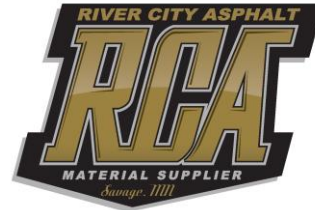




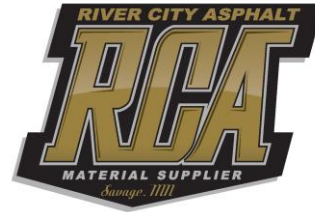
## APPLICATION

*Please fill out completely and accurately*

<b>APPLICANTS MUST BE AT LEAST 18 YEARS OF AGE</b>		
Position Applying For:		Date:
Last Name:	First Name:	Middle Initial:
Have you ever been known by another name and/or alias? <input type="checkbox"/> Yes <input type="checkbox"/> No		
DOB:	SSN:	
Mailing Address:		
<b>LIST ALL PHYSICAL ADDRESS' YOU'VE RESIDED AT IN THE PAST THREE (3) YEARS, LISTING YOUR MOST RECENT ADDRESS FIRST</b>		
Address No. 1:		
Address No. 2:		
Address No. 3:		
Cell Phone:	Home Phone:	
Are you legally able to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If hired, can you furnish proof that you are legally eligible to work in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If hired, can you furnish proof that you are at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>ANY APPLICANT THAT WILL BE OPERATING VPI/RCA OWNED VEHICLES WILL BE CHECKED FOR A VALID DRIVER LICENSE, SUITABLE FOR THE VEHICLE THEY WILL BE OPERATING. PLEASE LIST ALL DRIVER LICENSE'S HELD IN PREVIOUS THREE (3) YEARS</b>		
Driver License No.:		
State Issued:	Exp. Date:	Class:
Endorsements:		
Driver License No.:		
State Issued:	Exp. Date:	Class:
Endorsements:		



<b>AVAILABILITY</b>	
Have you ever applied or been employed at VPI/RCA? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, When, Position, Reason for Leaving?	
Have you ever worked in a position similar to the one for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you available to work any time of day/week as needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, explain limitation:	
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, may we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently available for work? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date you can start:
If yes, type of work available: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	
Can you travel if a job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a reliable form of transportation to and from work sites? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently on "lay-off" status and subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you plan to work for any other employer or engage in self-employment during your period of employment with VPI/RCA? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:	
Are there any VPI/RCA policies, requirements, terms or conditions of employment, which you are unwilling to accept if you are offered employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:	
<b>MILITARY HISTORY</b>	
Have you ever served in the Military? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently in the National Guard or Reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes to either above, which Branch, Rank?	
If no longer serving, nature of discharge?	
While serving please list any training/duties that would benefit you in the position applying for:	



**EDUCATION**

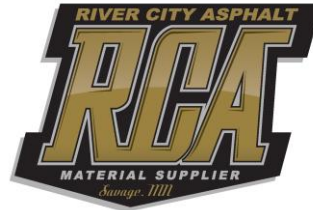
	Name/Location	Course of Study	Years Attended	Degree
High School				
College				
College				
Other				

Describe any specialized training, which might be helpful on this job, or if you hold a state journeyman or any relating public or private licenses, certificates or competency cards, please provide details, including issuing authority and any license or other numbers:

**SPECIALIZED SKILLS/WORK EXPERIENCE**  
*Please check all skills you have experience with and then write in the years of experience*

	<input type="checkbox"/> Equipment Operators	<input type="checkbox"/> Laborers	<input type="checkbox"/> Truck Drivers
<input type="checkbox"/> Superintendent _____	<input type="checkbox"/> Paver _____	<input type="checkbox"/> Gravel _____	<input type="checkbox"/> Tri/Quad _____
<input type="checkbox"/> Foreman _____	<input type="checkbox"/> Roller _____	<input type="checkbox"/> Bit _____	<input type="checkbox"/> Belly Dump _____
<input type="checkbox"/> Mechanic _____	<input type="checkbox"/> Dozer _____	<input type="checkbox"/> Raker _____	<input type="checkbox"/> Side Dump _____
<input type="checkbox"/> Truck Dispatcher _____	<input type="checkbox"/> Blade _____	<input type="checkbox"/> Jackhammer _____	<input type="checkbox"/> Tandems _____
	<input type="checkbox"/> Loader _____	<input type="checkbox"/> Manhole _____	<input type="checkbox"/> Transport _____
	<input type="checkbox"/> Skid-Steer _____		<input type="checkbox"/> Distributor _____
	<input type="checkbox"/> Broom _____		
	<input type="checkbox"/> Mill _____		
	<input type="checkbox"/> Excavator _____		

