

APPLICATION FOR EMPLOYMENT

Rawson Materials
205 Munyan Road
Putnam, CT 06260
Phone (860) 963-5300
Fax (860) 963-5303

Applicants are considered for all positions without regard to race, color, religion, creed, gender, age, marital or veteran status, sexual orientation, the presence of non-job related medical condition or handicap or any other legally protected status.

(Please Print) Date of Application: _____

Position (s) Applied for: _____

Referral Source: Advertisement Friend Other Walk-In Employment Agency Other _____

Name: _____
Last First Middle

Address: _____
Number Street City State Zip Code

Telephone: _____ Social Security Number: _____

Do you have the legal right to work in the United States?: Yes No

Date of Birth: _____

Have you filed an application here before? Yes No If yes, give date: _____

Have you ever been employed here before? Yes No If yes, give date: _____

Are you employed now? Yes No If yes, may we contact your present employer? _____

Are you able to work? Full Time Part Time

Are you laid off and subject to recall? Yes No

Can you travel if a job requires it? Yes No

EDUCATION

	Elementary	High School	College/University	Graduate/Professional
School Name and City				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Describe specialized training, apprenticeships, skills and extra curricular activities				
Describe course of study				
Honors Received				

State any professional information you feel may be helpful to us in considering your application:

List professional trade, business or civic activities or offices held. (Exclude those of which indicate race, color, gender, national origin or any legally protected status).

Give name, address and telephone number of three references that are not related to you and are not previous employers. Indicate the nature of your relationship (former teacher, etc.)

Name	Address	Telephone #	Relationship
-------------	----------------	--------------------	---------------------

1. _____

2. _____

3. _____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organizations, which would indicate race, color, religion, gender, national origin, or any other legally protected status.

Employer	Date Employed From To
Job Title	Hourly Rate/Salary Starting: \$ Final: \$
Supervisor Reason for Leaving:	Work Performed

Employer	Date Employed From To
Job Title	Hourly Rate/Salary Starting: \$ Final: \$
Supervisor Reason for Leaving:	Work Performed

Employer	Date Employed From To
Job Title	Hourly Rate/Salary Starting: \$ Final: \$
Supervisor Reason for Leaving:	Work Performed

(Continued on next page)

EXPERIENCE AND QUALIFICATIONS - DRIVER

IF YOU ARE APPLYING FOR A POSITION THAT REQUIRES A CDL, PLEASE FILL OUT THE SECTIONS BELOW:

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	DATES		APPROX. NO. OF MILES
		FROM	TO	
STRAIGHT TRUCK _____				
TRACTOR & SEMI-TRAILER _____				
TRACTOR - TWO TRAILERS _____				
MOTORCOACH - SCHOOL BUS _____				
OTHER _____				

LIST STATES OPERATED IN FOR THE 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?: _____

STATEMENT OF CERTIFICATION

This certifies that I completed this application, and that all entries on it and information in it are true and complete to best of my knowledge.

I authorize you to make such investigations and inquiries of my personal employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.)

I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company.

Applicants Signature

Date