

### APPLICATION FOR EMPLOYMENT

Name (Last, First and Middle Initial)		E-Mail Address		Telephone Number (Include Area Code)	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
Address			Are you a U.S. Citizen?		<input type="text"/>
<input type="text"/>			Are you legally able to work in the U.S.?		<input type="text"/>
<input type="text"/>			Are you a Military Veteran?		<input type="text"/>
City	State	Zip Code	Are you 18 years of age or older?		<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Have you ever been known by any other name which this firm will require to verify any of the information in this application?		<input type="text"/>
Position Applying For:			If yes, give name(s) and identify related school, employer, etc.		
<input type="text"/>			<input type="text"/>		
Days and hours available for work:			<input type="text"/>		
<input type="text"/>			<input type="text"/>		

### EDUCATION

Select highest grade completed <input type="text"/>	Name and Location of High School <input type="text"/>	List Subjects Studied and Degrees Received <input type="text"/>
College <input type="text"/>	Name and Location of College <input type="text"/>	List Subjects Studied and Degrees Received <input type="text"/>

Additional training - work shops, short courses, volunteer work, etc that relate to the job you are applying for?

If applying for a job that requires a CDL do you have a current Commercial Drivers License?  yes  no  n/a Which class:  A  B

If applying for a job that requires you to drive a company vehicle do you have a current drivers license?  yes  no

Drivers License #

### EMPLOYMENT HISTORY

(List employers, starting with the most recent. Explain all gaps in time of employment. Fill this section out carefully and completely.)

#### Present Employer

May we contact your present employer?  yes  no

Company Name:  Job Title:

Company Address:  City:  State:  Zip:

Start Date:  End Date:  Rate of Pay:

Describe Job Duties, Tools or Machines Used:

Reason for leaving:

**Past Employers**

May we contact your past employers?  yes  no

Company Name:  Job Title:

Company Address:  City:  State:  Zip:

Start Date:  End Date:  Rate of Pay:

Describe Job Duties, Tools or Machines Used:

Reason for leaving:

Company Name:  Job Title:

Company Address:  City:  State:  Zip:

Start Date:  End Date:  Rate of Pay:

Describe Job Duties, Tools or Machines Used:

Reason for leaving:

Company Name:  Job Title:

Company Address:  City:  State:  Zip:

Start Date:  End Date:  Rate of Pay:

Describe Job Duties, Tools or Machines Used:

Reason for leaving:

"I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that, if employed, falsified statements to this application shall be grounds for dismissal, and I agree to hold my employer harmless in the event of my dismissal based thereon.

I authorize investigation of all statements contained herein and to do background checks to give you any and all information concerning my previous employment and any pertinent information that may have, confidential or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I realize that under certain provisions of Iowa/Missouri law, pre-employment drug testing could be a condition of my employment. I also acknowledge that the employer may require drug testing as a subsequent time providing that proper advance notice of testing is provided.

I also recognize that I could be offered employment subject to appropriate medical examination and that such a report could nullify my ultimate employment by this employer. I agree to submit to a physical examination if required.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the method of payment of my wages and salary, be terminated at any time without prior notice. If employment is obtained under this application, I will comply with all rules and policies of my employer."

\*It is the policy of this company to review the MVR of any potential employee who may be required to operate any company vehicle. By signing below, you are authorizing the company to review your Motor Vehicle Report.

Signature

Date

If filling out on computer, please type full name.

## Affirmative Action Voluntary Information

---

Norris Asphalt Paving 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 Norris Asphalt Paving Company, it will not be used as employment criteria. Norris Asphalt Paving Company is an equal opportunity employer, supporting diversity in the workplace.

Thank you for your voluntary cooperation in completing this form.

Name:  Telephone No.   
Address:   
City  State  Zip   
Position(s) applied for  Date:

### Referral Source:

- |  |  |
|--|--|
| <input type="checkbox"/> Advertisement                 | <input type="checkbox"/> Facebook                  |
| <input type="checkbox"/> Friend                        | <input type="checkbox"/> Norris Asphalt Website    |
| <input type="checkbox"/> Relative                      | <input type="checkbox"/> Targeting Advertisement   |
| <input type="checkbox"/> Employee                      | <input type="checkbox"/> Online Recruiting Website |
| <input type="checkbox"/> Walk-In                       |  |
| <input type="checkbox"/> School                        |  |
| <input type="checkbox"/> Employment Agency (give name) |  |
| <input type="checkbox"/> Other (list source)           |  |

Sex:  Male  Female

### Ethnic Origin:

- |                                |   |
|--------------------------------|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Hispanic                       |
| <input type="checkbox"/> Black | <input type="checkbox"/> American Indian/Alaskan Native |
| <input type="checkbox"/> Other | <input type="checkbox"/> Asian/Pacific Islander         |

### Check any of the following that are applicable:

- |   |  |
|---|--|
| <input type="checkbox"/> Vietnam Era<br>Veteran | <input type="checkbox"/> Disabled<br>Veteran |
|---|--|