

Application For Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For			Date of Application		
How Did You Learn About Us?					
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In			
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other			
Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Telephone Number(s)				Social Security Number	

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes No

Have you ever filed an application with us before?

Yes No

If Yes, give date _____

Have you ever been employed with us before?

Yes No

If Yes, give date _____

Are you currently employed?

Yes No

May we contact your present employer?

Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Yes No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" and subject to recall?

Yes No

Can you travel if a job requires it?

Yes No

Have you been convicted of a felony within the last 7 years?

Yes No

Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Employment Experience

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

1	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
2	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
3	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
4	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

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

List professional, trade, business, or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate School				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and / or write			
	Fluent	Good	Fair
Speak			
Read			
Write			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States Military.

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview

Yes

No

Remarks _____

INTERVIEWER DATE

Employed

Yes

No

Date of Employment _____

Job Title _____

Hourly Rate/

Salary _____

Department _____

By _____

NAME AND TITLE

DATE

NOTES _____

Small's Sand and Gravel, Inc.
Small's Asphalt Paving, Inc.
Small's Trucking, LLC
Small's Inc.

10229 Killduff Rd
P.O. Box 552
Gambler, OH 43022
Telephone: 740-427-3677

Motor Vehicle Record Disclosure and Release Form

In conjunction with my application/employment at Small's Sand & Gravel, Inc., Small's Asphalt Paving, Inc. and Small's Trucking, LLC (the company), I _____
(applicant/employee) consent to the release of my Motor Vehicle Records (MVR) to the company. I understand the company will use these records to evaluate my suitability to fulfill driving duties that may be related to the position for which I am applying. I further understand that such record(s) will contain personal information and public record information concerning my driving record from federal, state, and other agencies that maintain such records, as well as independent services that provide driving record information.

I authorize, without reservation, any party or agency contacted to furnish the above mentioned information to Kernan Insurance Agency, Inc. or its agent(s).

If hired, this authorization shall remain on file and shall serve as ongoing authorization for you to procure such reports at any time during my employment. The Company, commercial auto insurer and agent, will also use this information in conjunction with loss control and safety review efforts.

This consent is given in satisfaction of Public Law 18 USC 2721 et. Seq.. "Federal Drivers Privacy Protection Act", and is intended to constitute "written consent" as required by this Act.

Full Legal Name (include Middle initial)

Date of Birth

Driver's License Number

State of Issue

Signature and Date

CONSENT & RELEASE FORM FOR EMPLOYEES/APPLICANTS

I, _____, (applicant or employee name), as an employee/applicant of the Company, hereby acknowledge that the Company's policy requires me to submit to urine drug testing and/or breath alcohol testing.

I further understand that the purpose of this analysis is to determine or rule out the presence of non-prescribed or prohibited dangerous controlled substances in my system.

I hereby freely and voluntarily consent to this request for a urine sample and/or breathe alcohol test, and agree to participate in the testing program.

I hereby and herewith release the Company, its employees, agents and contractors from any and all liability whatsoever arising from this request for testing, from the actual testing procedures, and from decisions made concerning my application for or continuation of employment based on the results of the analysis.

I agree to cooperate in all aspects of the testing program.

I hereby authorize the release of my drug and/or alcohol test results to the contractor's Medical Review Officer (MRO), and or to the Company's examining physician, as provided by the Company's Policy.

I further acknowledge that the Company has provided me with an opportunity to ask questions related to its drug and alcohol testing program and that all my questions have been answered.

Employee/Applicant Signature: _____

Employee/Applicant Printed Names: _____

Signature of Witness: _____

Printed Name of Witness: _____

Date of Signature: _____