



BRUENING ROCK PRODUCTS, INC. AND ITS AFFILIATES

900 MONTGOMERY STREET, P.O. BOX 127
DECORAH, IOWA 52101
(563) 382-2933

VOLUNTARY SURVEY

Bruening Rock Products, Inc. and its affiliates are required by state and federal laws to furnish statistical data and to maintain records of certain population characteristics of those applying for jobs with us. The information you supply will be used for statistical purposes only. If you are offered employment with Bruening Rock Products, Inc. and its affiliates, it will not be used as employment criteria. Bruening Rock Products, Inc. and its affiliates are equal opportunity employers supporting diversity in the workplace.

NAME: _____ **PHONE:** _____

ADDRESS: _____

DATE: _____ **POSITION APPLIED FOR:** _____

REFERRAL SOURCE: How did you learn of this position?

- ___ Advertisement (If newspaper, please list _____)
- ___ Friend
- ___ Relative
- ___ Walk-In
- ___ Employment Agency (Agency Name _____)
- ___ Other (list source) _____

SEX: ___ Male ___ Female

ETHNIC ORIGIN:

- ___ White ___ Hispanic ___ American Indian/Alaskan Native
- ___ Black ___ Asian/Pacific Islander ___ Other

CHECK ANY OF THE FOLLOWING THAT APPLY:

___ Military Veteran ___ Disabled Veteran ___ Disabled Individual



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NOTICE FOR ALL EMPLOYEES & APPLICANTS

OPERATING STATEMENT

It is the policy of Bruening Rock Products, Inc. and its affiliates to assure that applicants are employed, and that employees are treated during employment, without regard to their race, religion, sex, color, national origin, age, or disability. Such action shall include: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including: apprenticeship, pre-apprenticeship, or on-the-job training.

DESIGNATION OF EEO/AA OFFICER

Bruening Rock Products, Inc. and its affiliates have designated John Courtney, 900 Montgomery Street, Decorah, IA, 52101, phone (563)382-2933 as the EEO/AA Officer. John Courtney has the responsibility to effectively administer and promote this Policy, and is assigned adequate authority and responsibility to do so.

TRAINING LETTER

Bruening Rock Products, Inc. and its affiliates have an approved training program or an informal training and promotion program.

At this time, our company offers training programs in the following job classifications (with qualifications) and hours needed to complete each individual program.

Cement mason	1040 hours	Stringline	720 hours
Carpenter	2640 hours	Bulldozer Operator	1040 hours
Laborer	520 hours	Mechanics Helper	1040 hours

For further information, copies of qualifications and outlines of individual job classification training program outlines, you must request them from:

John Courtney, EEO/AA Officer
900 Montgomery Street
Decorah, IA 52101
(563)382-2933



BRUENING ROCK PRODUCTS, INC.
 900 MONTGOMERY STREET
 DECORAH, IA 52101

SKYLINE CONSTRUCTION, INC.
 900 MONTGOMERY STREET
 DECORAH, IA 52101



APPLICATION FOR EMPLOYMENT

Federal law obligates us to provide reasonable accommodation to the known disabilities of applicants and employees, unless to do so would pose an undue hardship. Please let us know if you need an accommodation to complete the application process or to perform any essential elements of the position sought.

Applicants are considered for all positions, and employees are treated during employment, without regard to race, color, religion, sex, national origin, age, disability, or any other prohibited basis of discrimination, as provided under applicable state and federal law.

PLEASE PRINT

Job Applied For _____ Date _____

A. PERSONAL INFORMATION

Name _____ Social Security # _____

Address _____
STREET APT. # CITY STATE ZIP

Telephone Number where you can be contacted _____

Are you at least 18 years of age? YES NO

What is your military status? _____

Are you prevented from becoming employed because of visa or immigration status? YES NO

(If NO, be prepared to provide proof of citizenship or legal residence and work permit to interviewer.)

Will you be able to perform the essential functions of the position for which you have applied YES NO

If NO, what accommodation to this condition would make it possible for you to do this job? _____

Do you speak, read or write fluently a language other than English? YES NO

If YES, describe ability and list language(s) _____

B. CRAFT TRAINING, EXPERIENCE, AND READINESS TO WORK

On what date would you be available for work? _____

Are you available to work: FULL TIME PART TIME SHIFT TEMPORARY

Are you on a lay-off and subject to recall? YES NO

Can you travel if a job requires it? YES NO

If the position you are applying for involves the driving of a vehicle or equipment which requires a license, do you have a valid license? YES NO

If YES, please specify the type of license: OPERATORS LICENSE COMMERCIAL DRIVERS LICENSE

List the following: License Number _____ Expiration Date _____

Have you had a motor vehicle accident or a moving violation in the past 3 years? YES NO

If YES, please explain _____

What types and makes/models of construction equipment can you operate or repair? _____

List any craft training programs in which you have participated _____

DRIVER APPLICATION FORM

COMPANY NAME _____ Location: Region/District/Branch _____

COMPANY ADDRESS _____
Street City State Zip

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of 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."

Signature _____ Date _____

NAME _____
Last First Middle

Social Security Number _____ (____) _____ Phone Number _____ Date of Birth _____ Hire Date _____

ADDRESS _____
Street City State Zip Number of Years

PAST 3 YEAR RESIDENCY _____
Street City State Zip Number of Years

Street City State Zip Number of Years

Employment History

(Use Additional Employment History Information form if necessary)

All applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding three years. You must give the same information for all employers for whom you have driven a commercial vehicle seven years prior to the initial three years (total of ten year employment record).

You are required to list the complete mailing address: street number and name, city, state and zip code.

CURRENT OR LAST EMPLOYER: Name _____ Phone Number (____) _____
Street Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ To _____
(month/year) (month/year)

Reasons for Leaving _____
Were you subject to the Federal Motor Carrier Safety Regulations** while employed? 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
*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____

SECOND LAST EMPLOYER: Name _____ Phone Number (____) _____
Street Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ To _____
(month/year) (month/year)

Reasons for Leaving _____
Were you subject to the Federal Motor Carrier Safety Regulations** while employed? 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
*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____

THIRD LAST EMPLOYER: Name _____ Phone Number (____) _____
Street Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ To _____
(month/year) (month/year)

Reasons for Leaving _____
Were you subject to the Federal Motor Carrier Safety Regulations** while employed? 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
*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____

*Any gaps in employment and/or unemployment must be explained.

**The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

PLEASE COMPLETE REVERSE SIDE

FORM # 858-F 9653 04/06

EXPERIENCE AND QUALIFICATION

Attach separate sheet if more space is needed

Driving Experience

If no driving experience within the last 3 years – check here

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Circle all that apply)	DATES FROM	TO	OR	APPROXIMATE NUMBER OF MILES
Straight Truck	Van, Reefer, Tank, Flat	_____	_____	OR	_____
Tractor & Semi-Trailer	Van, Reefer, Tank, Flat	_____	_____		_____
Tractor – Two Trailers	Van, Reefer, Tank, Flat	_____	_____		_____
Tractor – Three Trailers	Van, Reefer, Tank, Flat	_____	_____		_____
Motorcoach – School Bus <small>(Greater than 8 passengers)</small>	N/A	_____	_____		_____
Motorcoach – School Bus <small>(Greater than 15 passengers)</small>	N/A	_____	_____		_____
Other: _____	Van, Reefer, Tank, Flat, N/A	_____	_____		_____

Accident History (3 years)

If no accidents within the last 3 years – check here

DATE (month/year)	NATURE OF ACCIDENT (head-on, rear-end, upset, etc.)	NUMBER OF FATALITIES	NUMBER OF INJURIES	HAZARDOUS MATERIALS SPILL?
_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO

Traffic Convictions and Forfeitures (3 years)

If no traffic convictions and/or forfeitures in the last 3 years – check here

DATE CONVICTED (month/year)	VIOLATION (Other than violations involving parking only)	STATE OF VIOLATION	PENALTY (Forfeited bond, collateral and/or points)
_____	_____	_____	_____
_____	_____	_____	_____

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 Number _____ Expiration Date

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes No
 If yes, give details _____

B. Has any license, permit, or privilege ever been suspended or revoked? Yes No
 If yes, give details _____

Applicant Certification

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's Signature _____ Date