Date	Rec'd	in	Office
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## **APPLICATION FOR EMPLOYMENT**

Name (Last, First and Middle	Initial)	Social Security	Number (Optional)	Telephone Num	ber (Include Area Code)	
Address			Are you a U.S. Ci	tizen?		
Address			Are you legally ab		U.S.?	
			Are you a Military		0.6	
City	City State Zip Code		Are you 18 years of age or older?			
			Have you ever be	en known by any	y other name which this firm	
Position Applying For:					ormation in this application?	
Days and hours available for work:		If yes, give name(	If yes, give name(s) and identify related school, employer, etc.			
		EDU	JCATION			
Select highest grade complete	Name and	Location of High Sch	nool	List Subjects Stu	died and Degrees Received	
College	Name and	Location of College		List Subjects Stu	died and Degrees Received	
f applying for a job that requires a CDI fapplying for a job that requires you to	•		⊔,	/es □ no □ n/. □ yes □		
Drivers License #						
EMPLOYMENT HISTORY						
(List employers, starting w	ith the most re	cent. Explain all gap	s in time of employment.	Fill this section ou	ut 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	ct your past employe	rs? 🗌 yes 🗌	no	
Company Name:				Job Title	:	
Company Address:		City:		State:		Zip:
Start Date:	End Date:		Rate of Pay:			_
Describe Job Duties, Too	ols or Machines Used	l:				
Reason for leaving:						
Company Name:				Job Title	:	
Company Address:		City:		State:		Zip:
Start Date:	End Date:		Rate of Pay:			
Describe Job Duties, Too	ols or Machines Used	:				
Reason for leaving:						
Company Name:				Job Title:		
		City (				7in:
Company Address:	Fnd Data	City:	Data of Days	State:		Zip:
Start Date:	End Date:		Rate of Pay:			
Describe Job Duties, Too	ols or Machines Used	:				_
Reason for leaving:						
"I certify that the facts conta						
falsified statements to this a dismissal based thereon.	pplication shall be grou	nds for dismiss	al, and I agree to hol	ld my employer	harmless in the	event to of my
I authorize investigation of	of all statements con	ained herein	and to do backgro	ound checks to	o give vou ai	nv and all information
concerning my previous e	mployment and any p	ertinent inform	nation that may hav			
from all liability for any dama	-	-	-	e 111	110	
I realize that under certain acknowledge that the emplo						
I also recognize that I cou					nd that such a	report could nullify my
ultimate employment by this				•	£ 46 a ma a46 a al	f
I understand and agree that and salary, be terminated at						
and policies of my employer	r. <b>"</b>					
*It is the policy of this compa				be required to	operate any cor	npany vehicle. By
signing below, you are auth	orizing the company to	review your Mo	otor Vehicle Report.			
[						
	Signature				Date	

## 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	Sta	te Zip		
Position(s) applied for	or		Date:	
Referral Source:				
] ] ] ] ]	☐ Advertisement (list ☐ Friend ☐ Relative ☐ Walk-In ☐ Employee ☐ School ☐ Employment Agend ☐ Other (list source)	,		
Sex:	□ Male	☐ Female		
Ethnic Origin:				
] ] [	⊒White ⊒Black ⊒Other	<ul><li>☐ Hispanic</li><li>☐ American Indian/Alaskar</li><li>☐ Asian/Pacific Islander</li></ul>	n Native	
Check any of the following that are applicable:				
[	_ Vietnam Era Veteran	□ Disabled Veteran		