

SIGNED ☐

EMPLOYMENT APPLICATION

Application must be completed entirely to be considered. **PLEASE PRINT.**

Asphalt Surface Technologies Corporation a/k/a ASTECH Corp. is an Equal Opportunity Employer. We do not discriminate in our hiring practices on the basis of race, religion, color, sex, gender, identity, sexual orientation, age, disability, national origin, religion, veteran status, or any other status protected under federal, state, or local law.



All employment decisions at ASTECH Corp. are decided on the basis of candidate qualifications, merit, and the unique needs of our business and the position.

APPLICANT INFORMATION – PLEASE PRINT

Date of Application: _____

Applicant Name: _____

Address: _____

City, State, and Zip Code: _____

Telephone: _____ Alternate phone: _____

Email Address: _____

Did anyone refer you to our company? If yes, who: _____

Have you worked at our company before? ____ Yes ____ No If yes, when: _____

EMPLOYMENT POSITION

Employment Position Applied For: _____ Crew: _____

If hired, when could you begin work? _____ Salary Desired: \$ _____ per hr.

Are you at least 18 years old? ____ Yes ____ No

Do you have current friends or family working at our company? ____ Yes ____ No

If yes, name: _____

WORK ELIGIBILITY

Are you able to perform the essential functions of the job position with or without reasonable accommodation?

____ Yes ____ No If no, please specify: _____

Do you have a valid Driver's License? ____ Yes ____ No State/DL#: _____

If offered employment, are you able to provide proof that you are legally eligible to work in the United States within 3 business days of being hired? ____ Yes ____ No

EMERGENCY CONTACT

Contact Name: _____ Relationship to you: _____
Telephone: _____ Alternate phone: _____

EMPLOYMENT HISTORY

Please list all jobs within the last **3 years**. Begin with the current or most recent employment. For gaps in employment, please include explanation. Continue on an extra sheet of paper if necessary.

Name of Employer: _____
Address: _____
Position: _____ From: _____ To: _____
Job Description: _____
Reason for Leaving: _____ Employer Phone #: _____

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I certify that all statements given on this application are true and complete to the best of my knowledge. I understand that any statements found to be false or misleading give sufficient reason not to hire me, or if hired, can be grounds for immediate termination. I authorize ASTECH Corp. to conduct any investigation deemed appropriate concerning my application.

I authorize former employers, references, and all other individuals and organizations disclosed herein to provide any information sought in connection with this application.

The employment is at will, meaning that the employment is subject to termination at any time, with or without cause or notice, and at any time. I acknowledge that no written or oral representations nor representations about the employment can alter the at will employment status, except those which are executed by representatives at ASTECH Corp. with the express authority to do so.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE _____ DATE _____



To All Applicants:

We are a “SAFETY SENSITIVE” Employer

We are an employer concerned with the safety of its employees, the general public, and the users of the nation’s highways, streets and roads.

Asphalt Surface Technologies Corporation a/k/a ASTECH Corp. has a program/policy in force that prohibits the use of alcohol or other controlled substances, including, but not limited to recreational **marijuana**, by its employees at any time. If a job offer is made, that offer is contingent upon our receipt of a **NEGATIVE** pre-employment drug test result.

You will also be subject to “random” testing throughout your employment with us, this includes during winter “layoff”.

By your signature at the bottom, you acknowledge that you understand a negative pre-employment test result is required to be eligible for employment with this company. Should you request a “retesting” of the split specimen, and at all costs would be your responsibility. You understand that the job offer will be withdrawn if the pre-employment test result is positive, and you would not be eligible to apply for a position within this company for a period of one (1) year after the date of the positive test result.

Your signature also authorizes ASTECH Corps processing lab and medical review officer to release the test result information to the designated third-party company representative (Midwest Compliance, Inc.), as required by the Federal Motor Carrier Safety Regulations.

Applicants Signature

Date

Applicant’s Printed Name



To All Applicants:

In an effort to keep our insurance costs down, and to comply with our safety policies, Asphalt Surface Technologies Corporation a/k/a ASTECH Corp. has adopted a company policy of Motor Vehicle Report (MVR) review and ratings. Job offers and/or specific positions or privileges may be contingent upon a favorable MVR rating.

Having read the above statement, please complete the following:

I am aware of MVR rating policy of ASTECH Corp., and I hereby give my permission to ASTECH Corp. to obtain a copy of my Motor Vehicle Report.

Driver's License No: _____ State: _____

Applicants Date of Birth: _____

Applicants Printed Name

Applicants Signature

Date



APPLICANT TRACKING SURVEY

Position(s) for which you are applying

Date

As an affirmative action employer, we must monitor our equal employment opportunity and affirmative action program, and report the results to the Minnesota Dept. of Human Rights. Please help us gather this information by identifying your sex, race or ethnicity, and disability on this form.

Providing this information is **completely voluntary**. If you choose not to provide some or all of this information, you will not be subject to any negative or adverse treatment.

The information you provide will be used **only** to monitor our compliance with equal opportunity laws and regulations, and for no other purpose. *When we receive this form, we will immediately place it in a confidential file separate from your application. If you wish, you may mail this form to us in an envelope separate from the one that contains your application.

Gender ☐ Male ☐ Female ☐ Non-Binary/Transgender

Race/Ethnicity (Please check an appropriate response)

Is your race/ethnicity with Hispanic or Latino? – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

☐ Yes ☐ No

If you answered no to the question above, please check the appropriate designation below:

☐ **White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

☐ **Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.

☐ **Native Hawaiian or other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

☐ **Asian (Not Hispanic or Latino)** – A person having origins in any of the peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

☐ **American Indian or Alaska Native (Not Hispanic or Latino)** – A person having origins in any of the original peoples of North or South America (including Central America), and who maintain tribal affiliations or community attachment.

☐ **Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above five races.

Disability Status: Are you a person with a disability? ☐ Yes ☐ No

*This form is not used for any employment decisions. If you have a disability and need an accommodation so that you can perform the duties of the job for which you are applying, please notify us in some manner.

Equal Opportunity Employer