

Custom Pavement Maint. & Safety LLC
4915 Alma Hwy
Van Buren, AR 72956
P.O. Box 435 Van Buren, AR 72957
(479) 262-6160

www.custompavement.com

APPLICATION FOR EMPLOYMENT

- ☐ O/N travel
- ☐ Lift 50#
- ☐ Back trailer
- ☐ DFWP
- ☐ Heat

Prospective employees will receive consideration without discrimination because of race, creed, color, gender, age, national origin, disability, or veteran status.

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|--|--------------------------|-----------------------------|--|
| Last Name | First | Middle | Date |
| Street Address | | | Primary Phone |
| City, State, Zip | | | Secondary Phone |
| Have you ever applied for employment with us? (Please circle one) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? | | | Social Security Number |
| Position desired | | | Pay expected |
| Apart from absence from religious observance, are you available for full-time employment? (Please circle one) Yes No If not, what hours can you work? | | | Will you work overtime? (Please circle one) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Are you legally eligible for employment in the United States? | | | Date available to begin work? |
| Do you have a CURRENT, VALID drivers license? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you currently have a Commercial Drivers License? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list any endorsements _____ | | | Please list any other special skills or training. |
| Are you at least 21 years of age? (Please check one) <input type="checkbox"/> Yes <input type="checkbox"/> No If no, date of birth _____ Note: The Age Discrimination on Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40. A mandatory retirement age has been eliminated for all individuals. | | | |
| Have you ever been convicted of something other than minor traffic violations? (Please check one) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain each _____ Note: A conviction will not necessarily bar you from employment. Each conviction will be judged on its own merits with respect to time, circumstance and seriousness. | | | |
| Education | Did you graduate? | Last School Attended | Diploma/Degree/Certificates |
| General Education (Circle highest grade completed) 1 2 3 4 5 6 7 8 9 10 11 12 | | Name City/State | |
| College/Trade Schools (Circle # of years completed) 1 2 3 4 5 6 | | Name City/State | |

Driver applicants must list ALL past and present employers for the past 3 years. This means EVERY job whether a driving position or not. If you were self-employed, unemployed, working part-time or not working at all, you MUST fill in those dates.

THE FEDERAL DOT REQUIRES THAT YOU PROVIDE DATES FOR THE PAST 36 MONTHS.

Driver applicants must also provide AN ADDITIONAL 7 YEARS of information on ALL DRIVING POSITIONS held.
(List ALL jobs in the past 36 months...list all DRIVING POSITIONS in the past 10 years.)

This information MUST BE COMPLETE! Start with current or most recent employer.

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|---|---|
| Company Name | Telephone Number () |
| Address | Employed (month and year) Begin End |
| City, State, Zip | Name of Supervisor |
| Job Title and Duties | Reason for leaving |
| Is this company regulated by DOT? <div style="text-align: right;">Yes ____ No ____</div> | Was this job designated as a safety sensitive function that required DOT drug/alcohol testing? Yes ____ No ____ |

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The information provided in this Application for Employment is true, correct, and complete. If employed, and misstatement or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. If Custom Pavement Maintenance & Safety, LLC decides to engage an investigative consumer-reporting agency to report on my personal and/or credit history, I authorize Custom Pavement Maintenance & Safety, LLC to do so. If a report is obtained, Custom Pavement Maintenance & Safety, LLC must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

This certifies that this 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.

Applicant's Signature

Date _____