

# TRIANGLE GRADING & PAVING, INC.

"AN EQUAL OPPORTUNITY EMPLOYER"

# Application For Employment



Intelligence

P.O. Drawer 2570  
Burlington, NC 27216  
Telephone (336) 584-1745  
FAX (336) 584-0145

|  |                                    |  |   |                         |
|--|------------------------------------|--|---|-------------------------|
| <b>PERSONAL INFORMATION</b>  |                                    |  |   |                         |
|  |                                    |  |   | <b>DATE</b>             |
| <b>NAME</b>  |                                    |  | <b>SOCIAL SECURITY NUMBER</b>                           |                         |
| LAST   | FIRST                              | MIDDLE   |   |                         |
| <b>PRESENT ADDRESS</b>   |                                    |  |   |                         |
| STREET   | CITY                               | STATE  | ZIP   |                         |
| <b>PERMANENT ADDRESS</b>   |                                    |  |   |                         |
| STREET   | CITY                               | STATE  | ZIP   |                         |
| <b>PHONE NO.</b>   |                                    | <b>ARE YOU 18 YEARS OR OLDER? YES <input type="checkbox"/> NO <input type="checkbox"/></b> |   |                         |
| <b>ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?</b>  |                                    | <b>YES <input type="checkbox"/> NO <input type="checkbox"/></b>                            |   |                         |
| <b>EMPLOYMENT DESIRED</b>  |                                    |  |   |                         |
| <b>POSITION</b>  |                                    | <b>DATE YOU CAN START</b>  | <b>SALARY DESIRED</b>                                   |                         |
| <b>ARE YOU EMPLOYED NOW?</b>   |                                    | <b>IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?</b>                                      |   |                         |
| <b>EVER APPLIED TO THIS COMPANY BEFORE?</b>  |                                    | <b>WHERE?</b>  | <b>WHEN?</b>  |                         |
| <b>REFERRED BY</b>   |                                    |  |   |                         |
| <b>EDUCATION</b>   | <b>NAME AND LOCATION OF SCHOOL</b> | <b>*NO OF YEARS ATTENDED</b>   | <b>*DID YOU GRADUATE?</b>                               | <b>SUBJECTS STUDIED</b> |
| GRAMMAR SCHOOL   |                                    |  |   |                         |
| HIGH SCHOOL  |                                    |  |   |                         |
| COLLEGE  |                                    |  |   |                         |
| TRADE, BUSINESS OR CORRESPONDENCE SCHOOL   |                                    |  |   |                         |
| <b>GENERAL SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK</b>  |                                    |  |   |                         |
| <b>SPECIAL SKILLS</b>  |                                    |  |   |                         |
| <b>ACTIVITIES: (CIVIC, ATHLETIC, ETC.)</b>   |                                    |  |   |                         |
| <small>EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.</small> |                                    |  |   |                         |
| <b>U.S. MILITARY OR NAVAL SERVICE</b>  |                                    | <b>RANK</b>  | <b>PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES</b> |                         |

**FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST).**

| DATE<br>MONTH AND YEAR | NAME AND ADDRESS OF EMPLOYER | SALARY | POSITION | REASON FOR LEAVING |
|------------------------|------------------------------|--------|----------|--------------------|
| FROM                   |                              |        |          |                    |
| TO                     |                              |        |          |                    |
| FROM                   |                              |        |          |                    |
| TO                     |                              |        |          |                    |
| FROM                   |                              |        |          |                    |
| TO                     |                              |        |          |                    |
| FROM                   |                              |        |          |                    |
| TO                     |                              |        |          |                    |

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

**REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.**

| NAME | ADDRESS | BUSINESS | YEARS<br>ACQUAINTED |
|------|---------|----------|---------------------|
| 1    |         |          |                     |
| 2    |         |          |                     |
| 3    |         |          |                     |

IN CASE OF  
EMERGENCY NOTIFY

NAME

ADDRESS

PHONE NO.

"I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than its' president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing."

DATE

SIGNATURE \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY SUPERVISOR**

DATE HIRED \_\_\_\_\_ POSITION \_\_\_\_\_

DATE STARTED \_\_\_\_\_ EQUIPMENT QUALIFIED TO OPERATE \_\_\_\_\_

SALARY \_\_\_\_\_

APPROVED \_\_\_\_\_  
SUPERVISOR/FORMANS' SIGNATURE

# INQUIRY TO PAST EMPLOYERS

## FROM - Prospective Employer

Company \_\_\_\_\_  
Individual \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## TO - Previous Employer

Company \_\_\_\_\_  
Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Personnel Manager:

The person named below has applied to this company for employment. Your firm is listed by the applicant as a past employer. Kindly reply to this inquiry respecting this applicant. As you will note from the waiver stated below, the applicant has waived any claim of liability against your company (and its agents) for information submitted in response to this inquiry.

For your convenience in replying by return mail, we have enclosed a stamped, self-addressed envelope.

Very Truly Yours,

Name of applicant: \_\_\_\_\_

Social Security No. \_\_\_\_\_

Job applied for: \_\_\_\_\_

1. This applicant lists dates of employment with your firm from: \_\_\_\_\_ to: \_\_\_\_\_ Is this correct? Yes ; No ;  
If no, please explain: \_\_\_\_\_
2. What kind(s) of work did he/she do? Driver  (type of vehicle \_\_\_\_\_); Dock ; Office ; Shop ; Other   
(Specify) \_\_\_\_\_
3. If employed as a driver, please indicate type of equipment driven. Tractor trailer ; Straight truck ; Twin - Trallers ; Bus ;  
Other (Specify) \_\_\_\_\_
4. Number of recordable accidents \_\_\_\_\_; number of accidents in which applicant was ticketed \_\_\_\_\_; number of accidents in which the applicant was at fault \_\_\_\_\_ (please explain) \_\_\_\_\_; Date of each accident \_\_\_\_\_
5. To your knowledge, was this person's chauffeur/operator's license suspended while in your employ? \_\_\_\_\_ If so, please explain: \_\_\_\_\_
6. (Respond only if checked) [  ] Was this person bonded while with your company? \_\_\_\_\_. If so, were there any circumstances that were reported to the bonding company? \_\_\_\_\_  
*\*Prospective employer - check this question only if bonding is required for this position*
7. Is there anything in the applicant's history that could suggest he or she may not be trusted to handle company funds? \_\_\_\_\_
8. Did the applicant pose either repeated and or severe disciplinary problems? Yes , No . If so, please explain: \_\_\_\_\_
9. Why did this employee leave your company? Resigned ; Discharged ; Laid off
10. Would you re-employ this person? Yes ; No . Please explain: \_\_\_\_\_
11. Remarks: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of person supplying information)

(Detach here for your files)

## WAIVER

\_\_\_\_\_  
(Former Employer)

\_\_\_\_\_  
(Date)

I hereby authorize you to release all information concerning my employment including oral assessments of my job performance, ability, and fitness, to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release you from any and all liability of any type as a result of providing the above mentioned information to the above mentioned person.

\_\_\_\_\_  
(Applicant's signature)

\_\_\_\_\_  
(Witness's signature)