



The Best in Paving

# Application for Employment

An Equal Opportunity Employer

Date \_\_\_\_\_  
 Position(s) Applied for \_\_\_\_\_  
 \_\_\_\_\_  
 Location \_\_\_\_\_

We are pleased that you are interested in employment with us. We offer equal employment opportunities to all persons without regard to race, color, religion, age, sex, national origin, disability, or veteran status. Please complete this application form in ink in your own handwriting. Answer all questions fully since all statements made by you will be checked for accuracy. We will give all complete and accurate applications every consideration, however acceptance does not imply a commitment of employment.

How were you referred to us?

- Employee Referral, *if yes, by whom:* \_\_\_\_\_  Newspaper Ad  
 Employment Agency or State Job Service Office  Walk in  
 Community or Civic Organization, *if yes, give name:* \_\_\_\_\_  School Placement Office  
 Other: \_\_\_\_\_

### Please Print In Ink

Name \_\_\_\_\_  
Last First Middle  
 Date Available for Employment \_\_\_\_\_ Social Security No. \_\_\_\_\_  
 Present Address \_\_\_\_\_  
 \_\_\_\_\_  
City State Zip  
 Telephone No. (\_\_\_\_) \_\_\_\_\_ Alternate Telephone No. (\_\_\_\_) \_\_\_\_\_

School	Print Name, Number and Street, City, State Zip Code for each School	and	No. of Years Completed	Graduate	Major Course of Study
Elementary			5 6 7 8	<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business, Night, or Corresp.			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Describe any other specialized professional training: \_\_\_\_\_  
 \_\_\_\_\_

In order to permit a check of your work and educational records, should we be made aware of any change of name or assumed name that you previously used?  Yes  No If yes, identify name and relevant dates. \_\_\_\_\_

Are you over the age of 18?  Yes  No

*If no, employment subject to verification of minimum legal age by age certificate or work permit.*

Verification of eligibility for employment in the United States will be required.

**Will you abide by the safety rules of this company?**  Yes  No

**If injured, will you accept the Medical Facilities recommended by your employer?**  Yes  No

Have you ever applied for employment with us before?  Yes  No

*If yes, give date* \_\_\_\_\_

Have you ever been employed by us?  Yes  No

*If yes from* \_\_\_\_\_ *to* \_\_\_\_\_ *Location* \_\_\_\_\_

Do you have any relatives working for Eubank Paving?  Yes  No

*If yes, who?* \_\_\_\_\_ *Relationship?* \_\_\_\_\_

Are you presently employed?  Yes  No

*If now employed, does your employer know of your plans to change employment?*  Yes  No

*May we contact your present employer?*  Yes  No

*Why do you desire a change in employment at this time?* \_\_\_\_\_

Have you ever been discharged or asked to resign from a position?  Yes  No

*If yes, explain* \_\_\_\_\_

Have you ever held a position of trust (handling monies, securities or confidential material)?  Yes  No

Have you ever been bonded?  Yes  No

*Have you ever been refused bond?\**  Yes  No

*If yes, give reason and date* \_\_\_\_\_

Have you ever committed, or been convicted of a crime excluding minor traffic violations?\*

*If yes, explain* \_\_\_\_\_

*If you are on Probation or Parole, state name of officer and telephone number:*

*Name:* \_\_\_\_\_ *Telephone No.* \_\_\_\_\_

Do you have transportation to work?  Yes  No

Will you work overtime if asked?  Yes  No

Are there any hours, shifts, or days you will not work?\*

*If yes, explain* \_\_\_\_\_

*\* NOTE: Answering "yes" to any of these questions may not necessarily disqualify you from the position desired. Each action and explanation will be weighed/considered in relationship to the position for which you are applying.*

**In Case of Emergency, Notify:**

Name \_\_\_\_\_ Phone No. \_\_\_\_\_ Relation \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

State	CDL Number	Expiration Date	Passenger Operator Give License Number	Expiration Date	Restrictions

Traffic Conviction Record		Accident Record	
Date	Penalty	Date	Description of Accident
1.		1.	
2.		2.	
3.		3.	

