

EVANS & ASSOCIATES ENTERPRISES, INC.

(Altus Ready Mix, Inc., Alva Concrete, Inc., Bartlesville Redi Mix, Inc., Enid Concrete Co., Inc., Evans & Associates Construction Co., Inc., Evans & Associates Enterprises, Inc., Evans & Associates Utility Services, Inc., Evans Concrete Co., Inc., Evans Transportation Services, Inc., Kaw Land & Cattle, Inc., Lawton Transit Mix, Inc., NEO Concrete & Materials, Inc., PC Concrete Co., Inc., Perry Ready Mix, Inc., Southwestern State Sand Corp.)

Application for Employment

Evans & Associates Enterprises, Inc. and all subsidiaries (referred to herein as Evans & Associates Enterprises, Inc.), are an Equal Opportunity Employer. Employment offers are made on the basis of qualifications, and without regard to race, sex, religion, national or ethnic origin, disability, age, or veteran status.

PLEASE TYPE OR PRINT. Complete the entire application. **You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered.** Please fill out each box (don't just indicate "See Resume"). Applications with missing or invalid job numbers will not be considered for any position.

Position Applying For:	Name (Last, First, Middle):	List all other names under which you have been employed:	
Street Address:	City, State & Zip:		
Social Security Number:	Home Phone:	Work Phone:	Other Phone:
Are you legally authorized to work in the United States?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Position(s) applied for:	
Are you 18 years of age or older:	<input type="checkbox"/> YES <input type="checkbox"/> NO	If NO, what is your current age?	
Have you ever been employed by Evans & Associates Enterprises, Inc.?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, state job title, dates of employment & reason for leaving:	
Are you related to any current Evans & Associates employee?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, their name, work location & their relationship to you:	
Do you have a valid motor vehicle driver's license?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, State of issuance, license #, and expiration date:	
If required for position, do you have a valid commercial driver's license?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, State of issuance, license #, and expiration date:	
If hired, will you work overtime if requested?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If Part-time, state days/times available for work:	
If hired, are you willing to travel?	<input type="checkbox"/> YES <input type="checkbox"/> NO	How did you learn about this position?	

EDUCATION

Name of School	City/State	Did you graduate?	If NO, # of years left to graduate	If YES, date of Graduation	Degree received	Major
High School/GED:		<input type="checkbox"/> YES <input type="checkbox"/> NO				
College:		<input type="checkbox"/> YES <input type="checkbox"/> NO				
Other School:		<input type="checkbox"/> YES <input type="checkbox"/> NO				

List other credentials/licenses/professional affiliations, etc., which are relevant to the job(s) for which you are applying.

SKILLS: Please list technical skills, clerical skills, trade skills, etc., relevant to this position.

Have you ever been bonded in prior employment? If yes, please list name(s) of employer(s):

PERSONAL REFERENCES: Please list Name, Address, Telephone Number, Years Known and How Known.

WORK EXPERIENCE- Please detail your entire work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. **PLEASE DO NOT** complete this information with the notation "See Resume".

PLEASE NOTE: Evans & Associates Enterprises, Inc., reserves the right to contact all current and former employers for reference information.

Dates Employed (most recent position) From: To:		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Company Name and Address:
		If part-time, #hrs./wk:	Job Title: Duties:
Starting Salary: Final Salary:		Supervisor's Name, Title and Phone #:	
Reason for Leaving:		Other Reference Name, Title and Phone #:	
Dates Employed (most recent position) From: To:		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Company Name and Address:
		If part-time, #hrs./wk:	Job Title: Duties:
Starting Salary: Final Salary:		Supervisor's Name, Title and Phone #:	
Reason for Leaving:		Other Reference Name, Title and Phone #:	
Dates Employed (most recent position) From: To:		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Company Name and Address:
		If part-time, #hrs./wk:	Job Title: Duties:
Starting Salary: Final Salary:		Supervisor's Name, Title and Phone #:	
Reason for Leaving:		Other Reference Name, Title and Phone #:	

MILITARY SERVICE:

Dates of Service: From: To:	Branch of Service: Rank & Duties:	Discharge Date: Type of Discharge:
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Have you ever been convicted of a felony crime or any crime involving dishonesty or moral turpitude?

