Employment Application





CEMSTONE







ABOUT US...

CEMSTONE COMPANIES

Founded by the Becken family in 1927, Cemstone offers truly integrated and sustainable "concrete solutions" for its customers in the Upper Midwest and across the country.

Cemstone owns and operates a network of ready-mix concrete plants and aggregate facilities, which includes our sister companies, Cemstone Concrete Materials LLC in Southern Minnesota and Iowa and our Wisconsin locations - Cemstone Ready Mix, Inc. The company offers a full line of ready-mixed concrete, decorative concrete, high performance concrete, aggregate products, concrete masonry units, brick and decorative stone. Cemstone also provides professional grade supplies and materials through its network of Contractor Supply Stores.



Cemstone's fleet of ready mix trucks and concrete booms deliver and place quality concrete for everything from residential driveways, to above grade walls in homes built with Insulating Concrete Form (ICF) technology, to high-rise commercial buildings and sports stadiums.

The company's engineering services group includes a team of licensed engineers, geologists, certified field technicians and support staff to assist the design community from the development of a project to its completion.

Cemstone's commitment to the environment helps define our culture and guides our business. We are a recognized leader in sustainable concrete technologies, such as pervious concrete, and the application of Leadership in Energy and Environmental Design (LEED®) practices.



AMCON CONCRETE PRODUCTS

For over 30 years Amcon Concrete Products has set the standard for quality and service to architects and building professionals in the upper Midwest. Founded in 1977, Amcon Concrete Products is one of the largest suppliers of quality block and architectural CMU projects across the upper Midwest.

TCC MATERIALS

In 1957, The Cemstone Companies began packaging pre-blended cement based building materials in Minnesota under the Handi-Crete brand. In 1973, The Cemstone Companies purchased the Twin City Concrete Products Company (TCC) and its Minneapolis facility from Texas Industries, Inc. Operating under the original name; TCC built a manufacturing plant in St. Paul, MN in 1980. In the coming years, TCC added new production facilities in Iowa,



South Dakota, North Dakota, Wisconsin, Minnesota and Nebraska. In 2006, the company began doing business as TCC Materials® to strategically align our growth and diversification in spec blended construction products servicing the building materials industry.

Today, TCC Materials offers a complete line of packaged concrete and masonry products to satisfy needs from the do-it-yourselfer to the professional contractor.

Quality products and service along with new and improved products continue to keep TCC Materials as the leader in the packaged concrete, sand and mortar industries in the Midwest.

In compliance with Federal and State equal employment opportunities laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, disability, or any other protected class.

Name:			Pi	none:	
Last		Middle			
		Issuing S			
Referred By:					
Current Address:	Street	City	State	Zip	Years
Former Address(s):					
(If less than 3 years)	Street	City	State	Zip	Years
Address:		0.1	01.1.	7'	V
	Street	City	State	Zip	Years
	ht to work in the U.S.?	☐ Yes	□No		
Do you have a legal rig B. Position desired					
B. Position desired		2			
Do you have a legal rig B. Position desired 1 Date available for work	<:	2Salary desired:	Po	er:	
Do you have a legal rig B. Position desired 1 Date available for work Ever applied to this co	k: ompany before?	2	Po	er: hen?	
B. Position desired 1 Date available for work Ever applied to this co	ompany before?oyee?	2Salary desired: Where?	Po	hen?hen?	
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	Name and Location	Years Attended	Subject(s) Stu	died Highest Leve Completed
High School				
Jr. College / College / University				
Business / Trade School				
Other - explain				
Skills				
Accounting Cement Finishing	Batch Plant Cranes	Bookke		Carpentry Data Processing
Accounting Cement Finishing Dispatching			rs	Carpentry Data Processing Engineering
Cement Finishing Dispatching Grader	Cranes Driving (Truck) Iron Work	Crushe Electric	rs	Data Processing Engineering Loaders
Cement Finishing Dispatching Grader Management	Cranes Driving (Truck) Iron Work Mechanic	Crushe Electric Labore	rs	Data Processing Engineering Loaders Purchasing
Cement Finishing Dispatching Grader Management Quality Control	Cranes Driving (Truck) Iron Work Mechanic Receptionist	Crushe Electric Labore Persona	rs cal al Computer	Data Processing Engineering Loaders Purchasing Secretarial
Cement Finishing Dispatching Grader Management	Cranes Driving (Truck) Iron Work Mechanic Receptionist Welding	Crushe Electric Labore Person Sales Word P	rs	Data Processing Engineering Loaders Purchasing
Cement Finishing Dispatching Grader Management Quality Control Vehicle Body Work	Cranes Driving (Truck) Iron Work Mechanic Receptionist Welding	Crushe Electric Labore Person Sales Word P	rs cal al Computer rocessing	Data Processing Engineering Loaders Purchasing Secretarial

