

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No
 ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No
 Specialty _____ Date Entered _____ Discharge Date _____

Work Experience Please list your work experience for the **past seven years** beginning with your most recent job held.
 If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer _____ Address _____ City, State, Zip Code _____ Phone number _____	Name of last supervisor _____	Employment dates From _____ To _____	Pay or salary Start \$ _____ Final \$ _____
Your last job title _____			

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer _____ Address _____ City, State, Zip Code _____ Phone number _____	Name of last supervisor _____	Employment dates From _____ To _____	Pay or salary Start \$ _____ Final \$ _____
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May we contact your present employer? Yes No

Did you complete this application yourself Yes No If not, who did? _____

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

As indication that you have read and understood each sentence, please write your initials in the spaces provided below.

In exchange for the consideration of my job application by Warren Paving, Inc., (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment,____ or to confer any right to remain an employee of Warren Paving, Inc., or otherwise to change in any respect the employment-at-will relationship between it and the undersigned,____ and that relationship cannot be altered except by a written instrument signed by the Owner/Managing Member of the Company.____ Both the undersigned and Warren Paving, Inc. may end the employment relationship at any time, without specified notice or reason.____ If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.____

I authorize investigation of all statements contained in this application.____ I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice.____ I hereby give the Company permission to contact schools, all previous employers (unless otherwise indicated), references and others and hereby release the Company from any liability as a result of such contact.____

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics and mode of living.____ Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.____

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days and further that at any time during the probationary period or thereafter, my employment relationship with the Company is terminable at will for any reason by either party.____

Signature of applicant _____ Date: _____

Warren Paving, Inc. is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with Warren Paving, Inc. depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

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DOT Regulated Driver Section

THIS SECTION IS FOR DOT REGULATED DRIVERS ONLY

Accident Record For Past 3 Years or More (Attach Sheet If More Space Is Needed) If None, Write None.

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
Last Accident -			
Next Previous -			
Next Previous -			

Traffic Convictions and Forfeitures For The Past 3 Years (Other Than Parking Violations) If None, Write None

LOCATION	DATE	CHARGE	PENALTY

EXPERIENCE AND QUALIFICATIONS – DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

A. Have you ever 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 IS YES, ATTACH STATEMENT GIVING DETAILS

DRIVING EXPERIENCE IF NONE, WRITE NONE

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				
MOTORCOACH – SCHOOL BUS				
DUMP TRUCK				
OTHER				

LIST STATE OPERATED IN FOR LAST FIVE YEARS _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

APPLICANT BACKGROUND QUESTIONNAIRE

The U.S. Department of Labor is requesting your completion of this form to assist the agency in evaluating and improving its efforts to publicize job openings and to encourage applications for employment from a diverse group of qualified candidates, including minorities and persons with disabilities. The Department will use the data you supply to determine how many applicants are from different groups and how many of these applicants are qualified for the job in question. The Department will then assess the effectiveness of specific outreach efforts and means of communicating information on job vacancies in light of this information.

EFFECTS OF NONDISCLOSURE: Providing the information requested on this form is voluntary. This information will have no effect on hiring decisions.

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.

Information provided on this form will be used for program evaluation. Personal identifying information will not be included in the tabulation of data in the DOL database.

The public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the U.S. Department of Labor, Human Resource Services Center, FPB, Washington, D.C. 20210; and the Office of Management and Budget, Paperwork Reduction Project, Washington, D.C. 20503.

Solicitation of this information is in accordance with 5 CFR Section 720, "Federal Equal Opportunity Recruitment Program" (FEORP).

PLEASE COMPLETE THE FOLLOWING:

<p>Name:</p>	<p>Do you have a Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If You checked "Yes" above, is your disability one of the targeted disabilities listed below? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Blind Deaf Missing Extremity(s) Partial Paralysis Complete Paralysis Convulsive Disorder Mental Retardation Mental Illness Genetic or physical condition affecting limbs or spine</p>
<p>Sex:</p> <p align="center"><input type="checkbox"/> Male <input type="checkbox"/> Female</p>	
<p>Title, Grade, and Announcement Number Of Position for which applying:</p>	

ETHNIC SELF-IDENTIFICATION

Are you Hispanic or Latino? (Definition: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Yes No

RACE SELF-IDENTIFICATION

Please read the descriptions, then mark one or more races to indicate what you consider yourself to be.

American Indian or Alaska Native

A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

- Asian A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or other Pacific Islander A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

SOURCE OF INFORMATION ABOUT THIS VACANCY: (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> 1. Magazine | <input type="checkbox"/> 7. Federal, State, or Local Job Info. Center |
| <input type="checkbox"/> 2. Newspaper | <input type="checkbox"/> 8. Friend or Relative Working for the Agency |
| <input type="checkbox"/> 3. Radio/Television Broadcast | <input type="checkbox"/> 9. Internet |
| <input type="checkbox"/> 4. Agency Personnel Office | <input type="checkbox"/> 10. Federal/DOL Jobsline |
| <input type="checkbox"/> 5. State Employment Office | <input type="checkbox"/> 11. |
| <input type="checkbox"/> 6. Government Recruitment at School | |