

Equal Employment Opportunity Data Reporting Form

Slurry Pavers, Inc. is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the company invites applicants and employees to voluntarily self-identify their race / ethnicity and gender.

Submission of this information is voluntary, and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Today's Date: _____

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Date of Birth: _____

Position for which you are applying: **Driver (CDL Required)**

Referred by: _____

Gender (Please check appropriate box):

Male Female I choose not to answer

Race (Please check appropriate box):

- Hispanic or Latino: a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Black or African American (Not Hispanic or Latino): a person having origins in any of the black racial groups of Africa.
- White (Not Hispanic or Latino): a person of having origins in any of the original peoples of Europe, the Middle East or North Africa.
- Asian (Not Hispanic or Latino): a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino): a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino): a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Two or more races (Not Hispanic or Latino): all persons who identify with more than one of the above five races.
- I choose not to answer

Voluntary Self-Identification of Veteran Status

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

- A “**disabled veteran**” is one of the following:
 - A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
 - A person who was discharged or released from active duty because of a service-connected disability.
- A “**recently separated veteran**” means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An “**active duty wartime or campaign badge veteran**” means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An “**armed forces service medal veteran**” means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA. Completion of this survey form is voluntary and is not required. Information will be kept confidential.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.

- I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE.
- I AM NOT A PROTECTED VETERAN.
- I CHOOSE NOT TO ANSWER.

Name: _____

Date: _____

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

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Expires 1/31/2020
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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.



3617 Nine Mile Road
Richmond, Virginia 23223

Table with 2 columns: Field Name, Value. Fields include Emp #, Rate, Job Code, Hire Date, Crew.

Commercial Driver Employment Application

The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age. I understand that the information in this application will be used and that prior employers will be contacted for purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations.

Applicant Signature Date

Name: Social Security #: Home phone:

Are you 18 years old or older? Y N Are you 21 years old or older? Y N

Place of birth (state, city, county)

Current address: Cell :

City: State & zip: How long:

Previous address: City: State & zip:

How long:

Position applied for: Education Military service: Branch:

When will you be available for work?

Emergency contact: Relation: Telephone #

Have you worked for SPI before? If yes, supervisor's name: Reason for leaving:

Names of relatives in our employ:

Currently employed? If no, how long since last employment? Who referred you for work?

Driving Experience

Straight truck experience: Type of straight truck From To Miles

Comb. vehicle experience: Type of comb. vehicle From To Miles

Other comm. vehicle: Type of other vehicle From To Miles

Driving Qualifications

Valid driver's license: Expires: License #: State

Previous license in last 3 years: Previous license state: Previous license #:

Ever denied a license? Explain:

License ever suspended or revoked? Explain:

Ever been disqualified under section 391 of the Federal Motor Carrier Safety Regulations?

Explain:

List any driving courses or training that will help you as a driver:

List any safe driving awards:

Accident Review – 3 Years

Have you been involved in ANY vehicle accidents, regardless of fault, in the past 3 years _____

Date of accident: _____ Nature of accident: _____ Fatalities _____ Injuries: _____

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Traffic Convictions and Forfeitures – 3 Years

Have you been convicted of ANY traffic violations or forfeitures in the past 3 years _____

Location: _____ Date: _____ Charge: _____ Penalty: _____

Location: _____ Date: _____ Charge: _____ Penalty: _____

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Location: _____ Date: _____ Charge: _____ Penalty: _____

To Be Read and Signed by Applicant

It is agreed and understood that any misrepresentations of information given above shall be considered an act of dishonesty and be grounds for dismissal. It is agreed and understood that the employer or his agents may investigate the applicant's background to ascertain any and all information of concern to applicants record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information. It is also agreed and understood that under the Fair Credit Report Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living. I agree to furnish such additional information and complete such examinations as may be required to complete my employment file. It is agreed and understood that this application for employment in no way obligates the employer to employ me; and it is understood that if hired, I will be on a 30 day probationary period during which I may be discharged without recourse. 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. It is understood that employment with Slurry Pavers, Inc. is at-will and either party can terminate the relationship at any time with or without cause and with or without notice.

Company Safety Policy: It shall be the policy of Slurry Pavers, Inc. to furnish employees a place of employment, free from recognized hazards that are likely to cause death or physical harm to employees, and to comply with the Occupational Safety and Health Standards as provided for by the Occupational Safety and Health Act of 1970.

Employee's General Safety Rules: All work shall be planned and supervised to ensure safe working conditions at all times. Federal Standards for safe practices shall be enforced. Supervisors and foremen shall insist on employees observing every safe standard and shall take disciplinary action to obtain complete observance.

