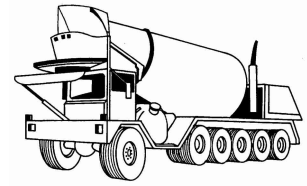


Paragon Ready Mix Inc.

Corporate Office: 48000 Hixson, Utica, MI 48317 Phone: (586) 731-8000 Fax: (586) 731-5364



APPLICATION FOR EMPLOYMENT

Date _____

SECTION 1: PERSONAL INFORMATION

Name _____	Social Security No. _____
Last First Middle	- - -
Current Address _____	State _____
Street City State Zip How Long? Yr. /Mo.	
If at the above address less than 3 years, list all addresses for the past 3 year's _____	

Home Phone No. _____	Mobile Phone No. _____
Do you have the legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth _____ / _____ / _____ (Required for Commercial Drivers)
In Case of Emergency: Name _____	Phone No. _____
Address _____	City _____ State _____ Zip _____

SECTION 2: EMPLOYMENT DESIRED

Position _____	Date You Can Start _____	Salary/Wage Desired _____
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, may we inquire of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever applied for this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, give date & location _____	
Have you worked for this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Location _____	Dates: From _____ To _____
Have you ever been convicted of a felony? _____	(If Yes, please explain. Conviction of a crime is not an automatic bar to employment. All circumstances will be considered.)	
Is there any reason you might be unable to perform the functions of the job for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If you answered Yes, please explain _____		
Referred By _____		

SECTION 3: EDUCATION

Circle Highest Grade Completed	1	2	3	4	5	6	7	8	High School	1	2	3	4	College	1	2	3	4
Do you have?	<input type="checkbox"/> High School Diploma			<input type="checkbox"/> G.E.D. (Graduate Equivalency Diploma)			<input type="checkbox"/> Neither											
Any special courses or training that will help you as a driver or mechanic? _____																		

SECTION 4: MILITARY SERVICE

Branch: Army Navy Air Force Marine Corps Coast Guard Other (specify) _____

Dates: From _____ To _____ Rank at Discharge _____

Are you presently serving in Reserves/National Guard? Yes No

Type of training and work experience received while in service _____

SECTION 5: DRIVING AND LICENSE INFORMATION

Drivers License No. _____ State _____ Type _____ Endorsements _____

Driving Experience: Straight Truck Tractor-Semitrailer Bus Concrete Mixer Truck Other (specify) _____

Accident Review for the Past 3 Years:

Date	Nature of Accident	Fatalities/Injuries
_____	_____	_____
_____	_____	_____
_____	_____	_____

Traffic Convictions & Forfeitures for the Past 3 Years other than Parking Violations:

Location	Date	Charge	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

1. Have you ever been denied a license or privilege to operate a motor vehicle? Yes No

2. Has any license, permit or privilege ever been suspended or revoked? Yes No

3. Have you ever been disqualified to drive a Commercial Motor Vehicle under Federal Motor Carrier Safety Regulations (Section 391.15)? Yes No

If you answered Yes to 1, 2, or 3 above explain _____

SECTION 6: EMPLOYMENT HISTORY

List all employment during the preceding 10 years. List employers in REVERSE order starting with the MOST RECENT.

Employer Information:	Dates:
	From _____ To _____
Name _____	Mo. _____ Yr. _____ Mo. _____ Yr. _____
Address _____	Position held _____
City _____ State _____ Zip _____	Salary/Wage _____
Contact Person _____	Phone No. _____
Reason for leaving _____	
Were you subject to Federal Motor Carrier Safety Regulations while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 6: EMPLOYMENT HISTORY (Continued)

Employer Information:	Dates: From	To
Name _____	Mo. _____ Yr. _____	Mo. _____ Yr. _____
Address _____	Position held _____	
City _____ State _____ Zip _____	Salary/Wage _____	
Contact Person _____	Phone No. _____	
Reason for leaving _____		
Were you subject to Federal Motor Carrier Safety Regulations while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer Information:	Dates: From	To
Name _____	Mo. _____ Yr. _____	Mo. _____ Yr. _____
Address _____	Position held _____	
City _____ State _____ Zip _____	Salary/Wage _____	
Contact Person _____	Phone No. _____	
Reason for leaving _____		
Were you subject to Federal Motor Carrier Safety Regulations while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer Information:	Dates: From	To
Name _____	Mo. _____ Yr. _____	Mo. _____ Yr. _____
Address _____	Position held _____	
City _____ State _____ Zip _____	Salary/Wage _____	
Contact Person _____	Phone No. _____	
Reason for leaving _____		
Were you subject to Federal Motor Carrier Safety Regulations while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer Information:	Dates: From	To
Name _____	Mo. _____ Yr. _____	Mo. _____ Yr. _____
Address _____	Position held _____	
City _____ State _____ Zip _____	Salary/Wage _____	
Contact Person _____	Phone No. _____	
Reason for leaving _____		
Were you subject to Federal Motor Carrier Safety Regulations while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		

SECTION 6: EMPLOYMENT HISTORY (Continued)

Employer Information:	Dates: From _____ To _____
Name _____	Mo. _____ Yr. _____ Mo. _____ Yr. _____
Address _____	Position held _____
City _____ State _____ Zip _____	Salary/Wage _____
Contact Person _____	Phone No. _____
Reason for leaving _____	
Were you subject to Federal Motor Carrier Safety Regulations while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer Information:	Dates: From _____ To _____
Name _____	Mo. _____ Yr. _____ Mo. _____ Yr. _____
Address _____	Position held _____
City _____ State _____ Zip _____	Salary/Wage _____
Contact Person _____	Phone No. _____
Reason for leaving _____	
Were you subject to Federal Motor Carrier Safety Regulations while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer Information:	Dates: From _____ To _____
Name _____	Mo. _____ Yr. _____ Mo. _____ Yr. _____
Address _____	Position held _____
City _____ State _____ Zip _____	Salary/Wage _____
Contact Person _____	Phone No. _____
Reason for leaving _____	
Were you subject to Federal Motor Carrier Safety Regulations while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 7: APPLICANTS STATEMENT

I authorize Paragon Ready Mix Inc. (Paragon) to make such investigations and inquiries of my personal, employment, financial history, medical history, driving record and other related matters as may be necessary in arriving at an employment decision in accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208). 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 regardless of when such information is obtained. I understand, also, that I am required to abide by all the rules and regulations of Paragon.

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).

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.

Date
Applicant Signature