

GRAVEL PRODUCTS, INC.

Employment Application



APPLICANT INFORMATION												
Last Name			First			M.I.		Date				
Street Address						Apartment/Unit #						
City				State				ZIP				
Phone				E-mail Address								
Date Available			Social Security No.				Date of Birth					
Position Applied for												
Are you a citizen of the United States?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>		NO <input type="checkbox"/>
Have you ever worked for this company?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?					
Have you ever been convicted of a felony?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain					
Do you have a valid drivers license?												
EDUCATION												
High School				Address								
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree		
College				Address								
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree		
Other				Address								
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree		
REFERENCES												
<i>Please list three professional references.</i>												
Full Name				Relationship								
Company				Phone								
Address												
Full Name				Relationship								
Company				Phone								
Address												
Full Name				Relationship								
Company				Phone								
Address												

PREVIOUS EMPLOYMENT

Company				Phone			
Address				Supervisor			
Job Title			Starting Salary	\$	Ending Salary	\$	
Responsibilities							
From		To		Reason for Leaving			
Company				Phone			
Address				Supervisor			
Job Title			Starting Salary	\$	Ending Salary	\$	
Responsibilities							
From		To		Reason for Leaving			
Company				Phone			
Address				Supervisor			
Job Title			Starting Salary	\$	Ending Salary	\$	
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisors for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		

MILITARY SERVICE

Branch				From		To	
Rank at Discharge				Type of Discharge			
If other than honorable, explain							

Years of Experience

Loader	Dozer	Crusher	Screen Plant	Wash Plant	Excavator	Haul Truck	Mechanic/Welder	DOT Driver

Safety Training

	MSHA part 46	MSHA part 48	First Aid	Other
Yes or No				
Expiration Date				

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I must be able to pass a background/drug screening test.

I accept Date:

DOT Driver's Only (If you do not have a CDL please leave blank)

Drivers Licenses Held in Past 3 Years Must be Shown			
State	License #	Type	Expiration Date

Driving Experience				
Class of Equipment	Type of Equipment (Van, Tanks, Flat, Side/Belly Dump, Low Boy)	Date From	Date To	Approx. # of Miles
Straight Truck				
Tractor & Semi Trailer				
Tractor & 2 Trailers				
Other				

Accident Record for past 3 years or more (attach to back if needed) If none, write none.			
Dates	Nature of Accident	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

Traffic Convictions & Forfeitures for the Past 3 Years (do not include parking violations)			
Location	Date	Charge	Penalty

Have you ever been denied a license, permit or privilege to operate a motor vehicle?
 Has any license, permit or privilege ever been suspended or revoked?

DISCLAIMER

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I must be able to pass a background/drug screening test.

I accept		Date	
----------	--	------	--