



APPLICATION FOR EMPLOYMENT

NOTICE TO APPLICANTS

FEDERAL AND STATE LAW REQUIRES THAT ALL APPLICATIONS BE CONSIDERED WITHOUT REGARD TO RACE, RELIGION, COLOR, SEX, AGE OR NATURAL ORIGIN. WE BELIEVE IN AND FULLY SUPPORT THE PRINCIPLE OF EQUAL EMPLOYMENT OPPORTUNITY AND WILL FULFILL OUR OBLIGATION TO THE FULLEST. GMH ASPHALT IS AN EQUAL OPPORTUNITY EMPLOYER

NAME:	_____	_____	_____
	FIRST	MIDDLE	LAST
CURRENT ADDRESS:	_____	_____	_____
	STREET		CITY, STATE ZIP
PREVIOUS ADDRESS:	_____	_____	_____
	STREET		CITY, STATE ZIP
PHONE:	_____	DL NO.	_____
DATE OF BIRTH:	_____		
POSITIONS APPLIED FOR:	_____		
RATE OF PAY EXPECTED:	_____		
HOW DID YOU HEAR OF THIS OPENING:	_____		
HAVE YOU EVER WORKED FOR GMH ASPHALT?	_____		
IF YES, WHEN?	_____		
LIST ANY FRIENDS/RELATIVES WORKING FOR GMH	_____		

SEX:	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	
HAVE YOU BEEN CONVICTED OF A FELONY?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
IF YES, WHEN AND FOR WHAT?	_____		
DO YOU HAVE A CLASS A OR B LICENSE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, WHICH ONE? AND FOR HOW LONG? _____
FROM THE POSITION(S) APPLIED FOR ABOVE, OR ANY POSITIONS RELATIVE TO SUCH, ARE THERE ANY PRE-EXISTING HEALTH OR PHYSICAL CONDITIONS THAT PREVENT YOU FROM PREFORMING THESE FUNCTIONS OR DUTIES?			



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PREVIOUS EMPLOYMENT – BEGIN WITH PRESENT EMPLOYMENT OR MOST RECENT	
EMPLOYER 1	COMPANY NAME _____ CITY, STATE _____ CONTACT NAME & PHONE _____ MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO POSITION / TITLE _____ BEGIN DATE _____ STARTING WAGE _____ END DATE _____ ENDING WAGE _____ REASON FOR LEAVING _____
EMPLOYER 2	COMPANY NAME _____ CITY, STATE _____ CONTACT NAME & PHONE _____ MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO POSITION / TITLE _____ BEGIN DATE _____ STARTING WAGE _____ END DATE _____ ENDING WAGE _____ REASON FOR LEAVING _____
EMPLOYER 3	COMPANY NAME _____ CITY, STATE _____ CONTACT NAME & PHONE _____ MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO POSITION / TITLE _____ BEGIN DATE _____ STARTING WAGE _____ END DATE _____ ENDING WAGE _____ REASON FOR LEAVING _____

PERSONAL/PROFESSIONAL REFERENCES			
NAME	CITY, STATE	RELATIONSHIP	PHONE NUMBER

APPLICANT: READ AND SIGN BELOW

The information provided by me in this application for employment is true and complete to the best of my knowledge. I understand that if I am employed any false statements will be considered as cause for possible dismissal. You are hereby authorized to conduct an investigation of my personal history and/or credit and financial records employing investigative or credit agencies or bureaus of your choice subject to the provisions of the Fair Credit Reporting Act.

SIGNATURE

DATE

OFFICE USE ONLY

DATE INTERVIEWED _____	POSITION _____	BY WHO _____
REMARKS _____		
HIRED?	WAGE	START DATE