



PAVING • LIMESTONE • ASPHALT
 Application for Employment An Equal Opportunity Employer

APPLICANT INFORMATION

Last Name	First	M.I.	Date	
Street Address				Apartment/Unit #
City	State	ZIP		
Phone	E-mail Address			
Date Available	Social Security No.	Desired Salary		
Position Applied for				
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	

EDUCATION

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

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	Starting Salary	\$	Ending Salary \$
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	Starting Salary	\$	Ending Salary \$
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	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Which Job did you like the best and why?			

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

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

INFORMATION RELEASE FORM

I hereby authorize any person, educational institution, or company I have listed as a reference on my employment application to disclose in good faith any information they may have regarding my qualifications and fitness for employment. I will hold Magruder Paving, LLC, any former employers, educational institutions, and any other persons giving references free of liability for the exchange of this information and any other reasonable and necessary information incident to the employment process.

Signed: _____

Date: _____

TO ALL APPLICANTS

The information below is needed to comply with state and federal laws and regulations.

The information will be used for statistical purposes only and will not appear in your application file. Submittal of this information is strictly voluntary and refusal to provide it will not subject you to any adverse treatment. This information will be kept confidential except allowed for by the Rehabilitation Act of 1973 and the Vietnam Era Veterans Readjustment Assistance Act of 1974.

Magruder Paving, LLC is an Equal Opportunity Employer.

Please check the correct information.

Sex: Male _____ Female _____

Are you:

A Vietnam Era Veteran _____ yes _____ no

Refers to persons who served on active duty with the armed forces for more than 180 days, between August 6, 1964 and May 7, 1975.

Handicapped _____ yes _____ no

Refers to persons with a physical or mental impairment that substantially limits them in one or more major life activities. Also includes those with a history of such impairments or those regarded as having one.

A Disabled Veteran _____ yes _____ no

Refers to persons entitled to compensation through the Veterans Administration for a disability rated at 30 percent or more or whose discharge was due to a disability incurred or aggravated in the line of duty.

Ethnic Information (please check one)

_____ White _____ Black _____ Hispanic

_____ Asian or Pacific Islander _____ American Indian or Alaskan Native

Date of Birth _____

Name _____ Date _____