Employment History (List present or most recent employer first) Please provide complete and accurate, full-time and part-time employer	ployment record
OTE TO THOSE APPLYING FOR A DRIVER POSITION: ehicle having GVWR of 26,001 lbs. or more, vehicles designed to transport ehicle used to transport hazardous materials in the quantity requiring placar	
OTE: The Federal Motor Carrier Safety Regulations (FMCSRs) apply to a sommerce to transport passengers or property when the vehicle: (1) weighs or used to transport more than 8 passengers (including the driver), OR (3) is quantity requiring placarding.	or has a GVWR of 10,001 pounds or more, (2) is designed of any size and is used to transport hazardous materials in
Employer	Phone —
Address	
Position Title	
Supervisor's Name and Title	
Rate of pay	
Date of Employment (Month/Year) From	To
Describe your responsibilities:	
Explain your reason for leaving:	
May we contact your employer?	plain)
may we contact your employer:	
Fill out the following only if applying for a Driving Position Were you subject to the FMCSRs while employed Yes	□ No
Fill out the following only if applying for a Driving Position	
Fill out the following only if applying for a Driving Position Were you subject to the FMCSRs while employed Yes Was your job designated as a safety-sensitive function in any DOT- testing requirements of 49 CFR Part 40? Yes No	regulated mode subject to the drug and alcohol Phone
Fill out the following only if applying for a Driving Position Were you subject to the FMCSRs while employed Yes Was your job designated as a safety-sensitive function in any DOT- testing requirements of 49 CFR Part 40? Yes No	regulated mode subject to the drug and alcohol Phone
Fill out the following only if applying for a Driving Position Were you subject to the FMCSRs while employed Yes Was your job designated as a safety-sensitive function in any DOT- testing requirements of 49 CFR Part 40? Yes No Employer	regulated mode subject to the drug and alcohol Phone
Fill out the following only if applying for a Driving Position Were you subject to the FMCSRs while employed Yes Was your job designated as a safety-sensitive function in any DOT- testing requirements of 49 CFR Part 40? Yes No Employer Address	regulated mode subject to the drug and alcohol Phone
Fill out the following only if applying for a Driving Position Were you subject to the FMCSRs while employed Yes Was your job designated as a safety-sensitive function in any DOT- testing requirements of 49 CFR Part 40? Yes No Employer Address Position Title	Phone
Fill out the following only if applying for a Driving Position Were you subject to the FMCSRs while employed Yes Was your job designated as a safety-sensitive function in any DOT- testing requirements of 49 CFR Part 40? Yes No Employer Address Position Title Supervisor's Name and Title	Phone
Fill out the following only if applying for a Driving Position Were you subject to the FMCSRs while employed Yes Was your job designated as a safety-sensitive function in any DOT- testing requirements of 49 CFR Part 40? Yes No Employer Address Position Title Supervisor's Name and Title Rate of pay	Phone To
Fill out the following only if applying for a Driving Position Were you subject to the FMCSRs while employed Yes Was your job designated as a safety-sensitive function in any DOT- testing requirements of 49 CFR Part 40? Yes No Employer Address Position Title Supervisor's Name and Title Rate of pay Date of Employment (Month/Year) From	Phone To
Fill out the following only if applying for a Driving Position Were you subject to the FMCSRs while employed Yes Was your job designated as a safety-sensitive function in any DOT- testing requirements of 49 CFR Part 40? Yes No Employer	Phone To
Fill out the following only if applying for a Driving Position Were you subject to the FMCSRs while employed Yes Was your job designated as a safety-sensitive function in any DOT- testing requirements of 49 CFR Part 40? Yes No Employer Address Position Title Supervisor's Name and Title Rate of pay From Describe your responsibilities: Explain your reason for leaving:	Phone To
Fill out the following only if applying for a Driving Position Were you subject to the FMCSRs while employed Yes Was your job designated as a safety-sensitive function in any DOT- testing requirements of 49 CFR Part 40? Yes No Employer Address Position Title Supervisor's Name and Title From From Poscribe your responsibilities: Explain your reason for leaving: Yes No (exp. Fill out the following only if applying for a Driving Position	Phone To Dain) No

