

Employment Application

APPLIC	II TAN	NFORN	MATION											
Last Nam	ne				First	t				M.I.	D	ate		
Street Ac	Address									Aparti	ment/Unit	t #		
City				Stat	е				ZIP					
Phone					E-m	ail Address	Address							
Date Ava	ilable				Desi	ired Salary	I Salary							
Position(s) Applie	d for												
Have you	ı ever wo	orked fo	r this company?	YES 🗌	NO [If so,	when?							
Would yo	ou be wil	ling to t	ravel?	YES 🗌	NO 🗆]								
EDUCA	TION													
High Sch	ool				Addres	SS								
From		То	Did you	graduate?	YES [NO [] D	egree						
College					Addres	SS	·							
From		То	Did you	graduate?	YES [NO [] D	egree						
Other					Addres	SS	·							
From		То	Did you	graduate?	YES [□ NO [] D	egree						
State any	State any professional information you feel may be helpful to us in considering your application:													
List any professional trade, business or civic activities or offices held. (Exclude those which indicate race, color, gender, national origin or any legally protected status).														
REFERI														
Please lis	st three p	professio	onal references.											
Full Nam	е						Relati	onship						
Company	<i>'</i>						Phone	9						
Address														
Full Nam	e						Relati	onship						



Company				Phone	ione					
Address										
Full Name				Relationship						
Company			Phone							
Address			·							
PREVIOUS	EMPLOYMENT									
Company	LIII LOTIVILIET			Phone						
Address				Supervisor						
Job Title			Starting Salary	\$						
Responsibilitie	oc		otal tillig datal y	<u> </u>						
From	To	Reason for Leaving								
way we contain	May we contact your previous supervisor for a reference? YES NO									
Company				Phone						
Address				Supervisor						
Job Title			Starting Salary	\$	Ending Salary \$					
Responsibilitie	es									
From	То	Reason for Leaving	J							
May we contain	ct your previous supervis	sor for a reference?	NO 🗆							
Company					Phone					
Address			Supervisor							
Job Title Starting				\$	Ending Salary \$					
Responsibilitie	25									
From	То	Reason for Leaving								
May we contain	ct your previous supervis	sor for a reference?	YES 🗌	NO 🗆						
MILITARY	SERVICE									
Branch					From To					
Rank at Discharge					Type of Discharge					
If other than h	honorable, explain									



EXPERIENCE & QUALIFICATIONS - DRIVER

If you are applying for a position that requires a CDL, please fill out the section below:

	STATE	LICENSE NO.	TYPE	EXPIRATION DATE		
DRIVERS LICENSES						
DRIVERS LICENSES						

Driving Experience (if none, write note)

Class of Equipment	Type of Equipment	Da	Approximate number		
Class of Equipment	Type of Equipment	From	То	of miles	
Straight Truck					
Tractor & Semi-Trailer					

List states operated in for the last 5 years:
Show special courses or training that will help you as a driver:
Which safe driving awards do you hold and from whom:

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquires of my personal employment and other related matters as may be necessary in arriving at an employment decision.

I hereby release employers, schools and other persons from liability in responding to inquiries and releasing information regarding my application.

If this application leads to employment I understand that I am required to submit to a pre-employment drug screening. If I fail a pre-employment drug screening I understand that I am not eligible to reapply for any positions with Rawson Materials for 6 months after the results of the drug screening are received by Rawson Materials.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

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