



P.O. Box 46, Marshall, MI 49068  
Phone: (269) 789-7325 Fax: (269) 789-1040

**APPLICATION FOR EMPLOYMENT**  
**We are a Drug and Alcohol Free Company**

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

Date of Application: \_\_\_\_\_ Position(s) Applied for: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street City State Zip Code

Phone Numbers (Home & Cell): \_\_\_\_\_ How long have you lived here? \_\_\_\_\_

Previous Addresses: \_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State & Zip Code

\_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State & Zip Code

\_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State & Zip Code

Do you have the legal right to work in the United States?  Yes  No

Have you worked for this company before?  Yes  No If yes, dates: From \_\_\_\_\_ To \_\_\_\_\_

Are you currently employed?  Yes  No If No, how long since leaving your last employment? \_\_\_\_\_

Date you can start work: \_\_\_\_\_ Wages you will work for: \_\_\_\_\_ Who referred you? \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No If yes, please explain fully on a separate sheet of paper and attach. Conviction of a crime in not an automatic bar to employment--all circumstances will be considered.

**ASPHALT INDUSTRY EXPERIENCE**

Check the services below in which you have had any work experience and number of years performed:

Seal coating:  Brooming  Spraying Years of experience \_\_\_\_\_

Crack Repair:  Hot Rubber  Routing Years of experience \_\_\_\_\_

Asphalt Repair:  Patching  Infrared  Milling  Roller  Paver Years of experience \_\_\_\_\_

Manhole Repairs:  Rebuilding Years of experience \_\_\_\_\_

Striping List what kind of machine(s) you used \_\_\_\_\_ Years of experience \_\_\_\_\_

Power Sweeping List what kind of machines you used \_\_\_\_\_ Years of experience \_\_\_\_\_

## EMPLOYMENT HISTORY

All applicants that may drive a commercial motor vehicle in intrastate or interstate commerce (even if not specifically applying for a driver position) must provide the following information on all employers during the preceding 7 years. List all information thoroughly. Please list employers in reverse order starting with the most recent. If you need more room, attach a separate sheet.

| EMPLOYER        |        |            | DATES               |                |
|-----------------|--------|------------|---------------------|----------------|
| NAME:           |        |            | FROM<br>Mo    Yr    | TO<br>Mo    Yr |
| ADDRESS:        |        |            | Position Held:      |                |
| CITY:           | STATE: | ZIP:       | Salary/Wage:        |                |
| CONTACT PERSON: |        | PHONE NO.: | Reason for Leaving: |                |

| EMPLOYER        |        |            | DATES               |                |
|-----------------|--------|------------|---------------------|----------------|
| NAME:           |        |            | FROM<br>Mo    Yr    | TO<br>Mo    Yr |
| ADDRESS:        |        |            | Position Held:      |                |
| CITY:           | STATE: | ZIP:       | Salary/Wage:        |                |
| CONTACT PERSON: |        | PHONE NO.: | Reason for Leaving: |                |

| EMPLOYER        |        |            | DATES               |                |
|-----------------|--------|------------|---------------------|----------------|
| NAME:           |        |            | FROM<br>Mo    Yr    | TO<br>Mo    Yr |
| ADDRESS:        |        |            | Position Held:      |                |
| CITY:           | STATE: | ZIP:       | Salary/Wage:        |                |
| CONTACT PERSON: |        | PHONE NO.: | Reason for Leaving: |                |

| EMPLOYER        |        |            | DATES               |                |
|-----------------|--------|------------|---------------------|----------------|
| NAME:           |        |            | FROM<br>Mo    Yr    | TO<br>Mo    Yr |
| ADDRESS:        |        |            | Position Held:      |                |
| CITY:           | STATE: | ZIP:       | Salary/Wage:        |                |
| CONTACT PERSON: |        | PHONE NO.: | Reason for Leaving: |                |

| EMPLOYER        |        |            | DATES               |                |
|-----------------|--------|------------|---------------------|----------------|
| NAME:           |        |            | FROM<br>Mo    Yr    | TO<br>Mo    Yr |
| ADDRESS:        |        |            | Position Held:      |                |
| CITY:           | STATE: | ZIP:       | Salary/Wage:        |                |
| CONTACT PERSON: |        | PHONE NO.: | Reason for Leaving: |                |

| EMPLOYER        |        |            | DATES               |                |
|-----------------|--------|------------|---------------------|----------------|
| NAME:           |        |            | FROM<br>Mo    Yr    | TO<br>Mo    Yr |
| ADDRESS:        |        |            | Position Held:      |                |
| CITY:           | STATE: | ZIP:       | Salary/Wage:        |                |
| CONTACT PERSON: |        | PHONE NO.: | Reason for Leaving: |                |

