



Employment Application

APPLICANT INFORMATION

Last Name		First		M.I.		Date	
Street Address						Apartment/Unit #	
City				State			ZIP
Phone				E-mail Address			
Date Available				Desired Salary			
Position(s) Applied for							
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?				
Would you be willing to travel?	YES <input type="checkbox"/>	NO <input type="checkbox"/>					

EDUCATION

High School				Address			
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
College				Address			
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
Other				Address			
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				

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

What types, models, and sizes of equipment have you had experience operating?

REFERENCES

Please list three professional references.

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	



Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

PREVIOUS EMPLOYMENT

Company		Phone
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

Company		Phone
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

Company		Phone
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		



EXPERIENCE & QUALIFICATIONS - DRIVER

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

DRIVERS LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

Driving Experience *(if none, write note)*

Class of Equipment	Type of Equipment	Dates		Approximate number of miles
		From	To	
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.

Signature

Date

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.

This application may be submitted via email to tracy.lefebvre@rawsonmaterials.com, in person at any of our plant locations or by mail to:

Rawson Materials
 Attn: Human Resources
 58 Pomfret Street, Suite 4101
 Putnam, CT 06260