List any additional tools and/or equipment you have experience, which might be helpful on the job:



**EMPLOYMENT HISTORY**

*Begin with your present or most recent job. List a minimum of three (3) years of previous employers.  
If applying to operate a Commercial Motor Vehicle "CMV" as defined by 49 CFR Part 383 list an additional seven (7) years of previous employers.  
Please include any job-related Military service assignments and volunteer activities.*

**Employment History #1**

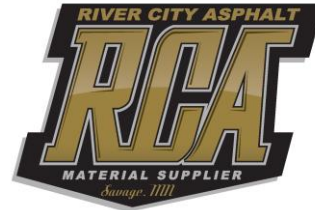
Employer:	Dates	Work Performed:
Address:		Subject to FMCSRs while employed by this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone:	Hourly Rate	
Job Title:		Designated as Safety Sensitive Function regulated by 49 CFR Part 40 alcohol and substance abuse testing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason For Leaving:		

**Employment History #2**

Employer:	Dates	Work Performed:
Address:		Subject to FMCSRs while employed by this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone:	Hourly Rate	
Job Title:		Designated as Safety Sensitive Function regulated by 49 CFR Part 40 alcohol and substance abuse testing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason For Leaving:		

**Employment History #3**

Employer:	Dates	Work Performed:
Address:		Subject to FMCSRs while employed by this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone:	Hourly Rate	
Job Title:		Designated as Safety Sensitive Function regulated by 49 CFR Part 40 alcohol and substance abuse testing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason For Leaving:		



Employment History #4		
Employer:	Dates:	Work Performed:
Address:		Subject to FMCSRs while employed by this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone:	Hourly Rate:	
Job Title:		Designated as Safety Sensitive Function regulated by 49 CFR Part 40 alcohol and substance abuse testing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason For Leaving:		
Employment History #5		
Employer:	Dates:	Work Performed:
Address:		Subject to FMCSRs while employed by this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone:	Hourly Rate:	
Job Title:		Designated as Safety Sensitive Function regulated by DOT drug/substance testing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason For Leaving:		
REFERENCES		
<i>Give the names of three (3) people, not related to you, whom you have worked with at least one (1) year</i>		
Name:	Phone #1:	
Address:	Phone #2:	
Name:	Phone #1:	
Address:	Phone #2:	
Name:	Phone #1:	
Address:	Phone #2:	



**IF APPLYING FOR ANY CDL DRIVING RELATED POSITIONS IN COMPANY  
FILL OUT THE BELOW CDL REQUIRED HISTORY**

**APPLICANTS MUST BE AT LEAST 18 YEARS OF AGE**

**APPLICANTS MUST HAVE AT LEAST ONE (1) YEAR OF CONSTRUCTION DRIVING EXPERIENCE**

**ALL DRIVERS WILL BE CHECKED FOR A VALID DRIVER LICENSE, SUITABLE FOR THE  
VEHICLE THEY WILL BE OPERATING**

**APPLICANTS MAY NOT HAVE MORE THAN TWO (2) MINOR VIOLATIONS IN THE PAST  
TWELVE (12) MONTHS AND NO MORE THAN THREE (3) IN PAST TWENTY-FOUR (24) MONTHS**

**APPLICANTS WITH DUI/DWI OR CARELESS DRIVING VIOLATIONS WILL NOT BE ACCEPTED**

**ANY FURTHER VIOLATIONS/SUSPENSIONS OF DRIVER LICENSE MUST BE REPORTED  
IMMEDIATELY**

**LIST ALL MOTOR VEHICLE ACCIDENTS IN WHICH YOU WERE INVOLVED IN THE PREVIOUS  
THREE (3) YEARS**

Date of Accident:	Nature of Accident:
List Fatalities/Injuries:	
Date of Accident:	Nature of Accident:
List Fatalities/Injuries:	
Date of Accident:	Nature of Accident:
List Fatalities/Injuries:	
Date of Accident:	Nature of Accident:
List Fatalities/Injuries:	
Date of Accident:	Nature of Accident:
List Fatalities/Injuries:	

**LIST ALL MOTOR VEHICLE LAWS OR ORDINANCES, OTHER THAN VIOLATIONS INVOLVING  
PARKING, THAT YOU WERE CONVICTED OR FORFEITED BOND OR COLLATERAL IN THE  
PREVIOUS THREE (3) YEARS**

Date of Violation:	Type of Violation:
Date of Violation:	Type of Violation:
Date of Violation:	Type of Violation:



Date of Violation:	Type of Violation:
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Date of Violation:	Type of Violation:
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**STATE IN DETAIL FACTS AND CIRCUMSTANCES OF ANY DENIAL, REVOCATION, OR SUSPENSION OF ANY LICENSE, PERMIT, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE THAT HAS BEEN ISSUED TO YOU. IF NONE HAVE OCCURRED WRITE "NONE"**