Safe Work Practices:

1. Wear clothes suited to your job. Dangling or loose clothing can catch in equipment, machinery or tools and cause serious injury.
2. If you do not understand how to do the job safely---before starting work---ask your supervisor for instructions.
3. You must wear personal protective equipment that the job requires, such as hard hats, safety glasses, safety vests, etc.
4. Use all safeguards provided; see that they are in place and functioning. Report deficiencies to your supervisor.
5. You shall observe safe practices and immediately report unsafe conditions to your supervisor.
6. You must be aware of fellow employees and observe practices that will not result in accidents or injuries.
7. You shall not indulge in horseplay.
8. You must immediately report any injury or accident, regardless of severity, to your supervisor.
9. You shall keep your mind on the job at hand; "day dreaming" causes injuries.
10. You shall ask your supervisor for special instructions regarding unfamiliar conditions. Never perform a task that you are unfamiliar with or have not been trained to do.

Tools and Equipment:

1. Tools and equipment shall be kept in good condition. Report any deficiency to your supervisor.
2. Use the proper tool for the job.
3. All electrical tools shall be properly grounded. All power tools must be used in accordance with safe practices
4. Use tools and equipment in the proper manner. Ask supervisor for instructions if you are not sure. Do not risk injury to yourself or others by improper use of tools.

Machinery and Vehicles:

1. Do not operate machinery or equipment without permission from your supervisor.
2. Do not start equipment, operate valves, or electrical switches until you make sure it is safe to do so.
3. Do not repair or adjust machinery while it is in operation.
4. Never work under machinery or equipment supported by jacks or chain hoists without protective blocking.
5. Do not operate machinery or equipment unless you are trained and qualified. Observe all safe practices and rules while operating machinery or equipment.
6. All machinery and vehicles must be inspected prior to use. **Never operate equipment or machinery that is in need of repair.** Immediately inform your supervisor if equipment or vehicles require repair.
7. Backing: Always use a spotter if available. If no spotter is available, perform a physical search of your intended backing path to ensure a safe backing path is present; free from personnel, equipment or other objects.

The facts set forth in my application for employment are true and complete. I understand that, if employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history. I have read the safety rules and agree to comply. I am aware that all persons are employed on a 60 day probation period. I understand that employment with Slurry Pavers, Inc. is at-will and either party can terminate the relationship at any time with or without cause and with or without notice. I understand that this application will not be considered for any vacant positions that occur more than 30 days from this date.

Signed: _____

Date: _____

Federal Regulations require the applicant to provide names and addresses of the applicant's employers during the three (3) years preceding the date of this application in addition to the other information requested. Also, a list of the applicant's employers during the seven (7) year period preceding the three (3) years mentioned above, for which the applicant was employed as an operator of a commercial vehicle.

Applicant Name: _____ Date: _____

Last employer: _____ Supervisor's name: _____

Address: _____ Phone: _____

Position held: _____ Start employment date: _____ End employment date: _____

Reason for leaving: _____ Were you subject to the FMCSRs while employed here? 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 ____

Second last employer: _____ Supervisor's name: _____

Address: _____ Phone: _____

Position held: _____ Start employment date: _____ End employment date: _____

Reason for leaving: _____ Were you subject to the FMCSRs while employed here? 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 ____

Third last employer: _____ Supervisor's name: _____

Address: _____ Phone: _____

Position held: _____ Start employment date: _____ End employment date: _____

Reason for leaving: _____ Were you subject to the FMCSRs while employed here? 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 ____

Fourth last employer: _____ Supervisor's name: _____

Address: _____ Phone: _____

Position held: _____ Start employment date: _____ End employment date: _____

Reason for leaving: _____ Were you subject to the FMCSRs while employed here? 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 ____

Fifth last employer: _____ Supervisor's name: _____

Address: _____ Phone: _____

Position held: _____ Start employment date: _____ End employment date: _____

Reason for leaving: _____ Were you subject to the FMCSRs while employed here? 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 ____

Sixth last employer: _____ Supervisor's name: _____

Address: _____ Phone: _____

Position held: _____ Start employment date: _____ End employment date: _____

Reason for leaving: _____ Were you subject to the FMCSRs while employed here? 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 ____

Applicant Name: _____ Date: _____

Seventh last employer: _____ Supervisor's name: _____

Address: _____ Phone: _____

Position held: _____ Start employment date: _____ End employment date: _____

Reason for leaving: _____ Were you subject to the FMCSRs while employed here? 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 ____

Eighth last employer: _____ Supervisor's name: _____

Address: _____ Phone: _____

Position held: _____ Start employment date: _____ End employment date: _____

Reason for leaving: _____ Were you subject to the FMCSRs while employed here? 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 ____

Ninth last employer: _____ Supervisor's name: _____

Address: _____ Phone: _____

Position held: _____ Start employment date: _____ End employment date: _____

Reason for leaving: _____ Were you subject to the FMCSRs while employed here? 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 ____

Tenth last employer: _____ Supervisor's name: _____

Address: _____ Phone: _____

Position held: _____ Start employment date: _____ End employment date: _____

Reason for leaving: _____ Were you subject to the FMCSRs while employed here? 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 ____

Applicant name: _____

Are you at least 21 years of age? _____

Do you have a current commercial driver's license? _____ Expiration Date: _____

Do you have a valid DOT Medical Card? _____ Expiration Date: _____

What endorsements do you have on your commercial driver's license? *(Check all that apply)*

