



www.gravesconcrete.com

(978)-939-5712

GRAVES CONCRETE

APPLICATION FOR EMPLOYMENT & DRIVERS

PERSONAL INFORMATION

NAME		DATE	
ADDRESS		REFERRED BY	
TOWN	STATE	ZIP	CITIZEN OF U.S. <input type="checkbox"/> YES <input type="checkbox"/> NO
EMAIL		PHONE NUMBER	

EDUCATION

	NAME & LOCATION OF SCHOOL	YEARS	YEAR GRADUATED
HIGH SCHOOL			
COLLEGE			
OTHER TRAINING			

EMPLOYMENT DESIRED

POSITION	SALARY DESIRED	DATE YOU CAN START
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LICENSES AND CERTIFICATES (Check all that apply)

<input type="checkbox"/> CDL CLASS A LICENSE	<input type="checkbox"/> CDL CLASS B LICENSE	<input type="checkbox"/> DOT MEDICAL CERTIFICATE
<input type="checkbox"/> HYDRAULIC LICENSE Grade _____	<input type="checkbox"/> FORK TRUCK CERTIFICATION	<input type="checkbox"/> OTHER _____

THIS SECTION TO BE FILLED OUT BY THOSE APPLYING FOR CDL DRIVER POSITION

DRIVER APPLICANTS ONLY	DRIVER APPLICANTS ONLY
HAS YOUR LICENSE EVER BEEN SUSPENDED OR REVOKED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU BEEN IN AN ACCIDENT IN THE LAST THREE YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ANY TRAFFIC CONVICTIONS AND FORFEITURES LAST THREE YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DO YOU HAVE FULL KNOWLEDGE OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO	

FORMER EMPLOYERS

DATE (MM/YY) FROM TO	NAME	PHONE	SALARY	POSITION	REASON FOR LEAVING
1)					
2)					
3)					
4)					
5)					
6)					

REFERENCES

NAMES OF THREE PERSONS, NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	PHONE	BUSINESS	YEARS KNOWN
1)			
2)			
3)			

EMERGENCIES

NOTIFY (NAME)	RELATION	PHONE
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Graves Concrete is a equal opportunity employer. Our company is committed to a policy of nondiscrimination and equal opportunity for all employees and qualified applicants without regard to race, color, religious creed, gender identity, national origin, ancestry, sex, age, disability or veteran status.

Signing below, you authorize Graves Concrete to conduct a thorough background investigation of your work and personal history, and verify all data given on this application. I hereby release Graves Concrete and its representatives from any liability that might result from such investigation. I authorize all schools, individuals, and firms named to provide any requested information and release them from liability for providing such information.

I understand that employment with Graves Concrete is at-will, meaning I or Graves Concrete may terminate my employment at any time, or for any reason consistent with applicable state or federal law.

I understand this application will be active for a period of 90 days. After that time, if I wish to be considered for employment, I must submit a new application. I certify that all the statements in this completed application are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire.

SIGNATURE: _____

DATE: _____