<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, list all and provide detail below. Note: A conviction does not necessarily disqualify an applicant for the position being applied for. Include nature and type of offence & date of conviction.

PLEASE READ AND SIGN YOUR UNDERSTANDING AND AGREEMENT:

I certify that the information contained in this application is truthful, complete and accurate. I understand and agree that failure to fully and accurately complete the form, or misrepresentation or omission of information is grounds for disqualification for employment, or termination of employment, if discovered at a later date. Evans & Associates Enterprises, Inc., has my permission to fully investigate, without liability, all information contained herein through any available source, public or private. I understand that this application is NOT an offer of employment and that an offer of employment, if made, does NOT constitute a contract for continued or guaranteed employment. I understand that employees of Evans & Associates Enterprises, Inc., serve at-will, and the employment relationship may be terminated at any time by either party, with or without cause or notice, other than a reason prohibited by law.

Applicant Signature: _____ Date: _____

I, the undersigned, hereby consent to Evans & Associates, or its designee, contacting former or current employers regarding my application or prior employment, and further authorize the release of all information from any third party about me which may relate to this application. I am expressly consenting to a background check which may include information provided by present or past employers, criminal information from any public and/or private source, and contact with references, and this consent includes a pre-employment alcohol and drug test. I further consent to the release of any other information to Evans & Associates, which may be needed to verify the accuracy of information contained herein or determine my suitability as an employee, further release any information provided in any post-offer medical inquiry. I fully release all third parties from whom such information is obtained and further release Evans & Associate's Enterprises, Inc., from all liability which may arise by virtue of the obtaining of said information.

Applicant Signature: _____ Date: _____

**REQUEST FOR INFORMATION
FROM EMPLOYEES AND PROSPECTIVE EMPLOYEES**

Evans & Associates Enterprises, Inc. and its Subsidiaries actively engage in the construction and transportation industries. Federal and State guidelines often require us to make certifications that our employees are either free of felony convictions, or are free of certain types of felony convictions, such as sexually related crimes.

In addition to the information requested in our employment application, we must obtain a certification from each employee or prospective employee, that he or she has not been convicted of any crime requiring registration under the Oklahoma Sex Offenders Registration Act, or any other federal or state sex offender registration act.

AFFIDAVIT

The undersigned, being duly sworn upon his or her oath, certifies that he or she has not been convicted of a sex offense requiring registration under the Oklahoma Sex Offenders Registration Act.

(Employee's Name – Type or Print)

(Employee's Signature)

(Witness Name – Type or Print)

(Witness Signature)

(Date)

**MANAGER CERTIFICATION
PROSPECTIVE EMPLOYEE REFERENCES CHECKED**

I have checked the employment references for the following prospective employee:

(Prospective Employee Name)

(Company Name)

(Manager's Signature)

(Date)

**EVANS & ASSOCIATES ENTERPRISES, INC.
(AND ALL SUBSIDIARIES)
3320 North Fourteenth
Ponca City, OK 74601
580-765-6693**

**COMPLETE THE FOLLOWING SIX PAGES ONLY IF APPLYING FOR
A DOT/CDL POSITION**

(As required by the Motor Carrier Regulation 391.21)

Evans & Associates Enterprises, Inc. is an equal opportunity employer, and is nondiscriminatory regardless of race, color, sex, religion, disability, or national origin.

Date: _____, 20_____

Position Seeking

Desired Start Date

Have you ever applied to this company before? YES NO

PERSONAL INFORMATION

Last Name

First Name

Middle Initial

Address

City

State

Zip Code

Home Telephone

Cellular Phone

Social Security Number

Date of Birth

How many years have you had a CDL?