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**CDL APPLICANT MUST DISCLOSE THEIR CONTROLLED SUBSTANCE AND ALCOHOL STATUS PER REQUIREMENTS OUTLINED IN 49 CFR PART 40.25(J)**

**COMMERCIAL MOTOR VEHICLE DRIVER  
CONTROLLED SUBSTANCE AND ALCOHOL QUESTIONNAIRE  
49 CFR PART 40.25(J)**

Have you ever tested positive or refused to test on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety sensitive transportation work covered by DOT drug and alcohol testing rules during the previous two (2) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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IF YES	Have you successfully completed the return-to-duty process?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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IF YES	Documentation must be provided before any safety-sensitive transportation function is performed.
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Applicant Signature:	Date:
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As a Prospective Driver for VPI/RCA, 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(s) and for that previous employer(s) to re-send the corrected information to VPI/RCA; the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the Driver cannot agree on the accuracy of this information.

CDL Drivers who have previous DOT regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to VPI/RCA, which may be done at any time, including when applying, or as late as thirty (30) days after being employed or being notified of denial of employment. VPI/RCA will provide this information to the Driver within five (5) business days of receiving the written request. If VPI/RCA has not yet received the requested information from the previous employer(s), then the five (5) business days the deadline will begin when VPI/RCA 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 VPI/RCA making them available, VPI/RCA may consider the Driver to have waived his/her request to review the records.



**The Federal Motor Carrier Safety Regulations require all previous employers of this applicant to respond to this request for information within thirty (30) days. Failure to comply with this request is in violation of 49 CFR Part 40.25 and 49 CFR Part 391.23, for which you may be prosecuted. Questions or concerning requirements of this regulation should be directed to the MN Division Office of the FMCSA at 651-291-6150.**

**To:**

**Date:**

**Address:**

**City/State/Zip:**

**Phone:**

**Fax:**

I, \_\_\_\_\_, hereby authorize Valley Paving, Inc./River City Asphalt, Inc. to release to all records of employment, including assessments of my job performance, ability, and fitness, including the dates of any and all alcohol or drug tests, with confirmed results, and/or my refusal to submit to any alcohol and drug tests and any rehabilitation completion under direction of Substance Abuse Professionals (SAP) and/or Medical Review Officers (MRO) to each and every company (or their authorized agent) making such request in connection with my application for employment with said company. I, hereby, release the above named company and its employees, officers, owners and agents from any and all liability of any type as a result of providing the following information to the below mentioned person and/or company.

Applicants Signature:

Date:

Witness' Signature:

Date:

**REQUEST FROM**

Valley Paving, Inc. /River City Asphalt, Inc.

8800 13<sup>th</sup> Ave E, Shakopee, MN 55379 | Phone: 952-445-8615 | Fax: 952-445-0355

Contact Person:

Title:

**INQUIRY INTO EMPLOYMENT HISTORY, PREVIOUS THREE (3) YEARS**

Did Applicant work for you as a \_\_\_\_\_ from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Yes  No If no, please explain: \_\_\_\_\_

If employed as a CMV Driver, please check one of the following:

Company Vehicle Driver  Owner/Operator  Other: \_\_\_\_\_

Type of Truck(s) and/or Truck/Trailer(s) Operated: \_\_\_\_\_

Commodities Transported: \_\_\_\_\_ Area of Operation: \_\_\_\_\_





While working for you did the Applicant have any accidents:  Yes  No

If yes, give date(s) and brief description of accident(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Why did the Applicant leave your Company:  Layoff  Quit  Fired  Other \_\_\_\_\_

Would you re-employ this person?:  Yes  No

If no, please explain: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

**INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFO, PRECEDING TWO (2) YEARS**

Alcohol tests with a result of 0.04 or greater?  Yes  No If yes, give dates: \_\_\_\_\_

Verified positive controlled substances test results?  Yes  No If yes, give dates: \_\_\_\_\_

Refusals to be tested?  Yes  No If yes, give dates: \_\_\_\_\_

Was rehabilitation completed as required?  Yes  No If yes, give dates: \_\_\_\_\_

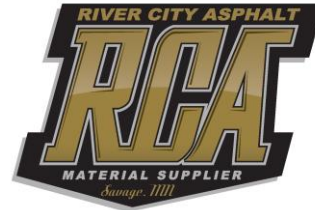
**PERSON PROVIDING INFORMATION**

Name:

Title:

Company:

Date:



Valley Paving, Inc./River City Asphalt, Inc., hereafter referred to as VPI/RCA, are Equal Employment Opportunity Employer's and will not discriminate against any applicant or employee on any grounds protected under federal, state or local statute, ordinance or regulation. All applicants are considered for all positions without regard to race, color, creed, religion, age, gender, sexual orientation, national origin, ancestry, marital status, disability (including those related to pregnancy or child birth), status with regard to public assistance, membership or non-membership in a labor organization, military, National Guard or Reserve Service, complaining in good faith to the Employer or to public authority, or any other characteristic protected under federal, state or local statute, ordinance or regulation.

