

## 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)

Personal Information

Date of Application Name \_\_\_\_\_\_ Telephone No. \_\_\_\_\_\_ Driver's License No. \_\_\_\_\_\_ Issuing State \_\_\_\_\_ Expiration Date \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_\_ Referred By \_\_\_\_\_

Current Address	Street	City	St	tate Zip	Years
Former Address(If less than 3 years above)	Street	City	Sta	ate Zip	Years
Former Address(If less than 3 years above)	Street	City		tate Zip	Years
Are you prevented from la	wfully becoming employed in th	nis country because of visa or imr	migration status?		□No
Position Applying	For		9		
Position					
Date available for work		Salary desired	Salary desiredpe		
Ever applied to this company before?		Where?	ere?When?		
Are you a former employee?		Where?	When?		
Relatives employed by this company? Name Location					
Are you employed now?_	·	_ Do you wish	☐ Part Time	Regular	employment?
☐ Yes ☐ No Have yo	ou been given a job description	or had the requirements of the po	osition you are app	lying for expla	ined to you?
☐ Yes ☐ No Do you	understand these requirements	??			
☐ Yes ☐ No Can you	u perform the requirements of th	nis job with or without reasonable	accommodation?		

Education	Highest level of educ	ation completed?				
	Name and Location of School			Years Attended	Date Graduated	Subjects Studied
High School						
Jr. College / College/University		\$				
Business / Trade School						
Other						
Oldina.						
Skills						
☐ Accounting	Purchasing	Asphalt Plant	☐ Electric	al		Mechanic
☐ Bookkeeping	Quality Control	Asphalt Roller	☐ Dispato	ching	I	☐ Vehicle Body Work
Data Processing	☐ Sales	☐ Batch Plants	☐ Driving	(Truck)	[	☐ Welding
☐ Drafting	☐ Secretarial	☐ Carpentry	☐ Grader		l	Other
Engineering	Switchboard/Receptionist	: Cement Finishing	☐ Iron W	ork		
☐ Management	☐ Word Processing	☐ Cranes	☐ Labore	r		
☐ Personal Compute	er Asphalt Paver	☐ Crushers	Loader	s		
List off-highway equi	pment you can operate					
Have you had any s	pecific job training?					
Do you possess a va	alid commercial drivers license?	☐ Yes ☐ No	Date	of Birth:		Γ Positions Only)
Endorsem	ents: Yes No	Class:			(DOT	Γ Positions Only)
Passe	nger 🗀 🗌	A 🗆				
	e Trailer	ВП				Ē
Tank \	✓ — — ✓	c □				
Hazar	dous Materials					
Air Bra						
Driving Experience	ce: Check the boxes of those vel	nicles that you have experie	nce drivina.			
☐ Mixer Truck	Dump and Pup	☐ Tractor / Doubles		Other		
☐ Dump Truck	☐ Tractor / Semi-Trailer					
Accidents / V		accidents you have been in that you have been convicte				and all traffic violations (other the past 3 years.
Date Offense / /	Accident Descript	ion Injuries	/ Fatalities	Lo	cation	Type of Vehicle Operated
Do you possess ===	to then one delivered linear - C	I Vac I N-				71
	re than one driver's license?					
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 ci	cumstances of the suspension:					
1						

Date		Yes Nome and Address	Lis	List present or most recent employer first.		T
Month/Year	IVa	of Employer		Salary	Nature of Work	Reason For Leaving
om/_	Company Name					
	City	State				
	Phone No.	Supervisor				
om/	Company Name					
/	City	State		1		
	Phone No.	Supervisor				
m /	Company Name					
1	City	State				
	Phone No.	Supervisor				
m /	Company Name					
,	City	State				
	Phone No.	Supervisor				
m/	Company Name					
''	City	State				
/	Phone No.	Supervisor				
t below the	employers, other than above	e, you have worked for as a	COMMERCIAL	. DRIVER	for the past ten years.	(DOT Requirement)
Date onth/Year		me and Address of Employer		Salary	Nature of Work	Reason For Leaving
Officially 1 Cus	Company Name	or Employer				
n/	City	State				
/	Phone No.	Supervisor				
	Company Name	Supervisor				
						I.
n/		Choke				
n/	City	State				
n/	City Phone No.	State Supervisor			-11	
/_	City Phone No. Company Name	Supervisor		at .		
/_	City Phone No. Company Name City	Supervisor State		-1	11	
/_	City Phone No. Company Name City Phone No.	Supervisor		21		
/ n/	City Phone No. Company Name City Phone No. Company Name	Supervisor State Supervisor		27		
/ n/	City Phone No. Company Name City Phone No. Company Name City	Supervisor  State Supervisor  State				
/ n/	City Phone No. Company Name City Phone No. Company Name City Phone No.	Supervisor State Supervisor				
/_ /_ /_	City Phone No. Company Name	Supervisor  State Supervisor  State Supervisor				
n/ n/	City Phone No. Company Name City Phone No. Company Name City Phone No. Company Name City Company Name City Company Name City	Supervisor  State Supervisor  State Supervisor  State				
/_ /_ /_	City Phone No. Company Name City Phone No.	Supervisor  State Supervisor  State Supervisor				
n/ n/ n/	City Phone No. Company Name City Company Name	Supervisor  State Supervisor  State Supervisor  State				
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n/ n/ n/	City Phone No. Company Name City Company Name	Supervisor  State Supervisor  State Supervisor  State Supervisor			0.	
	City Phone No. Company Name City Company Name City City City Company Name City Company Name City Company Name City	Supervisor  State Supervisor  State Supervisor  State Supervisor  State				
	City Phone No. Company Name City Phone No.	Supervisor  State Supervisor  State Supervisor  State Supervisor  State				

Miscellaneous
Do you have responsibilities, activities, or commitments that may require time away from work?
If YES, explain:
Would you object to or be limited in your ability to occasionally work overtime or on weekends?
If YES, explain:
If necessary, will you relocate?
What type of work do you enjoy most?
What are your career goals for the future?
Occasionally, an application form makes it difficult for an applicant to adequately summarize their complete background. Please feel free to use the space below to summarize any additional information necessary to describe your full qualifications (special training, skills, hobbies, volunteer work, experience, etc.):
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Certification and Release
I certify that the information given by me to the company is true and complete to the best of my knowledge. I understand that, if employed, false or misleading information may result in immediate dismissal.
I further certify that I am not engaged in any outside activity or business that could be considered in conflict with the company's interest or those of its clients, nor will I become engaged in such activity or business if employed.
I authorize the company to solicit information regarding my character, general reputation, credit, previous employment, and similar background information, and to contact any and all references I have given on my application. I hereby release all parties and persons connected with any such request for information from all claims, liabilities, and damages for any reason arising out of the furnishing of such information. If employed, I release the company from any liability for future references it may provide regarding my work history at the firm.
In consideration of my employment, I agree that my employment and compensation can be terminated with or without cause, and with or without notice at any time, at the option of either the company or myself.
Applicant's Signature Date