Previous addresses (last 3 years)

1)

2)

3)

ACCIDENT AND MOTOR VEHICLE VIOLATION HISTORY

Have you been involved in any motor vehicle accidents during the 3 years preceding the date of this application? YES NO

If you marked "Yes" above, please provide the information requested below for each accident. If you need more space, please provide the additional information on a separate piece of paper.

Date of accident:

Nature of accident:

Did the accident cause any fatalities? YES NO

Did the accident cause any personal injuries? YES NO

If the accident caused any personal injuries to any individual, describe them here:

Have you been convicted or forfeited bond or collateral in regard to any violation of a motor vehicle law or ordinance (other than a violation involving only parking) during the 3 years preceding the date of this application? YES NO

If you marked "Yes" above, please provide the date and nature of each violation.

EXPERIENCE AND QUALIFICATIONS

Unexpired Commercial Motor Vehicle Operator License (you must list ALL such licenses here)

State	License No.	Type	Expiration Date

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

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

If the answer to either A or B is yes, please attach statement giving details

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, End Dump, Flat Bed, etc.)	Dates	
		From	To
Straight Truck			
Tractor-Trailer			
Doubles-Triples			
Other			

List states operated in for last 5 years:

List Specific courses you have taken that may help you as a driver:

List training or experience you have had that may benefit you in this position:

EMPLOYMENT HISTORY

(NOTE: List previous 10 years employers in reverse order starting with the most recent and proceeding thereafter.)
If you need more space, please provide the additional information on a separate piece of paper.

Present or most recent Employer			Dates	
Name:			From:	To:
Address:			Position Held:	
City:	State:	Zip:	Salary/Wage Earned:	
Phone #:	Reason for Leaving:		Were you subject to FMCSR's <input type="checkbox"/> YES <input type="checkbox"/> NO	
Contact Person:			Were you subject to DOT Drug and Alcohol Testing? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Employer			Dates	
Name:			From:	To:
Address:			Position Held:	
City:	State:	Zip:	Salary/Wage Earned:	
Phone #:	Reason for Leaving:		Were you subject to FMCSR's <input type="checkbox"/> YES <input type="checkbox"/> NO	
Contact Person:			Were you subject to DOT Drug and Alcohol Testing? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Employer			Dates	
Name:			From:	To:
Address:			Position Held:	
City:	State:	Zip:	Salary/Wage Earned:	
Phone #:	Reason for Leaving:		Were you subject to FMCSR's <input type="checkbox"/> YES <input type="checkbox"/> NO	
Contact Person:			Were you subject to DOT Drug and Alcohol Testing? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Employer			Dates	
Name:			From:	To:
Address:			Position Held:	
City:	State:	Zip:	Salary/Wage Earned:	
Phone #:	Reason for Leaving:		Were you subject to FMCSR's <input type="checkbox"/> YES <input type="checkbox"/> NO	
Contact Person:			Were you subject to DOT Drug and Alcohol Testing? <input type="checkbox"/> YES <input type="checkbox"/> NO	

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 Signature: _____

Date: _____

FMCSA – Applicant Authorization to Release Safety Performance History

(As required by 49 CFR Parts 40.25 and 391.23)

TO BE COMPLETED BY DRIVER or DOT APPLICANTS ONLY – PLEASE PRINT CLEARLY

Name of Applicant: _____ (Print Clearly)

Social Security #: _____ Date of Birth: _____

I, _____, do hereby authorize you to release the following information to **Evans & Associates Enterprises, Inc.** for the purpose of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations.
 Check this box if you have NOT performed DOT functions in the past 3 years.

Signature of Applicant _____ Date _____

Previous Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

The above named applicant has applied to this company for a position as: _____
and states that he/she was employed by you as (position) _____
from (m/y) _____ to (m/y) _____

In accordance with Section 391.23, we are obligated to request the information below from all previous employers of the applicant that employed him/her to operate a commercial motor vehicle within the 3 years preceding the date above. Please complete the information below and return to us within 30 days, as required by Section 391.23(g). Please phone/fax/mail or email the following information to:

Evans & Associates Enterprises, Inc.
Attn: Sherry Smith
3320 N 14th Street
Ponca City, OK 74601 Phone: (580) 765-6693 Fax: (580) 765-2298 Email: ssmith@evans-assoc.com

TO BE COMPLETED BY PREVIOUS EMPLOYER

Safety Performance History:

Did he/she drive a commercial motor vehicle for you? YES NO
If yes, what type? Straight Truck Tractor-Semi Trailer Bus Cargo Truck Doubles/Triples
 Other (specify) _____

Reason for leaving you company? Discharged Resignation Lay Off Military Duty

Check if there is no safety performance history to report, sign below and return.