HAZMAT _____

TANKER _____

DOUBLES / TRIPLES _____

PASSENGER _____

OTHER _____ Explain: _____

NONE _____

What class is your commercial driver's license? _____ (explain if other) _____

How long (years/months) have you held a commercial driver's license? Years _____ Months _____

How many years and/or months of commercial truck driving experience have you had within the past 3 years? Years _____ Months _____

How many months of commercial truck driving experience have you had within the past year? Months _____

Have you hauled trailers? _____ If Yes, what type of trailers do you have experience pulling? *(Check all that apply)*

Trailer Type

DRY VAN _____

LOW BOY _____

TANKER _____

FLAT _____

MULTI AXLE _____

DUMP _____

DOUBLES _____

OTHER (explain) _____

Do you have experience with the following types of commercial driving? *(Check all that apply)*

___ Winter Driving ___ Mountain Driving ___ Dump Truck Operation ___ Permit Loads ___ Drop Axles ___ City Driving

Describe experience: _____

Have you operated commercial vehicles with automatic transmissions? _____ Years Operated _____

Have you operated commercial vehicles with standard transmissions? _____ Years Operated _____

If yes, what types? _____

How many speeds/gears? _____

The facts set forth in my application for employment are true and complete. I understand that, if employed, false statements on this application shall be considered sufficient cause for dismissal. I am aware that all persons are employed on a 60 day probation period. I understand that employment with Slurry Pavers, Inc. is at-will and either party can terminate the relationship at any time with or without cause and with or without notice. I understand that this application will not be considered for any vacant positions that occur more than 30 days from this date.

Signature: _____ Date: _____



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Disclosure Regarding Background Investigation

Slurry Pavers, Inc. (the "Company") may request, for lawful employment purposes, background information about you from a consumer reporting agency in connection with your employment or application for employment (including independent contractor assignments, as applicable). This background information may be obtained in the form of consumer reports and/or investigative consumer reports (commonly known as "background reports"). These background reports may be obtained at any time after receipt of your authorization and, if you are hired or engaged by the Company, throughout your employment or your contract period.

The Virginia DMV, or another consumer reporting agency, will prepare or assemble Virginia background reports for the Company. The Virginia DMV can be contacted by mail at PO Box 27412 Richmond, VA 23269 or by phone at 804-497-7100. Information about the Virginia DMV's privacy practices is available at <http://www.dmv.virginia.gov/>.

HireRight, Inc., or another consumer reporting agency, will prepare or assemble out-of-state background reports for the Company. HireRight, Inc. is located and can be contacted by mail at 5151 California, Irvine, CA 92617 or by phone at (800) 400-2761. Information about HireRight's privacy practices is available at www.hireright.com/Privacy-Policy.aspx.

The background report may contain information concerning your character, general reputation, personal characteristics, mode of living, and credit standing. The types of information that may be obtained include, but are not limited to: social security number verifications; address history; credit reports and history; criminal records and history; public court records; driving records; accident history; worker's compensation claims; bankruptcy filings; educational history verifications (e.g., dates of attendance, degrees obtained); employment history verifications (e.g., dates of employment, salary information, reasons for termination, etc.); personal and professional references checks; professional licensing and certification checks; drug/alcohol testing results, and drug/alcohol history in violation of law and/or company policy; and other information bearing on your character, general reputation, personal characteristics, mode of living and credit standing.

This information may be obtained from private and public record sources, including, as appropriate: government agencies and courthouses; educational institutions; former employers; personal interviews with sources such as neighbors, friends and associates; and other information sources. If the Company should obtain information bearing on your credit worthiness, credit standing or credit capacity for reasons other than as required by law, then the Company will use such credit information to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being evaluated.

You may request more information about the nature and scope of any investigative consumer reports by contacting the Company. A summary of your rights under the Fair Credit Reporting Act is also being provided to you.



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Authorization of Background Investigation

I have carefully read and understand this Disclosure and Authorization form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to preparation of background reports by a consumer reporting agency such as HireRight, Inc. or the Virginia DMV, and to the release of such background reports to Slurry Pavers, Inc. and its designated representatives and agents, for the purpose of assisting the Company in making a determination as to my eligibility for employment (including independent contractor assignments, as applicable), promotion, retention or for other lawful employment purposes. I understand that if the Company hires me or contracts for my services, my consent will apply, and the Company may obtain background reports, throughout my employment or contract period.

I understand that information contained in my employment or contractor application, or otherwise disclosed by me before or during my employment or contract assignment, if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of employment or contract for services.

I hereby authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency.

By my signature below, I also certify the information I provided on and in connection with this form is true, accurate and complete. I agree that this form in original, faxed, photocopied or electronic (including electronically signed) form will be valid for any background reports that may be requested by or on behalf of the Company.

Applicant Last Name _____ First _____ Middle _____

Applicant Signature _____ Date _____