



UNITEDPAVING C O M P A N Y

APPLICATION FOR EMPLOYMENT

United Paving is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization.

Please print and fill out all sections

First Name: _____	Last Name: _____
Address: Num. and Street: _____	Home Phone: _____
City: _____ State & Zip: _____	Cell Phone: _____
Date of Birth: _____	Email: _____
Social Security Number: _____	

Position applying for: _____	Are you applying for: Regular part-time work? <input type="checkbox"/> Y or <input type="checkbox"/> N Regular full-time work? <input type="checkbox"/> Y or <input type="checkbox"/> N
What days and hours are you available for work? _____	
If hired, on what date can you start working? ____/____/____	
Are you available to work overtime? <input type="checkbox"/> Y or <input type="checkbox"/> N	Salary desired: \$ _____

Have you ever applied to / or worked at United Paving before? <input type="checkbox"/> Y or <input type="checkbox"/> N If yes, please explain (include date): _____
Do you have any friends, relatives, or acquaintances working for United Paving? <input type="checkbox"/> Y or <input type="checkbox"/> N If yes, state name & relationship: _____
If hired, would you have transportation to and from work? <input type="checkbox"/> Y or <input type="checkbox"/> N
Are you over the age of 18? (if under 18, hire is subject to verification of minimum legal age.) <input type="checkbox"/> Y or <input type="checkbox"/> N
If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? <input type="checkbox"/> Y or <input type="checkbox"/> N
If hired, are you willing to submit to and pass a controlled substance test? <input type="checkbox"/> Y or <input type="checkbox"/> N
Are you able to perform the essential functions of the job for which you are applying, either with / without reasonable accommodation? <input type="checkbox"/> Y or <input type="checkbox"/> N If no, describe the functions that cannot be performed: _____
<small>(Note: United Paving Company complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)</small>

Education, Training and Experience

High School:

School name: _____
School address: _____
School city, state, zip: _____

Number of years completed: _____
Did you graduate? [] Y or [] N
Degree / diploma earned: _____

College / Unniversity:

School name: _____
School address: _____
School city, state, zip: _____

Number of years completed: _____
Did you graduate? [] Y or [] N
Degree / diploma earned: _____

Vocational School:

School name: _____
School address: _____
School city, state, zip: _____

Number of years completed: _____
Did you graduate? [] Y or [] N
Degree / diploma earned: _____

Military:

Branch: _____
Rank in Military: _____
Total Years of Service: _____
Skills/duties: _____
Related details: _____

References:

Please list at least 3 references (at least 2 professional references preferred).

1.) Full Name & Phone # _____
Relationship to you: _____

2.) Full Name & Phone # _____
Relationship to you: _____

3.) Full Name & Phone # _____
Relationship to you: _____

Any additional references (optional)

4.) Full Name & Phone # _____
Relationship to you: _____

5.) Full Name & Phone # _____
Relationship to you: _____

Employment Record

(Attach sheet if more room is needed)

Note: Applicants that desire to drive in interstate commerce must provide the following information on all employers during the previous 3 years. You must give the same information for all employers you have driven a commercial motor vehicle for the 7 years prior to the initial three years (total of 10 years employment record).

Must list the complete mailing address: street number and name, city, state and zip code.

Last Employer	
Name: _____	Phone #: _____
Address: _____	Position Held: _____
City: _____ State & Zip: _____	From: _____ To: _____
Reason for leaving: _____	Salary: \$ _____
Any gaps in employment and/or unemployment must be explained. Include dates and reason:	
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR's) while employed by this employer? <input type="checkbox"/> Y or <input type="checkbox"/> N	
Was this previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirement as required by 49 CFR Part 40? <input type="checkbox"/> Y or <input type="checkbox"/> N	

Second Last Employer	
Name: _____	Phone #: _____
Address: _____	Position Held: _____
City: _____ State & Zip: _____	From: _____ To: _____
Reason for leaving: _____	Salary: \$ _____
Any gaps in employment and/or unemployment must be explained. Include dates and reason:	
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR's) while employed by this employer? <input type="checkbox"/> Y or <input type="checkbox"/> N	
Was this previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirement as required by 49 CFR Part 40? <input type="checkbox"/> Y or <input type="checkbox"/> N	

Third Last Employer	
Name: _____	Phone #: _____
Address: _____	Position Held: _____
City: _____ State & Zip: _____	From: _____ To: _____
Reason for leaving: _____	Salary: \$ _____
Any gaps in employment and/or unemployment must be explained. Include dates and reason:	
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR's) while employed by this employer? <input type="checkbox"/> Y or <input type="checkbox"/> N	
Was this previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirement as required by 49 CFR Part 40? <input type="checkbox"/> Y or <input type="checkbox"/> N	

Please fill out the following information if you are applying for a driving position or will be expected to drive a company vehicle.

Section 383.21 FMCSR states: "No person who operates a commercial motor vehicle shall at any time have more than one driver's license." I certify that I do not have more than one motor vehicle license, the information for which is listed below:

State	License No.	Type	Expiration Date

Driving Experience:

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Approx. no. of miles (Total)
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Tractor – Two Trailers				
Other				

Accident Record For Past 3 Years or More: (Attach sheet if space is needed)

Dates	Nature of Accident (Head-on, rear-end, etc.)	Number of Fatalities	Number of Injuries	Chemical Spills
				Yes / No
				Yes / No

Traffic Convictions and Forfeitures For Past 3 Years (other than parking violations)

Date convicted (month/year)	Violation	State of Violation Location	Penalty (forfeited bond, collateral and/or points)

(Attach sheet if more space is needed)

Have you ever been denied a license, permit or privilege to operate a motor vehicle?
 Y or N If yes, explain _____

Has any license, permit or privilege ever been suspended or revoked? Y or N
 If yes, explain _____

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving to 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 United Paving Company.

"I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information."

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

DATE

APPLICANT'S SIGNATURE