Accidents: Complete the following for any accidents included on your accident register (390.15(b)) that involved the applicant in the 3 years prior to the application date shown above.

Date	Location	# of Injuries	# of Fatalities	Hazmat Spill
1.				
2.				
3.				

Enclosed is other accident information pursuant to the employer's internal policies for retaining minor accident information (391.23(d)(2)(iii)).

Any other remarks: _____

Signature: _____ Title: _____ Date: _____

Keep a record of this request and the response for one year.
Please return to Evans & Associates Enterprises, Inc. – Fax: (580) 765-2298

FMCSA – Applicant Authorization to Release DOT Drug Testing History

(As required by 49 CFR Parts 40.25 and 391.23)

TO BE COMPLETED BY DRIVER or DOT APPLICANTS ONLY – PLEASE PRINT CLEARLY

I, _____, as the Applicant, understand that as a condition of hire with Evans & Associates Enterprises, Inc. or any of its subsidiaries, I must consent to the release of all DOT mandated drug and alcohol information from **all of the employers, each on separate forms**, for which I worked in a DOT safety-sensitive position, or for which I took a DOT pre-employment drug test, during the previous three (3) years.

Below, I have listed **ONE** of the employers for which I have worked during the past three years. I hereby authorize my previous employer to furnish to the prospective company the DOT information described below:

Previous Employer Name	Address	Phone #	Fax #	Dates of Employment

Applicant Certification: I have read and fully understand this authorization to release my previous drug and alcohol test information, identified by the check boxes below. In signing below, I certify that all of the information I have furnished on this form is true and complete, and that I have identified one employer for which I have worked in a DOT safety-sensitive position during the previous three (3) years. I also understand that I am responsible for all costs associated with any pending Substance Abuse Professional assessment, recommendations, education and treatment, including costs involving return-to-duty testing and follow-up testing yet to be completed.

- Check this box if you have NOT performed DOT functions in the past 3 years.
- Check this box if you have tested positive, or refused to test, on any DOT pre-employment drug or alcohol test for an employer who did not hire you during the past three (3) years.

Signature of Applicant

Social Security #

Date

(to be completed by Previous Employer) **Release of Previous Employer's DOT Drug/Alcohol Testing Results** (to be completed by Previous Employer)

In accordance with 49 CFR Part 40.25 and meeting the new FMCSA requirements, the company, named above, is required to obtain – and as a previous employer, you are required to release – DOT drug and alcohol information listed below concerning the applicant named above. This information request covers any period of employment of the applicant by you back three (3) years from the date of this request. Please complete the following:

- | YES* | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Any DOT alcohol test results of 0.04 or greater? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Any DOT positive drug test results? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Refusal to submit to a DOT required drug/alcohol test? (incl. adulterated or substituted specimens) |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Other violations of DOT drug and alcohol testing regulations? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. If "yes" for any of the above items, did the employee complete the return-to-duty process? |
| | <input type="checkbox"/> | 6. Check this box if your company and/or the applicant was <u>not</u> subject to DOT regulations. |

Note: If "yes" for item 5, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

Previous Employer's Company Name

Name of Person Completing Form

Date

RETURN COMPLETED FORM TO:

EVANS & ASSOCIATES ENTERPRISES, INC.

ATTN: SHERRY SMITH

3320 N. 14 TH STREET

PONCA CITY, OK 74601

Phone: (580) 765-6693 Fax: (580) 765-2298 EMAIL: ssmith@evans-assoc.com