



**INQUIRY TO PAST EMPLOYMENT**

**From:** Baldwin Redi-Mix

**To (Company)** \_\_\_\_\_

**Name:** Melisa

**Attention:** \_\_\_\_\_

**Fax:** (337) 923-2150

**Fax:** \_\_\_\_\_

**Address:** P.O. Box 670  
Baldwin, La. 70514

**Employee:** \_\_\_\_\_  
**SS#** \_\_\_\_\_

**Human Resources/Safety Department:**

The person named below has applied for employment at Baldwin Redi-Mix and has listed your firm as a past employer. Please reply to this inquiry regarding this applicant. As you will note from the signed waiver below, the applicant has waived any claim of liability against your company (and its agents) for information submitted in response to this inquiry. Please fax or mail your reply to expedite processing of this applicant. Thank You.

1. This applicant lists dates of employment with your firm:

From: \_\_\_\_\_ to \_\_\_\_\_ Is this correct?

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

2. Position Held: Driver \_\_\_\_\_ (local \_\_\_\_\_ over the road \_\_\_\_\_)

Dock \_\_\_\_\_ Office \_\_\_\_\_ Shop \_\_\_\_\_ Other \_\_\_\_\_

3. If employed as a driver, please indicate type of equipment driven.

Tractor trailer \_\_\_\_\_ Twin trailer \_\_\_\_\_ Straight truck \_\_\_\_\_

4. Number of accidents \_\_\_\_\_; number of preventable

accidents \_\_\_\_\_ description and date of each preventable accidents \_\_\_\_\_

5. Did the applicant pose either repeated and/or disciplinary problems?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes please explain \_\_\_\_\_

6. Why did this employee leave your company?

Resigned \_\_\_\_\_ Laid off \_\_\_\_\_ Discharged \_\_\_\_\_

7. Would you re-employ this person? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please

Explain \_\_\_\_\_

**Applicant Waiver**

I hereby authorize you to release all information concerning employment, to include alcohol test with a concentration result of 0.04 or greater, positive controlled substance test and/or refusals to submit to testing. I also authorize the release of any assessments of my job performance and work history. I release you from any and all liability in providing this information to Baldwin Redi-Mix.

Applicant's Signature \_\_\_\_\_

Witness Signature \_\_\_\_\_

Completed By: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Motor Vehicle Report Consent Form**

By my signature below, I authorize Baldwin Redi-Mix Co., Inc., the current insurance carrier for Baldwin Redi-Mix Co., Inc., and any prospective insurance carrier for Baldwin Redi-Mix Co., Inc. to order a copy of my Driving Records. The contents of this report can be discussed among those parties listed above for the purpose of determining my acceptability as a driver of company vehicles owned, leased, rented or borrowed by Baldwin Redi-Mix Co., Inc. At my written request, I can receive a copy of this report. This authorization remains in effect until rescinded by me in writing.

Name of Driver: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

License No. \_\_\_\_\_

Issuing State: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Drivers Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

ABBEVILLE PLANT  
(337)898-2528

BREAUX BRIDGE PLANT  
(337)332-0601

BROUSSARD PLANT  
(337)837-3400



LAFAYETTE PLANT  
(337)856-0601

MORGAN CITY PLANT  
(985)384-8330

NEW IBERIA  
(337)365-1394

**Motor Vehicle Driver's Certification  
Of Violations**

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 Months.

Date	Offense	Location	Type of Vehicle

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 Months.

Date	Drivers Signature
<b>Baldwin Redi Mix, CO., Inc.</b>	<b>P.O. Box 670 Baldwin, LA. 70514</b>
Motor Carrier's Name	Motor Carrier's Address
Reviewed by: Signature	Title

**BALDWIN REDI-MIX CO., INC.**

**Medical Exam & Drug Test Policy**

In accordance with LSA R.S. 23:897, K, it is the stated policy of Baldwin Redi-Mix Co., Inc. that Baldwin Redi-Mix Co., Inc. has a right of reimbursement from an employee or an applicant who becomes an employee, provided the employee is compensated at a rate equivalent to not less than one dollar above the existing federal minimum wage and is not a part-time or seasonal employee as defined in R.S. 23:1021, for the costs of such employee's or applicant's pre-employment medical examination and/or drug test, if the employee voluntarily terminates the employment relationship sooner than ninety working days after his first day of work or never reports to work, unless such voluntary termination is attributable to a substantial change made to the employment by the employer as applied in Louisiana Employment Security Law.

An employee who, without prior approval fails to report to work as scheduled for two (2) consecutive days shall be deemed to have voluntarily terminated his/her employment by abandonment of his/her position.

In accordance with LSA R.S. 23:634, B, and the terms of the above-stated policy, I hereby agree that the costs of my pre-employment medical examination and/or drug test, not to exceed two hundred dollars (\$200.00) may be withheld from my wages if I voluntarily resign within ninety working days from my first day of work.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# BALDWIN REDI-MIX CO., INC

## Alcohol and Drug Policies

This is to inform you of the drug/alcohol policies now in effect at Baldwin Redi-Mix and Bishop Equipment & Material. It is the intent of these policies to provide all employees with the company's position regarding drugs and alcohol in the workplace. It is also to provide guidelines for consistent handling throughout the company regarding alcohol and controlled substance abuse/usage situations.

While there is no intent to intrude upon the private lives of our employees, the company is concerned with those situations where drug and/or alcohol use interferes with the employee health or safety. It is the company's responsibility to provide and ensure a safe working environment for all employees.

Upon receipt of these policies, you are expected to read them and keep them for future reference. If you don't understand them or if you have any questions concerning them, please contact your supervisor. Violation of these policies, subject you to immediate termination.

### Certificate of Receipt

I certify that I have received a copy of the company's drug policies and that I will read them carefully.

\_\_\_\_\_  
Employee's Name Print

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

Note: All employees are required to sign this certificate.