

EMPLOYMENT HISTORY

Please list most recent employer(s) first. Add an additional sheet if necessary.

EMPLOYER:	POSITION HELD:
DATE OF EMPLOYMENT From: MO. YR. To: MO. YR.	SALARY/WAGE:
ADDRESS	May we contact this employer?
CITY STATE ZIP CODE	YES or NO
CONTACT PERSON PHONE #	
REASON FOR LEAVING:	
EMPLOYER:	POSITION HELD:
DATE OF EMPLOYMENT From: MO. YR. To: MO. YR.	SALARY/WAGE:
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CONTACT PERSON PHONE #	
REASON FOR LEAVING:	

Please include explanation of any gaps in employment. _____

SOCIAL SECURITY # _____

EDUCATION

Name of High School Attended: _____

City/State of High School: _____

High school diploma or GED received? YES NO

List additional schooling, courses or training other than shown elsewhere in this application: _____

SPECIALIZED SKILLS

(For office Applicants Only)

Computer _____ Word _____ Excel _____ QuickBooks _____

Please state any additional information you feel may be helpful to us in considering your application:

EXPERIENCE AND QUALIFICATIONS

(For Driver/Operator Applicants Only)

List any driver licenses or permits held in the past 5 years.

STATE	LICENSE NO.	CLASS	ENDORSEMENT(S)	EXPIRATION DATE

Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES NO

If yes, please explain _____

Have any license, permit or privilege ever been suspended or revoked? YES NO

If yes, please explain _____

ACCIDENT RECORDS for the past 5 years. Attach sheet if more space is needed. If none, write none.

Dates	Nature of Accident (Head-on, rear-end, etc.)	Fatalities	Injuries

DRIVING, OPERATING AND/OR CRUSHING EXPERIENCE

Equipment	Dates		Approx. # of Miles or Hours
	From (M/Y)	To (M/Y)	
Dump Truck			
Tractor/Trailer			
Ready-Mix Truck			
Ready-Mix Pump Truck			
Dozer			
Excavator			
Loader			
Backhoe			
Bobcat			
Crusher			
Other			

Please state any additional experience or information you feel may be helpful to us in considering your application:

PERSONAL/PROFESSIONAL REFERENCES

Do not include family members or past supervisors.

Name	Telephone	Occupation
Name	Telephone	Occupation
Name	Telephone	Occupation

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquires of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

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

I understand that information I provide regarding current and/or previous employers may be used, and those employers will be contacted, For the purpose of investigating my safety performance history as required by 49 CFR 391.23(d). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to resend the corrected information to Hopkins Sand & Gravel, Inc.; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

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.

Signature _____ Date _____