3	Employer Phone
	Address
	Position Title
	Supervisor's Name and Title
	Rate of pay
	Date of Employment (Month/Year) From To
	Describe your responsibilities:
	Explain your reason for leaving:
	May we contact your employer?
	Fill out the following only if applying for a Driving Position Were you subject to the FMCSRs while employed
	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?
4	Employer Phone
	Address
	Position Title
	Supervisor's Name and Title
	Rate of pay
	Date of Employment (Month/Year) From To
	Describe your responsibilities:
	Explain your reason for leaving:
	May we contact your employer?
	Fill out the following only if applying for a Driving Position Were you subject to the FMCSRs while employed
	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
Н	ave you ever been discharged by an employer?
lf	yes, please explain all terminations:
Li	st all periods in which you were unemployed:
Н	ow did you spend this time?

Miscellaneous				
Do you have responsibiliti	es, activities or commitments th	at may requir	e time away from work?	
If yes, please explain: _				
Would you be able to wor	k overtime or weekends?			
If necessary, would you b	e willing to relocate?			
What type of work do you	enjoy most?			
What are your career goa	Is for the future?			
To assist us in finding the information necessary to etc.).	ion form makes it difficult for an ne proper position for you in ou describe your full qualification	ır company, ı s (special tra	use the space below to summa ining, skills, hobbies, voluntee	rize any additional r work, experience,
In the event of employment result in discharge. I also	gaged in any outside activity or k nts, nor will I become engaged in nt, I understand that false and m o understand to abide by all rule	such activity isleading info es and regulat	or business if employed. rmation given on my application ions of the company; as permit	or interview(s) may ted by law.
List below the employers	RIVING POSITION, PLEASE CO , other than those listed in your e past 10 years (DOT Requireme	employment	history, you have worked for as	a COM-
From				
То				
From				
То				
From				
То				
From				
То	•			

G. DRIVING EXPERIEN Fill out only if applying for a drivers p				ATE OF BIRTI		
Can you provide proof of	age? 🗌 Yes	☐ No				
Do you possess more tha	n one driver's lic	cense?	Yes	□No		
If yes, list state and expi	ration date					
List all driver licenses or	nermits held in	the nast 3 v	(Pars			
List an arrect ficerises of	permits neid in	State	License N	umher	Type	Exp. Date
DRIVER						·
DRIVER						
LICENSES						
A. Have you ever be	en denied a lice	ense, permit	or privilege to	operate a moto	r vehicle?	Yes No
B. Has any license,	permit or privile	ege ever bee	n suspended or	revoked?		Yes No
IF THE ANSWER IS TO E	EITHER A OR B	IS YES, EXF	PLAIN:			
Do you possess a DOT ce	ertified physical	card?	☐ Yes	□ _{No}		
Do you possess a DOT ce	ertified physical	card?	☐ Yes	□ _{No}		
Do you possess a DOT ce	ertified physical	card?	☐ Yes	□ _{No}		
Do you possess a DOT ce	ertified physical	card?	☐ Yes	□ _{No}		
Do you possess a DOT ce	ertified physical	card?	☐ Yes	□ _{No}		
Do you possess a DOT ce	ertified physical	card?	☐ Yes	□ _{No}		
Do you possess a DOT ce	ertified physical				Datoo	Approx No. o
Do you possess a DOT ce	ertified physical	Type of E	Yes Equipment k, Flat, etc.)		Dates To	Approx. No. o Miles (Total)
		Type of E	quipment			
Class of Equipment		Type of E	quipment			
Class of Equipment Mixer Truck		Type of E	quipment			
Class of Equipment Mixer Truck Straight Truck		Type of E	quipment			
Class of Equipment Mixer Truck Straight Truck Tractor & Semi Trailer		Type of E	quipment			

Accident Record (Fill out if applying for a driving position)

For the past 3 years or more (attach sheet if more space is required). *if none - write none*

	Date	Nature of Accident	Fatalities	Injuries	Hazardous Material Spill
Last accident					
Next Previous					
Next Previous					

