



APPLICATION FOR EMPLOYMENT

We are an Equal Opportunity Employer

- A drug urinalysis testing for the use of illegal drugs and done at the company's expense, is a condition of employment and I agree to such a test.
- After an offer of employment, and prior to reporting to work, you are required to submit to a medical review. Depending on the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

(Please complete this application in your own handwriting)

Date of Application _____

Personal Information

Name _____ Telephone No. _____

Driver's License No. _____ Issuing State _____ Expiration Date _____

Soc. Sec. No. _____ Referred By _____

Current Address _____
Street _____ City _____ State _____ Zip _____ Years _____

Former Address _____
(If less than 3 years above) Street _____ City _____ State _____ Zip _____ Years _____

Former Address _____
(If less than 3 years above) Street _____ City _____ State _____ Zip _____ Years _____

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? Yes No

Position Applying For

Position _____

Date available for work _____ Salary desired _____ per _____

Ever applied to this company before? _____ Where? _____ When? _____

Are you a former employee? _____ Where? _____ When? _____

Relatives employed by this company? Name _____ Location _____

Are you employed now? _____ Do you wish Temporary Part Time Regular employment?

Yes No Have you been given a job description or had the requirements of the position you are applying for explained to you?

Yes No Do you understand these requirements?

Yes No Can you perform the requirements of this job with or without reasonable accommodation?

Education

Highest level of education completed? _____

	Name and Location of School	Years		Subjects Studied
		Attended	Graduated	
High School				
Jr. College / College/University				
Business / Trade School				
Other				

Skills

- | | | | | |
|--|---|---|--|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Purchasing | <input type="checkbox"/> Asphalt Plant | <input type="checkbox"/> Electrical | <input type="checkbox"/> Mechanic |
| <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> Quality Control | <input type="checkbox"/> Asphalt Roller | <input type="checkbox"/> Dispatching | <input type="checkbox"/> Vehicle Body Work |
| <input type="checkbox"/> Data Processing | <input type="checkbox"/> Sales | <input type="checkbox"/> Batch Plants | <input type="checkbox"/> Driving (Truck) | <input type="checkbox"/> Welding |
| <input type="checkbox"/> Drafting | <input type="checkbox"/> Secretarial | <input type="checkbox"/> Carpentry | <input type="checkbox"/> Grader | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Switchboard/Receptionist | <input type="checkbox"/> Cement Finishing | <input type="checkbox"/> Iron Work | |
| <input type="checkbox"/> Management | <input type="checkbox"/> Word Processing | <input type="checkbox"/> Cranes | <input type="checkbox"/> Laborer | |
| <input type="checkbox"/> Personal Computer | <input type="checkbox"/> Asphalt Paver | <input type="checkbox"/> Crushers | <input type="checkbox"/> Loaders | |

List off-highway equipment you can operate _____

Have you had any specific job training? _____

Do you possess a valid commercial drivers license? Yes No Date of Birth: _____
(DOT Positions Only)

Endorsements:	Yes	No	Class:
Passenger	<input type="checkbox"/>	<input type="checkbox"/>	A <input type="checkbox"/>
Double Trailer	<input type="checkbox"/>	<input type="checkbox"/>	B <input type="checkbox"/>
Tank Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	C <input type="checkbox"/>
Hazardous Materials	<input type="checkbox"/>	<input type="checkbox"/>	
Air Brakes	<input type="checkbox"/>	<input type="checkbox"/>	

Driving Experience: Check the boxes of those vehicles that you have experience driving.

- | | | | |
|--------------------------------------|---|--|--------------------------------------|
| <input type="checkbox"/> Mixer Truck | <input type="checkbox"/> Dump and Pup | <input type="checkbox"/> Tractor / Doubles | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Dump Truck | <input type="checkbox"/> Tractor / Semi-Trailer | <input type="checkbox"/> Combination # Axles _____ | <input type="checkbox"/> Other _____ |

Accidents / Violations:

List below all accidents you have been involved in during the past 3 years and all traffic violations (other than parking) that you have been convicted of or forfeited bond for during the past 3 years.

Date	Offense / Accident	Description	Injuries / Fatalities	Location	Type of Vehicle Operated

Do you possess more than one driver's license? Yes No

Has your driver's license, permit or privilege to drive a motor vehicle ever been suspended, revoked, or denied? Yes No

If yes, explain the circumstances of the suspension: _____

Employment History

Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are critical.

May we contact your present employer? Yes No

List present or most recent employer first.

Date Month/Year	Name and Address of Employer	Salary	Nature of Work	Reason For Leaving
From ____/____/____ To ____/____/____	Company Name City _____ State _____ Phone No. _____ Supervisor _____			
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From ____/____/____ To ____/____/____	Company Name City _____ State _____ Phone No. _____ Supervisor _____			
From ____/____/____ To ____/____/____	Company Name City _____ State _____ Phone No. _____ Supervisor _____			

List below the employers, other than above, you have worked for as a **COMMERCIAL DRIVER** for the past ten years. (DOT Requirement)

Date Month/Year	Name and Address of Employer	Salary	Nature of Work	Reason For Leaving
From ____/____/____ To ____/____/____	Company Name City _____ State _____ Phone No. _____ Supervisor _____			
From ____/____/____ To ____/____/____	Company Name City _____ State _____ Phone No. _____ Supervisor _____			
From ____/____/____ To ____/____/____	Company Name City _____ State _____ Phone No. _____ Supervisor _____			
From ____/____/____ To ____/____/____	Company Name City _____ State _____ Phone No. _____ Supervisor _____			
From ____/____/____ To ____/____/____	Company Name City _____ State _____ Phone No. _____ Supervisor _____			
From ____/____/____ To ____/____/____	Company Name City _____ State _____ Phone No. _____ Supervisor _____			
From ____/____/____ To ____/____/____	Company Name City _____ State _____ Phone No. _____ Supervisor _____			
From ____/____/____ To ____/____/____	Company Name City _____ State _____ Phone No. _____ Supervisor _____			

References (Excluding relatives)

Name	Address	Business	Years Known	Phone Number
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

