



Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Driver's License No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Special Skills / Area of Study

Special Skills: _____

Activities: _____

(Exclude organizations, the name of which indicates the race, creed, sex, age, marital status color or nation of origin of its members)

U.S. Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

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 Blacktop Service 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 Blacktop Service 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.

Signature: _____ Date: _____

**This form has been revised to comply with the provisions of the federal Americans with Disabilities Act (ADA) and the final regulations and interpretive guidance promulgated by the EEOC on 26th of July 1991.*

VOLUNTARY SURVEY

Blacktop Service Company is required by state and federal laws to furnish statistical data and to maintain records of certain population characteristics of those applying for jobs with us. The information you supply will be used for statistical purposes only. If you are offered employment with *Blacktop Service Company*, it will not be used as employment criteria. *Blacktop Service Company* is an Equal Employment Opportunity employer supporting diversity in the workplace. Thank you for your cooperation in completing this form.

NAME: _____ PHONE: _____
Print

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DATE: _____ POSITION APPLIED FOR: _____

REFERRAL SOURCE: (How did you learn of this position?)

_____ Advertisement (list newspaper) _____

_____ Friend

_____ Relative

_____ Walk In

_____ Employment Agency (give name) _____

_____ Other (list source) _____

SEX: _____ Male _____ Female

ETHNIC ORIGIN:

_____ White _____ Hispanic _____ American Indian/Alaska Native

_____ Black _____ Asian Pacific Islander _____ Other

CHECK ANY OF THE FOLLOWING THAT ARE APPLICABLE

_____ Vietnam Era Veteran _____ Disabled Veteran _____ Disabled Individual

Signature

Date