

# SCRUGGS CONCRETE COMPANY

## APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

DATE OF APPLICATION \_\_\_\_\_

PLEASE PRINT

PERSONAL DATA				
POSITION(S) APPLIED FOR				DATE OF BIRTH
LAST NAME		FIRST NAME	MIDDLE NAME	
ADDRESS — NUMBER	STREET	CITY	STATE	ZIP CODE
TELEPHONE NUMBER(S)			SOCIAL SECURITY NUMBER	
HAVE YOU EVER BEEN EMPLOYED WITH US BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO			IF YES, GIVE DATE	
ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO		MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		ON WHAT DATE WOULD YOU BE AVAILABLE FOR WORK?
ARE YOU AVAILABLE TO WORK: <input type="checkbox"/> FULL TIME <input type="checkbox"/> SATURDAYS <input type="checkbox"/> SUNDAYS <input type="checkbox"/> OVERTIME				
HEALTH HISTORY				
HEIGHT	WEIGHT	DATE OF LAST PHYSICAL EXAMINATION		
DO YOU HAVE ANY OF THE FOLLOWING AILMENTS? <i>(Please check if yes)</i>				
<input type="checkbox"/> Hernia or Rupture	<input type="checkbox"/> Head or Spinal Injury	<input type="checkbox"/> Asthma		
<input type="checkbox"/> Defective Sight or Hearing	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Other Condition Due to Disease or Injury		
<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Convulsions (Fits, Epilepsy)			
<input type="checkbox"/> Venereal Disease	<input type="checkbox"/> Heart Disease			
HAVE YOU HAD ANY PHYSICAL DEFORMITIES OR AMPUTATION? IF YES, EXPLAIN: <input type="checkbox"/> YES <input type="checkbox"/> NO				
HAVE YOU RECEIVED OR APPLIED FOR WORKMEN'S COMPENSATION FOR ANY INJURY? <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU ADDICTED TO THE USE OF DRUGS OR ALCOHOL? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<i>(IF YES, DESCRIBE BELOW)</i>				
NATURE OF INJURY	EMPLOYER	STATE	YEAR	
CHARACTER REFERENCE				
HAVE YOU EVER BEEN ARRESTED FOR OTHER THAN A TRAFFIC CONVICTION? <input type="checkbox"/> YES <input type="checkbox"/> NO			HAVE YOU EVER BEEN REFUSED BOND? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES TO EITHER, PLEASE EXPLAIN:				
HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 7 YEARS? <i>(CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM EMPLOYMENT)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO				
IF YES, EXPLAIN				
EDUCATION				
LEVEL	SCHOOL NAME AND LOCATION	YEARS COMPLETED	DIPLOMA /DEGREE	DESCRIBE COURSE OF STUDY
ELEMENTARY SCHOOL		4 5 6 7 8		
HIGH SCHOOL		9 10 11 12		
UNDERGRADUATE COLLEGE/UNIVERSITY		1 2 3 4		
GRADUATE/PROFESSIONAL		1 2 3 4		
HAVE YOU EVER HAD ANY JOB-RELATED TRAINING IN THE UNITED STATES MILITARY? IF YES, DESCRIBE: <input type="checkbox"/> YES <input type="checkbox"/> NO				
REFERENCES				
Give name, address and telephone number of three references who are not related to you and are not previous employers.				
1. _____				
2. _____				
3. _____				

**EMPLOYMENT EXPERIENCE**

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude any organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

EMPLOYER	LENGTH OF SERVICE	WORK PERFORMED
ADDRESS		
TELEPHONE NUMBER(S)		
JOB TITLE	SUPERVISOR	
REASON FOR LEAVING		HOURLY RATE / SALARY START:                      FINAL:
EMPLOYER	LENGTH OF SERVICE	WORK PERFORMED
ADDRESS		
TELEPHONE NUMBER(S)		
JOB TITLE	SUPERVISOR	
REASON FOR LEAVING		HOURLY RATE / SALARY START:                      FINAL:
EMPLOYER	LENGTH OF SERVICE	WORK PERFORMED
ADDRESS		
TELEPHONE NUMBER(S)		
JOB TITLE	SUPERVISOR	
REASON FOR LEAVING		HOURLY RATE / SALARY START:                      FINAL:

If you need additional space, please continue on a separate sheet of paper.

**DRIVING RECORD**

**LIST ALL LICENSES:**

STATE	NUMBER	TYPE	EXPIRATION DATE
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HAS LICENSE, PERMIT, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE EVER BEEN DENIED, REVOKED, OR SUSPENDED?  
 YES     NO                      WHEN?                      WHERE?                      WHY?

**TRAFFIC ARREST RECORD:** List all arrests, convictions or bond forfeitures during the last three years.

NAME OF COURT	LOCATION	DATE	CHARGE	PENALTY
NAME OF COURT	LOCATION	DATE	CHARGE	PENALTY

**ACCIDENT RECORD:** List all accidents in which you have been involved during the last three years.

DATE	CITY AND STATE	NATURE OF ACCIDENT	PREVENTABLE?	INJURIES	FATALITIES
DATE	CITY AND STATE	NATURE OF ACCIDENT	PREVENTABLE?	INJURIES	FATALITIES

**DRIVING EXPERIENCE:**

<input type="checkbox"/> Straight Truck	<input type="checkbox"/> Tractor Trailer	<input type="checkbox"/> Fork Lift Truck	<input type="checkbox"/> Doubles	<input type="checkbox"/> Other _____
YEARS OF EXPERIENCE	YEARS OF EXPERIENCE	YEARS OF EXPERIENCE	YEARS OF EXPERIENCE	YEARS OF EXPERIENCE

**TO BE READ AND SIGNED BY APPLICANT**

It is agreed and understood that the employer or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information.

It is agreed and understood that this application for employment in no way obligates the employer to employ the applicant.

It is agreed and understood that if hired, the employee may be on a probationary period during which time he may be discharged without recourse.

This certifies that the application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge.

It is agreed and understood that if hired, the employee can be randomly tested for use of drugs, which if test positive could result in termination.

**A drug test and physical are required before any applicant can be hired. If employee fails the pre-employment drug test, or quits voluntarily within 90 days from the date of hire, the employee will be responsible for the cost of the pre-employment physical and drug test.  Initial here**

**If an employee quits or is terminated the cost of uniforms not turned in to the uniform company will be deducted from employee's last check.  Initial here**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE