



Application for Employment

Personal and Confidential

			DATE OF APPLICATION
			MIDDLE INITIAL
		FIRST NAME	
LAST NAME			

IMPORTANT

- Kosmos Cement Co, LLC. provides equal employment opportunity for all persons without regard to race, color, creed, sex, religion, marital status, age, national origin or ancestry, physical or mental disability, medical condition, sexual orientation, or any other consideration protected by federal, state or local laws.
- Kosmos Cement Co, LLC. maintains a drug free workplace. When required by the position, you will be required to take a physical examination and/or a drug and alcohol screen as a condition of employment or continued employment.
- You will be required to furnish information that would allow Kosmos Cement Co, LLC. to verify your records including, but not limited to, past employment, education, driving record, credit, social security number, and felony and serious misdemeanor convictions as a condition of employment or continued employment.
- You will be required to furnish satisfactory proof of citizenship or legal alien status in compliance with the Immigration Reform and Control Act as a condition of employment or continued employment.
- References to "Kosmos Cement Co, LLC" include KCC and all Eagle Materials subsidiaries and affiliates in the United States.

PERSONAL INFORMATION

(Print) First Name	Middle Name	Last Name		
List Residence for Past 3 Years				
Current Address	City	State	Zip	Yrs. at Address
Previous Address	City	State	Zip	Yrs. at Address
Previous Address	City	State	Zip	Yrs. at Address
Telephone: <input type="checkbox"/> Home <input type="checkbox"/> Work () -	Telephone: <input type="checkbox"/> Home <input type="checkbox"/> Work () -	Email: <input type="checkbox"/> Home <input type="checkbox"/> Work		
Are you at least 18 years old? <input type="checkbox"/> YES <input type="checkbox"/> NO Eligibility requires a valid work permit	Are you legally eligible for employment in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO	If hired, would you have a reliable means of transportation to and from work? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? <input type="checkbox"/> YES <input type="checkbox"/> NO Describe the functions that cannot be performed: _____ _____ _____				

POSITION INFORMATION

Position applying for:	Desired Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal	Desired Shift: <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Any	Desired Pay: <input type="checkbox"/> Hour: _____ <input type="checkbox"/> Month: _____	Available to work: Weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No Overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date available for work:	Circle days available for work: Mon Tues Wed Thurs Fri Sat Sun	List any upcoming dates you are not available to work:		
Have you ever applied or worked with KCC before? Applied: <input type="checkbox"/> No <input type="checkbox"/> Yes Mo. _____ Year _____ Worked: <input type="checkbox"/> No <input type="checkbox"/> Yes Mo. _____ Year _____	Have you ever held a supervisory position? <input type="checkbox"/> No <input type="checkbox"/> Yes Company: _____ Title: _____ No. of employees supervised: _____			

MILITARY STATUS

Branch of U.S. Service <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> Coast <input type="checkbox"/> Army <input type="checkbox"/> Marines <input type="checkbox"/> Guard	Dates of Active Duty	Describe any military training received relevant to the position for which you are applying.
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REFERENCES

List three (3) non-relatives whom you have known for at least one year.					
Reference Type: <input type="checkbox"/> Personal <input type="checkbox"/> Professional	Print Full Name:	Address	Phone () -	Profession	Yrs. Known
Reference Type: <input type="checkbox"/> Personal <input type="checkbox"/> Professional	Print Full Name:	Address	Phone () -	Profession	Yrs. Known
Reference Type: <input type="checkbox"/> Personal <input type="checkbox"/> Professional	Print Full Name:	Address	Phone () -	Profession	Yrs. Known

How did you hear about this opening? _____

Were you referred to this opening? YES NO If Yes, please list who referred you _____

EDUCATION

School	Name and Address	Course of Study	Yrs. Completed	Date Graduated	Diploma or Degree
High School					
<input type="checkbox"/> Trade School <input type="checkbox"/> College/University					
<input type="checkbox"/> Trade School <input type="checkbox"/> College/University					

WORK EXPERIENCE

List all employment for the last ten (10) years beginning with your present, or most recent, job held. Account for all periods of unemployment. You may attach a separate page if needed. You must complete this section even if attaching a resume.

Employer	Street Address	City, State	Zip Code	Telephone () -
Dates From To	Position Held:	Last Supervisor:		Salary:
Duties Performed:		Reason for Leaving:		
May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	Were you subject to the Federal Motor Carrier Safety Regulations while employed with this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	Was your job designated as a <u>safety sensitive</u> function by DOT and subject to alcohol and controlled substance testing as required by 49 CFR 40? <input type="checkbox"/> YES <input type="checkbox"/> NO		

Employer	Street Address	City, State	Zip Code	Telephone () -
Dates From To	Position Held:	Last Supervisor:		Salary:
Duties Performed:		Reason for Leaving:		
May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	Were you subject to the Federal Motor Carrier Safety Regulations while employed with this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	Was your job designated as a <u>safety sensitive</u> function by DOT and subject to alcohol and controlled substance testing as required by 49 CFR 40? <input type="checkbox"/> YES <input type="checkbox"/> NO		

Employer	Street Address	City, State	Zip Code	Telephone () -
Dates From To	Position Held:	Last Supervisor:		Salary:
Duties Performed:		Reason for Leaving:		
May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	Were you subject to the Federal Motor Carrier Safety Regulations while employed with this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	Was your job designated as a <u>safety sensitive</u> function by DOT and subject to alcohol and controlled substance testing as required by 49 CFR 40? <input type="checkbox"/> YES <input type="checkbox"/> NO		

Employer	Street Address	City, State	Zip Code	Telephone () -
Dates From To	Position Held:	Last Supervisor:		Salary:
Duties Performed:		Reason for Leaving:		
May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	Were you subject to the Federal Motor Carrier Safety Regulations while employed with this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	Was your job designated as a <u>safety sensitive</u> function by DOT and subject to alcohol and controlled substance testing as required by 49 CFR 40? <input type="checkbox"/> YES <input type="checkbox"/> NO		

DRIVING EXPERIENCE

Drivers License No.	Issuing State	Year of Expiration	Is your license valid? <input type="checkbox"/> YES <input type="checkbox"/> NO
Have you had any moving violations in the past ten (10) years? List dates and violation: _____		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Type of Equipment	Years of Experience	Number of Miles	Certifications/Licenses
Straight Truck			
Tractor/Semi-Trailer			
Tractor/Full-Trailer			
Twin Trailers			
List all states licensed in over the past ten (10) years. Include Drivers License number and issuing state for each one listed.			
Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol screen administered by an employer for which you applied but did not obtain safety-sensitive transportation work covered by DOT drug and alcohol testing in the past two (2) years? <input type="checkbox"/> YES <input type="checkbox"/> NO			

QUALIFICATIONS/CERTIFICATIONS

List all current licenses and/or certifications you have received. List all equipment you can operate proficiently. List any training, skills, qualifications or other information relevant to the type of employment you are seeking.

ACKNOWLEDGEMENT AND RELEASE

Please read carefully and initial each paragraph and sign below.

Initial	I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact of this application or any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.
Initial	I hereby authorize Kosmos Cement Co, LLC. to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment and further authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.
Initial	I understand that employment at Kosmos Cement Co, LLC. is "at will", which means that either I or the company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. I also understand that all employment is continued on the "at will" basis, and that if I am employed, only an officer, or the President of Kosmos Cement Co, LLC., has the authority to alter the "at will" employment relationship.
Signature of Applicant: _____	
Date: _____	

OFFICE USE

For Office use only!	Applicants: Do not write in this section.		
Received in Human Resources	Forwarded to:		Date
Date _____ Time _____			
Interview: <input type="checkbox"/> YES, Date _____ Time _____ <input type="checkbox"/> NO	Start Date	Rate	Position
Verification Checks Required			
<input type="checkbox"/> DMV <input type="checkbox"/> SSN <input type="checkbox"/> Criminal <input type="checkbox"/> Education <input type="checkbox"/> Employers <input type="checkbox"/> Credit <input type="checkbox"/> Drug/Alcohol <input type="checkbox"/> Physical			



VOLUNTARY APPLICANT DATA FORM Equal Employment Opportunity

Kosmos Cement Co, LLC. is required to record descriptive data for compliance with federal, state and local laws. Refusal to provide this information will not eliminate you from consideration of employment or subject you to other adverse treatment. Information obtained will be kept confidential and will only be disclosed for the purpose of identifying work restrictions or at the request of government officials investigating compliance with federal law. This portion of the employment application is voluntary and will not become part of your applicant/personnel file.

NAME: _____
(Last) (First) (Middle Initial)

ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

POSITION APPLYING FOR: _____ **SEX:** Male Female

REFERRAL SOURCE: Radio Advertisement Banner at Plant Walk-in
 The Greensheet Craigslist.com Employment Agency
 Newspaper: _____ Relative/Friend (Name: _____) Other _____

RACE/ETHNIC ORIGIN: (Check one box only)

<input type="checkbox"/>	White (Not Hispanic or Latino)	A person having origins in any of the original people of Europe, the Middle East, or North Africa
<input type="checkbox"/>	Black or African American	A person having origins in any of the Black racial groups of Africa
<input type="checkbox"/>	Hispanic or Latino	A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
<input type="checkbox"/>	Asian	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
<input type="checkbox"/>	American Indian or Alaska Native	A person having origins in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliation or community attachment
<input type="checkbox"/>	Two or More Races (Not Hispanic or Latino)	A person who identifies with more than one of the above races.

APPLICANT SIGNATURE: _____ **DATE:** _____

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
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

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
Page 2 of 2

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.