reviewed by the employer no later than 14 calendar days after the first time a driver performs safety-sensitive functions for an employer.

(e) The prospective employer must provide to each of the driver's employers within the two preceding years with the driver's specific written authorization for release of the information to paragraph (b).

(f) The release of any information under this part may take the form of personal interviews, telephone interviews, letters, or any other method of obtaining information that ensures confidentiality. Each employer must maintain a written, confidential record with respect to each past employer contacted.

I authorize the release of my Alcohol and Controlled Substance testing records as required by Federal Highway Administration Regulations as listed above to Schmitz Ready Mix, Inc.

DATED: _____ **APPLICANTS NAME (print):** _____

APPLICANTS SIGNATURE: _____

SCHMITZ

APPLICANTS DO NOT WRITE BELOW THIS LINE

REQUEST FOR PAST TEST RESULTS RESPONSE FORM

Prior Employer:

COMPANY: _____

ADDRESS: _____

PHONE: _____

Employee:

NAME: _____

REQUESTING EMPLOYER:

Schmitz Ready Mix, Inc.
P.O. Box 250847
Milwaukee, WI 53225

Fax No.: 414-462-8812
Phone No.: 414-831-2438
Contact: Lucas Schulz

In accordance with the FHWA's (49 CFR Part 382), please supply Schmitz Ready Mix, Inc. with the following information regarding the above individual:

Participated in drug testing program? YES ☐ NO ☐

Participated in alcohol testing program? YES ☐ NO ☐

Positive drug test results during the past 2 years? YES ☐ NO ☐

Alcohol test result of 0.02 or greater during past 2 years? YES ☐ NO ☐

3. Was he/she a safe and efficient driver? _____

4. Reason for leaving your employment? _____

5. Was his/her general conduct satisfactory? _____

6. Please advise history of past driving record if available for past 3 years _____

Please indicate your opinion by placing a check in the appropriate column:

CHARACTERISTICS	Excellent	Good	Fair	Poor
Disposition, Tact, Ability to get along with others	☐	☐	☐	☐
Initiative, Resourcefulness	☐	☐	☐	☐
Safety Habits	☐	☐	☐	☐
Driving Skills	☐	☐	☐	☐
Attitude	☐	☐	☐	☐
Loyalty	☐	☐	☐	☐

Date: _____ Signature: _____ Name (print): _____

APPLICANTS DO NOT WRITE BELOW THIS LINE

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

Your application will not be processed unless you have read and signed the request for information from previous employer and the authorization, release and certification.

Dear Sir/Madam:

The above named individual has made application to Schmitz Ready Mix for a position as _____, and states that he/she was employed by you as a _____ from _____ to _____.

Name of applicant: _____

1. Employment Dates: _____ Position: _____ Salary: _____

2. Did he/she drive a motor vehicle for you? _____, Straight Truck? _____ Tractor-Semi-Trailer? _____, Bus? _____, Other? (specify) _____

3. Was he/she a safe and efficient driver? _____

4. Reason for leaving your employment? _____

5. Was his/her general conduct satisfactory? _____

6. Please advise history of past driving record if available for past 3 years _____

Please indicate your opinion by placing a check in the appropriate column:

CHARACTERISTICS	Excellent	Good	Fair	Poor
Disposition, Tact, Ability to get along with others	☐	☐	☐	☐
Initiative, Resourcefulness	☐	☐	☐	☐
Safety Habits	☐	☐	☐	☐
Driving Skills	☐	☐	☐	☐
Attitude	☐	☐	☐	☐
Loyalty	☐	☐	☐	☐

Date: _____ Signature: _____ Name (print): _____