

**WM. LIGHT
PAVING CO.**

752-1100

ALL PROSPECTIVE EMPLOYEES WILL BE REQUIRED TO PASS A PRE-EMPLOYMENT DRUG TEST !!!!!!!!!!!!!!!!!!!!!

Wm. Light Paving Co., Inc. is an Equal Opportunity Employer, committed to employing individuals without regard to race, color, age, sex, marital status, veteran status, religion, creed, national origin, ancestry, or handicap.

DATE OF APPLICATION: _____

S.S. NUMBER: _____ BIRTH DATE: _____

NAME: _____

ADDRESS: _____

NUMBER OF YEARS AT PRESENT ADDRESS: _____

PREVIOUS ADDRESS: _____

(If less than two years at present address)

NUMBER OF YEARS AT PREVIOUS ADDRESS: _____

PHONE NUMBER (S): _____ EMERGENCY #: _____

FOR OFFICE USE ONLY

LICENSE# _____ CLASS _____ EXPIRES _____

ENDORSEMENTS _____

VERIFIED _____

FORMER EMPLOYERS

LIST YOUR LAST FOUR EMPLOYERS STARTING WITH THE MOST RECENT ONE FIRST.

DATES WORKED: _____ WAGES: _____

COMPANY NAME: _____ ADDRESS: _____

WORK PERFORMED: _____

REASON FOR LEAVING: _____

DATES WORKED: _____ WAGES: _____

COMPANY NAME: _____ ADDRESS: _____

WORK PERFORMED: _____

REASON FOR LEAVING: _____

DATES WORKED: _____ WAGES: _____

COMPANY NAME: _____ ADDRESS: _____

WORK PERFORMED: _____

REASON FOR LEAVING: _____

DATES WORKED: _____ WAGES: _____

COMPANY NAME: _____ ADDRESS: _____

WORK PERFORMED: _____

REASON FOR LEAVING: _____

PERSONAL REFERENCES

GIVE BELOW THE NAMES OF TWO PERSONS, NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR.

NAME: _____ PHONE NUMBER: _____

ADDRESS _____

OCCUPATION: _____ YEARS ACQUAINTED: _____

NAME: _____ PHONE NUMBER: _____

ADDRESS _____

OCCUPATION: _____ YEARS ACQUAINTED: _____

WORK HISTORY IN ROAD CONSTRUCTION

DO YOU HAVE EXPERIENCE IN SPRAYING ASPHALT WITH A DISTRIBUTOR: _____

DO YOU HAVE EXPERIENCE IN TAR & CHIP WORK: _____

DO YOU HAVE EXPERIENCE IN BLACKTOP PAVING: _____

DO YOU HAVE EXPERIENCE IN CRACK-SEALING: _____

DO YOU HAVE EXPERIENCE IN OPERATING A ROLLER: _____

DO YOU HAVE EXPERIENCE IN TRUCK DRIVING: _____

DO YOU HAVE EXPERIENCE IN TRUCK MAINTENANCE AND REPAIR: _____

DO YOU HAVE EXPERIENCE IN RUNNING GRADERS/BULLDOZERS: _____

DO YOU HAVE EXPERIENCE IN HEAVY EQUIPMENT MAINTENANCE AND REPAIR: _____

FOR ANY QUESTIONS ABOVE ANSWERED YES, PLEASE GIVE A DETAILED EXPLANATION:

LIST ANY OTHER RELATED EXPERIENCE YOU MIGHT HAVE: _____

WAGES

WHAT RATE OF PAY DO YOU REQUEST: _____

WHAT FRINGES DO YOU REQUEST: _____

PERSONAL HISTORY

DRIVERS RECORDS WILL BE CHECKED FOR ANY APPLICANT HIRED. ANY DUI, RECKLESS OPERATION, HIT AND RUN, OR OTHER SERIOUS VIOLATION WILL RESULT IN IMMEDIATE DISMISSAL. THE EMPLOYEE MUST FURNISH A DRUG TEST AND PHYSICAL, TO BE TAKEN AT THE MERCY MEDI-CENTER, UPON BEING HIRED.

DO YOU HAVE A VALID COMMERCIAL DRIVERS LICENSE: _____

LIST ALL DRIVING ACCIDENTS AND VIOLATIONS YOU HAVE HAD IN THE LAST THREE YEARS:

DO YOU HAVE RELIABLE TRANSPORTATION TO GET TO WORK ON TIME: _____

DO YOU HAVE TELEPHONE SERVICE TO RECEIVE WORK ASSIGNMENTS: _____

HAVE YOU EVER BEEN CONVICTED OF A STATE, FEDERAL OR MUNICIPAL OFFENSE: _____

IF YES, LIST EACH OFFENSE, THE COURT LOCATION, YOUR PLEA AND THE COURT FINDING:

(Your eligibility for employment will not be affected by your answer.)

ARE YOU UNDER THE CARE OF A PHYSICIAN AT THIS TIME: _____

IF YES, FOR WHAT REASON: _____

DO YOU HAVE ANY PHYSICAL, MENTAL OR MEDICAL IMPAIRMENT OR DISABILITY THAT WOULD LIMIT YOUR JOB PERFORMANCE FOR THE POSITION FOR WHICH YOU ARE APPLYING: _____

IF YES, PLEASE SPECIFY: _____

DO YOU POSSESS THE SKILLS AND TRAINING TO PERFORM THE TASKS OF THE POSITION YOU ARE APPLYING FOR AND ARE YOU FAMILIAR WITH THE HAZARDS INVOLVED: _____

ARE YOU WILLING TO CLEAN, SERVICE AND REPAIR TOOLS AND EQUIPMENT THAT YOU WILL OPERATE OR USE: _____

DO YOU HAVE YOUR OWN TOOL BOX: _____

ARE YOU WILLING TO DO LABOR WORK AS NEEDED: _____

ARE YOU WILLING TO WORK OVERTIME WHEN NEEDED: _____ SATURDAYS: _____

I CERTIFY THAT ALL ANSWERS HEREIN ARE TRUE. I UNDERSTAND THAT ANY FALSE INFORMATION GIVEN HEREIN WILL BE GROUNDS FOR IMMEDIATE DISMISSAL.

I UNDERSTAND ADHERING TO THE COMPANY'S SAFETY POLICY, INCLUDING THE WEARING OF PERSONAL PROTECTIVE EQUIPMENT, IS A CONDITION OF EMPLOYMENT. I ALSO UNDERSTAND THAT I MUST HAVE AND MAINTAIN RELIABLE TRANSPORTATION AND TELEPHONE SERVICE. I FURTHERMORE VERIFY THAT I WILL BE AVAILABLE FOR GENERAL LABOR WORK, OVERTIME HOURS AND SATURDAYS.

SIGNATURE: _____ DATE: _____