

APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer

Personal Information

Date: _____

Name: _____

Present Address: _____ How Long: _____

City: _____ State: _____ Zip Code: _____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Drivers License Number: _____

Are you either a U.S. Citizen or an Alien authorized to work in the United States: _____ Yes _____ No

Employment Desired

Position: _____ Date you can start: 5/1/2023 Salary Desired: _____

Are you employed now? _____ Yes _____ No If so may we inquire of your present employer _____

Ever applied to this Company before? _____ Yes _____ No If so when? _____

Referred By: _____ Name & Department _____

Will you abide by the policies, procedures and rules of this company _____ Yes _____ No

If injured, will you accept the medical facilities recommended by your employer? _____ Yes _____ No

Education

Grade/High School – Last Completed _____ Graduated? Yes _____ No _____

College Yes _____ No _____ Course of study _____ Graduated? Yes _____ No _____

Vocational School Yes _____ No _____ Course of study _____ Graduated? Yes _____ No _____

Training/Apprenticeships yes _____ No _____ Course of study _____ Graduated? Yes _____ No _____

Special Skills: _____

U.S. Military or Navel Service _____ Rank _____

Present membership in National Guard or Reserves _____

Former Employers

NOTE: DOT requires that employment for at least 3-years and/or commercial driving experience for the past 10-years be shown

Date Month/ Year	Name & Address of Employer	Salary	Position	Reason for Leaving
From: To:				
From: To:				
From: To:				
From: To:				

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements on this application shall be grounds for dismissal. I understand that alcoholic beverages or drugs are forbidden from the job site and also understand that use of alcohol or drugs may be grounds for discharge.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no defined period and may, regardless of the date of payment of my wage and salary be terminated at any time without prior notice and without cause.

Signature: _____

Date: _____



Howser Concrete EEO Application Survey

Name: _____

Position: _____

Date: _____

Race/Ethnicity:

- Asian
- Black or African American
- Hispanic or Lationo
- Native American or Alaska Native
- Native Hawaiian or Pacific Islander
- White
- Two or More Races
- I Choose Not to Identify My Race.

Gender:

- Female
- Male
- I Choose Not to Identify My Gender.

Do You Have a Disability?:

- Yes
- No
- I Choose Not to Identify My Disability Status.

Are You a Protected Veteran?:

- Yes
- No
- I Choose Not to Identify My Veteran Status.