Traffic Convictions (Fill out if applying for a driving position)

Include traffic convictions and forfeitures for the past 3 years (other than parking violations). *if none - write none* (attach sheet if more space is required)

Location	Date	Charge	Penalty
List states operated in for the last five Show any training, transportation or other	her experience	that may help in your work f	for this company
List courses and training other than sh	own elsewhere	in the application	
List special equipment or technical ma	aterials you can	work with (other than alread	dy shown)

PRE-EMPLOYMENT DRUG AND ALCOHOL AUTHORIZATION FORM

l,	, understand the Company require	es a pre-employment drug screen test, wh	ich is at the
companies expense	e, and if offered a position, my employment would re to company's drug and alcohol policy.		
Print Name		Date	
Signature			
	AUTHORIZATION FOR R	ELEASE FORM	
authorize the comp	pany to make such investigations and inquiries of m	ny personal, employment, financial or medica	al history and
other related matter	s as may be necessary in arriving at an employmen	t decision. (Generally, inquiries regarding m	edical history
will be made only if	and after a conditional offer of employment has be	en extended). I hereby release employers, so	chools, health
care providers and	other persons from all liability in responding to in	quiries and releasing information in connec	ction with my
application. In the e	event of employment, I understand that false or misl	eading information given in my application o	or interview(s)
may result in discha	arge. I also understand that I am required to abide	by all rules and regulations of the company.	
f applicable, I also	understand that information I provide regarding cu	urrent and/or previous employers may be use	ed, and those
employer(s) will be	contacted for the purpose of investigating my safet	cy performance history as required by 49 CF	R 391.23(d)
and (e) I understand	d that I have the right to:		
Review ii	nformation provided by previous employers		
	ors in the information corrected by previous emp d information to the prospective employer; and	oyers and for those previous employers to	re-send the
	uttal statement attached to the alleged erroneous in acy of the information	nformation, if the previous employer(s) and I	cannot agree
Signature		Date	

Applicant

OUR COMMITMENT TO SAFETY

SAFETY MISSION

The personal health and safety of each employee is of primary importance. The prevention of occupationally induced injuries and illnesses is given precedence over operating productivity whenever necessary. In keeping with the highest standards, management will provide all reasonable mechanical and physical facilities required for personal health and safety. We will maintain and enforce a health and safety program conforming to industry best practices. This program requires cooperation in all health and safety matters between not only supervisor and employee, but also fellow employees. Only a cooperative effort can improve safety performance.

CRITICAL COMPONENTS OF OUR SAFETY PROGRAM

- Conducting a program of health and safety that includes inspections to identify and control unsafe working conditions or practices, control health hazards, and to comply with the health and safety requirements for every job.
- Training all employees in good health and safety practices, and conducting individual and group meetings to communicate safety issues.
- Providing necessary personal protective equipment and instructions for its use and care.
- Developing effective health and safety policies and requiring that employees understand and adhere to these rules as a condition of employment.
- Understanding that unsafe behavior, specifically the interaction between employees and equipment, is the root cause of most incidents.
- Conducting prompt and thorough investigations of every accident to determine the cause and correct the problem so that it will not occur again.
- Ensuring that safety is never compromised for our employees or customers and that all employees: operational, administrative or otherwise are held accountable to the same extent.
- Recognizing that all injuries, work related injuries and environmental incidents are preventable; and providing mechanical and physical safeguards to the maximum extent possible.
- Focusing on the safety program and unsafe behavior will result in a reduction of incidents with the ultimate goal being the elimination of all recordable injuries, illnesses and incidents.

Our Mission

- CEMSTONE -

To achieve the highest standards of excellence in the building materials industry with dedicated people each committed to exceed customer expectations through quality products, professional service, ongoing innovation and sustainable technologies.

-TCC MATERIALS -

TCC Materials will continue to grow by building on its reputation of Quality, Service and Trust to provide the construction materials market with concrete and masonry solutions. We will accomplish this through focused initiatives to continuously improve the performance and cost effectiveness of products and services.

Cemstone Products Company • Cemstone Ready Mix, Inc. • Cemstone Concrete Materials LLC cemstone.com

Amcon Concrete Products amconconcrete products.com

TCC Materials tccmaterials.com

Roberts Concrete Products

Akona Manufacturing LLC akonallc.com

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