

APPLICANT INFORMATION									
Last Name:			First:			M.I.	Date:		
Street Address:						Apartment/Unit #:			
City:			State:			ZIP:			
Phone:			E-mail Address:						
Date Available:		Social Security No.:			Desired Salary:				
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					
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:				
SPECIALIZED TRAINING <i>(Describe any training, apprenticeships, and or skills)</i>									
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:									

**OTHER QUALIFICATIONS** *(Describe any qualifications useful to the road construction field)*


**PREVIOUS EMPLOYMENT**

Company:	Phone:
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Address:	Supervisor:
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Job Title:	Starting Salary \$	Ending Salary \$
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Work Performed:
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From:	To:	Reason for Leaving:
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May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Company:	Phone:
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Address:	Supervisor:
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Job Title:	Starting Salary \$	Ending Salary \$
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Work Performed:
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From:	To:	Reason for Leaving:
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May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Company:	Phone:
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Address:	Supervisor:
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Job Title:	Starting Salary \$	Ending Salary \$
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Work Performed:
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From:	To:	Reason for Leaving:
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May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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**MILITARY SERVICE**

Branch:	From:	To:
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Rank at Discharge:	Type of Discharge:
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If other than honorable, explain:
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**DISCLAIMER AND SIGNATURE**

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.

Signature:	Date:
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**Affirmative Action Program Questionnaire**

This Company is in full compliance with federal and local laws and with Executive Order 11246 as amended, is committed to the continual evaluation of our Affirmative Action Program (AAP)

In order to evaluate our progress as an Equal Opportunity Employer, we are asking all applicants to complete this questionnaire.

INFORMATION PERTAINING TO SEX AND RACE/ETHNIC HERITAGE IS REQUIRED. INFORMATION PERTAINING TO VETERAN AND DISABILITY IS VOLUNTARY AND WILL NOT BE SUBJECT YOU TO ANY ADVERSE TREATMENT.

Confidential Applicant Information

Female

Male

Race/Ethnic Heritage: (Please circle one.) If two or more categories apply, choose the one with which you most closely identify.

Black, not of Hispanic origin

-Persons having origins in any of the Black racial group of Africa.

Asian Indian or Pacific Islander

-Persons having origins in any of the original peoples of the far east, Southeast Asia, the Indian subcontinent or the Pacific Islands.

American Indian or Alaska Native

-Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

Hispanic

-Persons of Mexican, Puerto Rican, Cuban, Central or South American, or Spanish culture of origin, regardless of race.

White, not of Hispanic origin

-Persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

Other

Were you referred to this company?

Yes No

-A job referral could be by an employment agency, a union, an advertisement or a person.

If yes, please indicate what organization or person referred you.

Are you Disabled?

Yes No

-A person who has a physical or mental impairment which substantially limits on or more major life activities, has a record of such an impairment or is regarded as having such an impairment.

If yes, please indicate limitations to be considered in job placement.

Are you a Veteran?

Yes No

-A person who both served on active duty for more than 180 days between August 5, 1965 and May 7, 1975, or on active duty during a war, or in a campaign or expedition for which a campaign badge has been authorized.

If yes, please indicate release date:

Are you a disabled Veteran?

Yes No

-Must be entitled to disability by Veterans Administration, rated at least 30% disabled; or discharged or released from active duty for a disability incurred or aggravated in the line of duty.

If yes, please indicate limitations to be considered for job placement:

Applicant Name (Print) \_\_\_\_\_ Applicant Signature \_\_\_\_\_