**Start with the most recent or present employer: (Please explain any gaps in employment)**

1. Name of Employer	Address	Telephone No.
Immediate Supervisor (Name and Position)	Hire Date	Starting Rate
Present or final position	Departure Date	Final Rate
Job Duties		
Reason for Leaving		
2. Name of Employer	Address	Telephone No.
Immediate Supervisor (Name and Position)	Hire Date	Starting Rate
Present or final position	Departure Date	Final Rate
Job Duties		
Reason for Leaving		
3. Name of Employer	Address	Telephone No.
Immediate Supervisor (Name and Position)	Hire Date	Starting Rate
Present or final position	Departure Date	Final Rate
Job Duties		
Reason for Leaving		
4. Name of Employer	Address	Telephone No.
Immediate Supervisor (Name and Position)	Hire Date	Starting Rate
Present or final position	Departure Date	Final Rate
Job Duties		
Reason for Leaving		

<b>Equipment • Number of Years Experience</b>			
<b>Dozier:</b> D 3 _____ D 4 _____ D 6 _____ D 7 _____ D 8 _____ D 9 _____ D 10 _____ <b>Scraper:</b> _____	<b>Loader:</b> Rubber Tire _____ Track _____ <b>Backhoe:</b> _____ <b>Excavator:</b> _____ <b>Shovel:</b> _____ <b>Grader:</b> Rough _____ Finish _____	<b>Crane:</b> Lattice Boom _____ Hydraulic _____ <b>Driller:</b> _____ Airtrack _____ Down Hoe Hammer _____ Hydraulic _____ Rotary Drill _____ <b>Compactor:</b> _____	<b>Paver:</b> _____ <b>Broom:</b> _____ <b>Roller:</b> _____ <b>Dump Truck:</b> _____ Off Road _____ On Road _____ <b>Asphalt Plant:</b> _____ Drum _____ Batch _____
<b>Skilled In • Number of Years Experience</b>			
<b>Concrete Finisher:</b> _____ <b>Traffic Control:</b> _____ <b>Safety:</b> _____ <b>Pipe layer:</b> _____ <b>Carpenter:</b> _____ <b>Bridge:</b> _____ <b>Form:</b> _____	<b>Welder:</b> _____ <i>Type of experience:</i> _____ _____ _____ _____	<b>Mechanic:</b> _____ <i>Type:</i> _____ _____ _____ _____	<b>Other Experience:</b> _____ _____ _____ _____

NOTICE TO ALL APPLICANTS: This employer complies with the Americans With Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. If required, all entering employees in the same job category will be subject to the same medical questionnaire and/or examination and all information will be kept confidential and in separate files.

## APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of all matters contained in this application and hereby give the Employer permission to contact schools, previous employers, references, and others, and hereby release the Employer from any liability as a result of such contact. I understand that misrepresentations, omissions of facts or incomplete information requested in this application may remove me from further consideration for employment. In addition, if employed, any misrepresentations or omissions of facts called for in this application will be cause for dismissal at any time without any previous notice.

Applicants accepted for employment should clearly understand that while we attempt to provide steady, continuous work, we have no employment contracts, and we cannot guarantee the permanence of any position. Job tenure may be affected by many factors, including business/economic conditions, changes in laws or Employer policies, conformity to our work rules, job performance, etc.

If employed, I agree to conform to the rules and regulations of Eubank Paving, and I understand that as a condition of my employment and continued employment, I will be required to submit to any testing for the presence of illegal drugs. I also agree that, just as I have, if hired the right to terminate my employment at any time, with or without cause, and with or without notice, Eubank Paving may terminate my employment at any time, with or without cause or notice. I understand that no manager or representative of Eubank Paving, other than the President of Eubank Paving has any authority to enter into any agreement for employment for any specified period of time or make any agreement for any specified period of time or make any agreement contrary to the forgoing either now, in the past or in the future. I further understand that even an agreement by the president must be in writing and signed by (him/her) for it to be binding on either myself or Eubank Paving. I further understand that this supersedes any prior oral or written understanding and bars any future oral understanding to the contrary.

This application will remain active for sixty (60) calendar days from the date of the application. If you have not obtained employment within 60 days, but remain interested in obtaining employment with Eubank Paving, you must either reapply or notify us in writing of your desire to be considered for an additional 60 days.

I HEREBY DECLARE ALL THE FOREGOING STATEMENTS TO BE TRUE, AND CORRECT. I FURTHER DECLARE THAT I HAVE READ AND FULLY UNDERSTAND THE FOREGOING AND SEEK EMPLOYMENT UNDER THESE CONDITIONS OF MY OWN FREE WILL AND IN ACCORDANCE WITH MY OWN JUDGMENT.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

WITNESS INITIALS \_\_\_\_\_

Eubank Paving is an equal opportunity employer and will not discriminate against any employee or applicant for employment in any manner prohibited by law. If you feel that you may have been discriminated against at any time, for any reason, contact the Eubank Paving Human Resources Manager immediately so that we may address your concerns.

**DO NOT WRITE BELOW THIS LINE**

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Interviewed by \_\_\_\_\_ Date \_\_\_\_\_