



P.O. Box 46, Marshall, MI 49068  
(269) 789-7325

**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

Date of Birth: \_\_\_\_\_ Can you provide proof of age?  Yes  No  
(Required for Commercial Drivers)

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 is 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 Mo Yr	TO Mo Yr
ADDRESS:			Position Held:	
CITY:	STATE:	ZIP:	Salary/Wage:	
CONTACT PERSON:	PHONE NO.:		Reason for Leaving:	

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

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

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

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

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

May we contact any of these 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  LICENSES	STATE	LICENSE NO.	TYPE <small>Operator / Chauffer / CDL</small>	EXPIRATION DATE

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

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT <small>(Van, Tank, Flat, Etc.)</small>	DATES		Approx # of Miles <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: \_\_\_\_\_

\_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

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.

I authorize you to make such investigations and inquiries of my personal, employment, financial, medical history, or motor vehicle report (driving record) and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) 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. I understand, also, that I am required to abide by all rules and regulations of this Company.

\_\_\_\_\_

Date

\_\_\_\_\_

Applicant's Signature

\_\_\_\_\_