May we contact all past employers?    Yes    No

## EDUCATION

Circle the Highest Elementary Grade Completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

High School Last Attended: \_\_\_\_\_  
Name of School City State

College Last Attended: \_\_\_\_\_  
Name of School City State

### EXPERIENCE AND QUALIFICATIONS -- DRIVER

| DRIVER<br><br>LICENSES | STATE | LICENSE NO. | TYPE<br><small>Operator / Chauffer / CDL</small> | EXPIRATION DATE |
|------------------------|-------|-------------|--|-----------------|
|                        |       |             |  |                 |
|                        |       |             |  |                 |
|                        |       |             |  |                 |

### DRIVING EXPERIENCE If No experience, write None.

| CLASS OF EQUIPMENT      | TYPE OF EQUIPMENT<br><small>(Van, Tank, Flat, Etc.)</small> | DATES |    | Approx # of Miles<br><small>(Total)</small> |
|-------------------------|---|-------|----|---|
|                         |   | From  | To |   |
| Straight Truck          |   |       |    |   |
| Tractor & Semi-Trailer  |   |       |    |   |
| Tractor – 2 Trailers    |   |       |    |   |
| Motorcoach – School Bus |   |       |    |   |
| Other                   |   |       |    |   |

### TRAFFIC TICKETS/CONVICTIONS

Traffic convictions and forfeitures for the past 3 years (other than parking violations) If none, write none.

| LOCATION | DATE | CHARGE | PENALTY / POINTS |
|----------|------|--------|------------------|
|          |      |        |                  |
|          |      |        |                  |
|          |      |        |                  |
|          |      |        |                  |

If more space is needed, attach a separate sheet.

### ACCIDENT RECORD

Accident record for the past 3 years or more (Attach a sheet if more space is needed) If none, write none.

| DATES         | NATURE OF ACCIDENT | FATALITIES | INJURIES |
|---------------|--------------------|------------|----------|
| Last Accident |                    |            |          |
| Next Previous |                    |            |          |
| Next Previous |                    |            |          |

List states operated in for last 5 years: \_\_\_\_\_

Show special courses or training you have received as a driver: \_\_\_\_\_

Which safe driving awards do you hold and from whom? \_\_\_\_\_

A. Have you been denied a license, permit or privilege to operate a motor vehicle?  Yes  No

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

If the answer to either A or B above is yes, please give details: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

If more space is needed, please attach a separate sheet of paper.

**OTHER EXPERIENCE AND QUALIFICATIONS –OTHER**

List any experience and training that you have had: \_\_\_\_\_

\_\_\_\_\_

List special equipment you have worked with: \_\_\_\_\_

\_\_\_\_\_

List special skills that you have: \_\_\_\_\_

\_\_\_\_\_

**IMPORTANT: PLEASE READ ALL OF THE FOLLOWING CAREFULLY BEFORE SIGNING**

My signature below confirms that I have read all of the following provisions and that I hereby certify as follows:

1. All of my responses are true and complete and where an item is left blank, it is because there is no information within its scope.
2. I authorize Asphalt Solutions Plus to investigate the facts submitted and for those with relevant information, including, but without limitation, physicians, hospitals, schools, law enforcement agencies and my prior employers, to provide confirming information to Asphalt Solutions Plus, and I release them from any liability for doing so.
3. I hereby consent to undergo such post-offer medical examination or drug tests as Asphalt Solutions Plus may require (which may include obtaining body tissue or fluid samples and analysis of them). I also understand and agree that if I am employed I may, from time to time, be required to undergo work-related medical examinations, including drug tests.
4. I understand and agree that any falsification or omission either on this form or in my response to questions asked during the interviewing or examination process or on employment forms I may subsequently complete shall be grounds for immediate termination of employment, no matter when the falsification or omission is discovered.
5. I also understand that, if hired, my employment will be "at will" and that either I or Asphalt Solutions Plus may terminate my employment at any time, with or without cause, unless the "at will" arrangement is modified by a written agreement signed by both me and the President of Asphalt Solutions Plus.

\_\_\_\_\_

Date

\_\_\_\_\_

Applicant's Signature

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**MVR Review**

I, \_\_\_\_\_ give Asphalt Solutions Plus, LLC permission to obtain a  
PRINT FULL NAME

copy of my Motor Vehicle Report (MVR). My license Number

is: \_\_\_\_\_ which expires on: \_\_\_\_\_.

My Date of Birth is: \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Attach a photocopy of Driver's License