



APPLICATION FOR EMPLOYMENT

WE ARE A DRUG FREE WORKPLACE APPLICANTS WILL BE SCREENED

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

Last First Middle Maiden

DATE: _____

Name:

Present Address:

Number Street City State Zip

How long: _____

Social Security No: _____

Telephone: _____

Date of Birth: _____

If under 18, please list _____
work: _____
No Pref _____

age: Days/hours available to _____
_____ Thur _____
_____ Fri _____
_____ Sat _____
_____ Sun _____

Position applied for (1) _____ Mon
(2) _____ Tue
(Be specific) Wed

How many hours can you work weekly? _____

Can you work nights? _____

Employment desired FULL TIME ONLY PART TIME ONLY FULL or PART TIME

When available for work? _____



TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete Mailing Address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. Or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO

If, yes explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense (s) was/were committed, sentence(s), imposed, and type(s) rehabilitation. _____

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DO YOU HAVE A DRIVER'S LICENSE? YES NO

What is your means of transportation to work? _____

Drivers License _____ State _____
 Number: Issued: _____ Operator Commercial (CDL) Chauffeur
 Expiration date: _____

Have you had any accidents during the past three years? _____ How many? _____

Have you had any moving violations during the past three years? _____ How many? _____



Please list two references other than relatives or previous employers.

Name	_____	Name	_____
Position	_____	Position	_____
Company	_____	Company	_____
Address	_____	Address	_____
Telephone	_____	Telephone	_____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

Work Experience:	Please list your work experience for the past five (5) years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.
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Name of Employer Address City, State, Zip code Phone number	Name of last Supervisor	Employment Dates	Pay or Salary
		From To	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.

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

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May we contact your present employer? YES NO

PLEASE READ CAREFULLY



APPLICATION FORM WAIVER

In exchange for the consideration of my job application by __ (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 _____, 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 President/General Manager of the Company. Both the undersigned and _ may end 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, previous employers (unless otherwise indicated), references, and others and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

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 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 sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of Applicant: _____ Date: _____

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



Date: _____

To Whom It May Concern:

Please accept this letter as authorization to provide copies of my driver's license driving record to Atlantic Southern Paving and Sealcoating for possible employment.

Signature: _____

Print Name: _____