None of the questions in this application are intended to elicit information regarding any protected characteristics, nor imply any limitation, illegal preferences or discrimination based upon non-job-related information or protected characteristics.

VPI/RCA requires a pre-employment physical and drug test. Any Applicant that will be driving a Company owned vehicle will be required to submit to a pre-employment driving record background check.

It is the policy of VPI/RCA to accept applications for employment from individuals directly, through a job service address of our choosing, or that is a representative of our Company.

VPI/RCA requires that each employee purchase a specified set of tools as a condition of employment. Each individual employee is responsible for having access to these tools every day and also the responsibility of transporting his/her said tools to all projects/job sites.

Notice: No jobsite applications or hiring shall be permitted as it causes safety hazards and unauthorized personnel on site. VPI/RCA requires that applicants present themselves, in person, to sign this Application either at our office, or specified site hiring office. VPI/RCA will not accept third-party applications or unsolicited employment referrals from any source.

## **ACKNOWLEDGEMENT**

If VPI/RCA receives an application for employment during a time period when we are not hiring, we will maintain that application on file for thirty (30) days from the date of the application. Such filings do not guarantee that an application will be considered at a future date. This is done not to discriminate against any one person/individual, but it is merely a reflection of the needs/circumstances that dictate to Company's action at that time.

VPI/RCA has the right to evaluate all applicants physical fitness based on relevant criteria for positions, including; minimum or maximum experience/education, appropriate wage/salary history for position sought, willingness to perform all duties assigned, skill levels, attitudes, demeanor, and all other criteria deemed relevant by VPI/RCA's sole discretion.

VPI/RCA reserves the right to assess prior work experience, skill levels, and safety performance, confirm applicants work references, driver license for positions requiring driving, education, licensure where applicable, and will require applicants to authorize and hold VPI/RCA harmless with respect to any such inquiry of former employers.

VPI/RCA requires that applicants and employees provide truthful responses to all employment related inquiries, both written and verbal, and reserves the right to reject any applicant and terminate any employee for providing false and/or misleading employment related information or omitting relevant information, no matter when these discrepancies are discovered. Failure to provide complete and accurate responses to all questions, without material omission, will disqualify applicants from consideration for employment with VPI/RCA.

I authorize VPI/RCA to obtain and/or provide any and all information or opinion, which they elect to obtain, use or



provide in connection with my application for employment prior to, during, and after my employment. Such information and opinion may be obtained from any and all prior employers, except as noted above, schools or other persons or organizations who may have information VPI/RCA deems relevant in connection with my application for employment and during or after my employment, and may be provided by VPI/RCA in response to any request for information or opinion concerning my employment or my separation from employment with VPI/RCA, to any and all banks or mortgage companies, government agencies, insurers, prospective employers or other schools, persons or organizations deemed appropriate for receipt of such information by VPI/RCA. I understand VPI/RCA may provide any and all information and opinion, which may include, but are not limited to opinions about my conduct, performance, attendance, or any other aspect of my reputation or character, which may be positive or negative. I agree to hold VPI/RCA (including its principles, employees, agents, consultants, attorneys and insurers) and such other employer, school, person or organization providing or receiving any such information and opinion, harmless and free of any and all claims or causes of action arising from any such provision or receipt of information or opinion, no matter what the character.

I understand that this application does not create a contract of employment. I understand that, if hired I am obligated to comply with any and all current and subsequently adopted VPI/RCA policies and that VPI/RCA does not offer contracts, promises or representation related to employment. I understand and agree that, if hired my employment is for no definite period of time for any reason, with or without clause, notices, prior warning or discipline. I understand that no person is authorized to change any of the terms mentioned in this employment application.

I have read and understand the above requirements and all information is true and correct to the best of my knowledge. Any false or misleading information will lead to my termination of employment. I understand that my driving record may be checked through the Motor Vehicle Department or its equivalent.

I acknowledge that if a Company vehicle is assigned to me by Valley Paving, Inc. or River City Asphalt, Inc. that it is to be used for business purposes only and **not** for any personal use.

This certifies 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:** \_\_\_\_\_

Below To Be Completed By Authorized Personnel at VPI/RCA			
Received By:		Reviewed By:	
Title:	Date:	Title:	Date: