



Ryan Construction, Inc.
9500 CR 270
Zephyr, TX 76890
Tel: 325-739-5821 Fax: 325-739-3103

To: All Potential Employees
From: Jeffre Ryan
Re: Rights as a Potential Employer

The facts set forth in my application are true and complete. I understand that, if employed, false statements on this application will be considered sufficient cause for dismissal.

I hereby authorize Ryan Construction, Inc. or its agents to make an investigation of my employment and personal history through any investigative or credit agencies of its choice.

I also understand that neither this application nor a commitment of employment by Ryan Construction, Inc. constitutes a contract of employment. If a contract is to exist, that document will be executed in writing by Ryan Construction, Inc.

I understand that this application for employment is valid for no more than 60 days. After that, I must resubmit an application in order to be considered for positions at Ryan Construction, Inc.

Signature of Employee

Date



Ryan Construction, Inc.
9500 CR 270 Zephyr, TX 76890

APPLICATION FOR EMPLOYMENT

ANSWER ALL QUESTIONS - PLEASE PRINT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap.

I wish to be considered for employment with Ryan Construction, Inc. I hereby authorize all contacts listed on this document to give the Company any and all information concerning my previous employment and any pertinent information they may have regarding my work performance and character. I understand that I have the right to review, challenge, or rebut the information that is provided by former employers. I hereby authorize SentryLink LLC, an agent of Ryan Construction, Inc. to make a thorough check of my past Employment, Education and activities. I release and indemnify Ryan Construction, Inc. and SentryLink LLC against any liability that might result from making such background checks. A copy of this form is as valid as the original. I understand and agree that, if employed, the period of my employment shall not be specific and that I may terminate my employment with the Company or be terminated by the Company at any time with or without cause and with or without notice at the option of either myself or the Company. I also understand that the Company has policies and programs, in writing and otherwise, relating to other terms and conditions of my employment and that such policies are not a contract of employment and subject to change at any time for any reason by the Company at its discretion and that I have no vested rights in any Company policy or program now or hereafter in effect. I certify that the information contained in this Application of Employment with the Company is correct to the best of my knowledge. I understand that this information is important to the Company and will be used by it in considering my employment and that any falsification of this information will result in the Company's refusal to hire me or, in my immediate dismissal.

SIGNATURE _____

DATE _____

Notice to all Commercial Drivers Applicants: All sections of this application must be completed in full

List all addresses that you have resided at during the three years preceding this application - Attach additional pages if necessary

Name _____ Social Security No. _____
Last First Middle

Present Address _____ How long at this address _____
Number Street City State Zip

Previous Address _____ How long at this address _____
Number Street City State Zip

Home Phone _____ Other Phone _____

Position Desired _____ Pay Expected _____ When will you be available for work? _____

**IN ACCORDANCE WITH THE IMMIGRATION REFORM AND CONTROL ACT OF 1986, AFTER NOVEMBER 5, 1986,
UNAUTHORIZED ALIENS MAY NOT BE CONSIDERED FOR EMPLOYMENT**

Are you legally eligible for employment in the United States? _____ Are you a U.S. Citizen? _____ Are you a Resident Alien? _____

Have you ever been bonded? _____ If Yes, with what employers? _____

Special training or skills (languages, machine operation, etc.) _____

Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? _____ If Yes, describe in full _____

Names of relatives and friends working for us _____

EDUCATION - Circle the highest grade completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College 1 2 3 4

Last school attended _____
Name City

Are you able to perform the essential functions of the job with or without reasonable accommodation? _____

APPLICANT NAME PRINTED _____

DATE OF BIRTH _____

DRIVER LICENSE - _____
STATE LICENSE NO. TYPE EXPIRATION DATE

EMPLOYMENT

Give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

(Commercial Driver Applicants must provide the following information on all jobs held during the preceding 3 years. Driver applicants shall also provide an additional 7 years of information on jobs at which the applicant operated a commercial motor vehicle. Explain all gaps in employment history. Add additional sheets if necessary.)

| | |
|---|---|
| Company Name | Telephone () - |
| Address | Supervisor's Name |
| Your Job Title and Work Description | Employed (Month and Year) From To Weekly Pay Start End |
| Was this job subject to Federal Motor Carrier Safety Regulations? (circle one) YES NO Were you subject to drug and alcohol testing under Department of Transportation rules? (circle one) YES NO | |
| Company Name | Telephone () - |
| Address | Supervisor's Name |
| Your Job Title and Work Description | Employed (Month and Year) From To Weekly Pay Start End |
| Was this job subject to Federal Motor Carrier Safety Regulations? (circle one) YES NO Were you subject to drug and alcohol testing under Department of Transportation rules? (circle one) YES NO | |
| Company Name | Telephone () - |
| Address | Supervisor's Name |
| Your Job Title and Work Description | Employed (Month and Year) From To Weekly Pay Start End |
| Was this job subject to Federal Motor Carrier Safety Regulations? (circle one) YES NO Were you subject to drug and alcohol testing under Department of Transportation rules? (circle one) YES NO | |
| Company Name | Telephone () - |
| Address | Supervisor's Name |
| Your Job Title and Work Description | Employed (Month and Year) From To Weekly Pay Start End |
| Was this job subject to Federal Motor Carrier Safety Regulations? (circle one) YES NO Were you subject to drug and alcohol testing under Department of Transportation rules? (circle one) YES NO | |
| Company Name | Telephone () - |
| Address | Supervisor's Name |
| Your Job Title and Work Description | Employed (Month and Year) From To Weekly Pay Start End |
| Was this job subject to Federal Motor Carrier Safety Regulations? (circle one) YES NO Were you subject to drug and alcohol testing under Department of Transportation rules? (circle one) YES NO | |
| Company Name | Telephone () - |
| Address | Supervisor's Name |
| Your Job Title and Work Description | Employed (Month and Year) From To Weekly Pay Start End |
| Was this job subject to Federal Motor Carrier Safety Regulations? (circle one) YES NO Were you subject to drug and alcohol testing under Department of Transportation rules? (circle one) YES NO | |

Add another sheet as necessary

(Drivers must read, sign and complete the information on the back page of this application)

We may contact employers listed above. Are there any that you wish not to be contacted? _____

Who? _____ Reason _____

COMMERCIAL DRIVER APPLICANTS

DRIVER APPLICANT NAME _____

DATE OF BIRTH _____

Complete all information below

DRIVER LICENSE ~ STATE _____ LICENSE NO. _____ TYPE _____ EXPIRATION DATE _____

Have you ever been denied a license, permit or privilege to operate a motor vehicle? _____ Has any license, permit or privilege ever been suspended or revoked? _____ If your answer to either of the above questions is yes, give details. _____

DRIVING EXPERIENCE – If you have been employed as a driver by other Motor Carriers prior to date of this application, fill in the information below.

| Class of Equipment | Type of Equipment (dump, tank, mixer, van, etc.) | Month/Year Start | Month/Year End | Approximate Total Miles |
|--------------------|---|------------------|----------------|-------------------------|
| Straight Truck | | | | |
| | | | | |
| Tractor/Trailer | | | | |
| | | | | |
| Bus | | | | |
| Other | | | | |
| | | | | |

ACCIDENT RECORD – Fill in the information below on all accidents in which you were involved as a driver during the preceding five years.

| Date | Nature of Accident (head-on, rear-end, turnover, etc.) | No. of Fatalities | No. of Injuries |
|------|---|-------------------|-----------------|
| | | | |
| | | | |
| | | | |

TRAFFIC VIOLATION RECORD – Fill in the information on all violations of motor vehicle law or ordinances (other than parking violations) of which you were convicted or forfeited bond or collateral during the three years preceding the date of this application.

| Date | Type | Location (city or county and state) |
|------|------|--|
| | | |
| | | |
| | | |

Notice to all Commercial Driver Applicants:

- You have the right to review information provided by previous employers.
- You have the right to have errors in the information corrected by the previous employer and for that previous employer to resend the corrected information to the prospective employer.
- You have the right to have a rebuttal statement attached to the alleged erroneous information, if you and the previous employer can not agree on the accuracy of the information.

Drivers who wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or at least 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business days deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

I have read and understand the above statement and this certifies that this application was completed by me, and all entries on it are true and complete to the best of my knowledge.

Applicant's Signature _____

Date _____

Additional Information Page for Commercial Driver Applicants

Commercial Driver Applicant Name _____

| | | | | | | |
|------------------|--------|--------|------|-------|-----|--------------------------------|
| Previous Address | Number | Street | City | State | Zip | How long at this address _____ |
| Previous Address | Number | Street | City | State | Zip | How long at this address _____ |
| Previous Address | Number | Street | City | State | Zip | How long at this address _____ |
| Previous Address | Number | Street | City | State | Zip | How long at this address _____ |
| Previous Address | Number | Street | City | State | Zip | How long at this address _____ |

| | |
|--|---|
| Company Name | Telephone () - |
| Address | Supervisor's Name Employed (Month and Year) From To |
| Your Job Title and Work Description | Weekly Pay Start End |
| Was this job subject to Federal Motor Carrier Safety Regulations? (circle one) YES NO | Reason for Leaving |
| Were you subject to drug and alcohol testing under Department of Transportation rules? (circle one) YES NO | |
| Company Name | Telephone () - |
| Address | Supervisor's Name Employed (Month and Year) From To |
| Your Job Title and Work Description | Weekly Pay Start End |
| Was this job subject to Federal Motor Carrier Safety Regulations? (circle one) YES NO | Reason for Leaving |
| Were you subject to drug and alcohol testing under Department of Transportation rules? (circle one) YES NO | |
| Company Name | Telephone () - |
| Address | Supervisor's Name Employed (Month and Year) From To |
| Your Job Title and Work Description | Weekly Pay Start End |
| Was this job subject to Federal Motor Carrier Safety Regulations? (circle one) YES NO | Reason for Leaving |
| Were you subject to drug and alcohol testing under Department of Transportation rules? (circle one) YES NO | |
| Company Name | Telephone () - |
| Address | Supervisor's Name Employed (Month and Year) From To |
| Your Job Title and Work Description | Weekly Pay Start End |
| Was this job subject to Federal Motor Carrier Safety Regulations? (circle one) YES NO | Reason for Leaving |
| Were you subject to drug and alcohol testing under Department of Transportation rules? (circle one) YES NO | |

We may contact employers listed above. Are there any that you wish not to be contacted? _____

Who? _____ Reason _____

This certifies that this additional information is part of an application that was made to Ryan Construction, Inc. on the date below with my signature and is subject to all signed statements on that application made by me.

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

Applicant's Signature

Date