



CAPITAL CONCRETE

EMPLOYMENT APPLICATION

DESIRED POSITION: _____

Name: _____

Placement Desired Full Time ___ Part Time ___ Temporary ___

Desired Start Date _____

Applicant's Statement

I understand that Capital Concrete, Inc. is committed to providing equal opportunity in all employment practices, including but not limited to selection, hiring, promotion, transfer and compensation to all qualified applicants and employees without regard to age, race, color, religion, national origin, disability, marital status, veteran status, or any other legally protected status.

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable laws, any employment relationship with this company is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written documents.

Signature

Date



PERSONAL INFORMATION

NAME: _____

Address: _____

Phone Number: _____

Social Security No. _____ **Are you 18 years of age or older? Y or N**

Have you ever applied here before? Y N If yes, please give dates and positions.

Do you have any friends or relatives working here? If yes, name and relationship.

Y N _____

Are you currently employed? Y N If so, may we contact your present employer? Y N

Your desired salary range: _____

Have you ever been convicted of a felony? Y N If yes, please give date and details.

If applying for a position which involves driving a motor vehicle, please answer the following.

Do you have a Commercial Driver's License? If yes, what Class _____

Do you have a current DOT physical card? _____

Have you been cited for a traffic violation of any kind within the past 5 years? Y N

If yes, please give date and details: _____



EDUCATION

High School 9 10 11 12

College/University 1 2 3 4
_____ Course of Study/ Major _____

Business or Technical School Attended _____

Other Schooling _____

US Military Service Y N Branch of Service _____

Dates _____ Rank _____ Job Title _____

Please describe any specialized training, apprenticeship, skills and extra-curricular activities.

EMERGENCY INFORMATION- In case of an accident or emergency, who should we contact?

Name: _____ Relationship: _____

Address: _____

Phone No.: _____



Record of Previous Employment

Present or last employer : _____

Address	City	State	Zip Code	Telephone No.

Employed From (mo/yr) To	Job Title/Position	Job Responsibilities

Pay Start \$	Final \$	Reason for Leaving

Previous Employer : _____

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Employed From (mo/yr) To	Job Title/Position	Job Responsibilities

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