



APPLICATION FOR EMPLOYMENT

- Reynolds Asphalt and Construction Co. is an equal opportunity employer. We are dedicated to a policy of non-discrimination on any basis including race, color, age, sex, religion, or national origin.
- All offers of employment are expressly contingent upon passing a pre-employment drug screening. Any applicant with positive test results will be denied employment.

Date _____

Applicant Name _____
(First) (Middle) (Last)

Social Security# _____

Present Address _____
(STREET) (CITY) (STATE) (ZIP)

Home Phone _____ Cell Phone _____

Are you 18 years or older? (Y) (N)

YOU ARE SUBJECT TO MEDICAL & DRUG TESTING AT ANY TIME WITH THIS COMPANY.	
EXPLAIN (Yes) TO ANY OF THE FOLLOWING QUESTIONS.	
1. Have you used drugs that would indicate a "Positive" result on a drug test? (Y) (N)	
2. Do you have any violations on your driving record? (Y) (N)	
3. Have you ever been convicted of a crime (other than a minor traffic citation)?(Y) (N)	
If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment, but a false statement is.	

Position Desired _____ Date you are available to begin work _____

Are you employed now? (Y) (N) If so, may we contact your employer (Y) (N)

Have you applied with this company before? (Y) (N) Where and when? _____

How did you hear about this position? _____

EDUCATIONAL BACKGROUND				
	Name & Location	Years Attended	Did You Graduate?	Subjects Studied
High School				
College				
Business or Trade School				
Professional School				

DRIVER LICENSE INFORMATION

DRIVERS LICENSES	STATE	LICENSE NO.	TYPE/CLASS	EXPIRATION DATE
1.				
2.				
3.				

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPOX. # OF MILES
		TO	FROM	

RECORD OF ACCIDENTS

DATE	NATURE OF ACCIDENT (HEAD-ON, REAR-END, ETC.)	FATALITIES	INJURIES

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY
1.			
2.			
3.			
4.			

(ATTACH PAPER IF MORE SPACE IS NEEDED)

IF THE ANSWER TO EITHER A OR B BELOW IS YES, WRITE A STATEMENT IN THE SPACE PROVIDED.

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

EMPLOYMENT HISTORY

Please list your work experience beginning with the most recent position held.

Note: DOT requires that employment for at least 3 years and/or commercial driving experience for the past 10 years be shown.

1. Company Name _____ Telephone _____
Address _____
Date Started _____ Starting Wage _____ Starting Position _____
Date Ended _____ Ending Wage _____ Ending Position _____
Name of Supervisor _____ May we contact your previous supervisor? Yes No
Responsibilities _____

Reason for Leaving _____

2. Company Name _____ Telephone _____
Address _____
Date Started _____ Starting Wage _____ Starting Position _____
Date Ended _____ Ending Wage _____ Ending Position _____
Name of Supervisor _____ May we contact your previous supervisor? Yes No
Responsibilities _____

Reason for Leaving _____

3. Company Name _____ Telephone _____
Address _____
Date Started _____ Starting Wage _____ Starting Position _____
Date Ended _____ Ending Wage _____ Ending Position _____
Name of Supervisor _____ May we contact your previous supervisor? Yes No
Responsibilities _____

Reason for Leaving _____

EMPLOYMENT HISTORY-CONTINUED

4. Company Name _____ Telephone _____

Address _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____ May we contact your previous supervisor? Yes No

Responsibilities _____

Reason for Leaving _____

In case of emergency notify: _____

First Middle Last

Address

Telephone Number

APPLICANT CERTIFICATION:

I certify that the facts set forth in this application for employment I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history.

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of this company, other than the president, has any authority to alter the foregoing.

Signature _____ Date _____