

Essex Concrete Corporation  
1251 Tappahannock Blvd  
P.O. Box 127  
Tappahannock, VA 22560  
(804)443-2366 / FAX (804)443-1336

## APPLICATION FOR EMPLOYMENT

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, non-job related disability, or any other protected group status.

PLEASE PRINT

Date of Application \_\_\_\_\_

Position Applying for: \_\_\_\_\_ Part Time or Full Time? \_\_\_\_\_

Requested Rate of Pay: \_\_\_\_\_ Date Available to Start: \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Telephone ( ) \_\_\_\_\_ Evening Telephone ( ) \_\_\_\_\_

### Previous Addresses (Past Three Years)

\_\_\_\_\_ How Long? \_\_\_\_\_ / \_\_\_\_\_  
Street City State & Zip Code Month Year

\_\_\_\_\_ How Long? \_\_\_\_\_ / \_\_\_\_\_  
Street City State & Zip Code Month Year

### Education

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Last School Attended: \_\_\_\_\_  
Name City State

## Employment History

Are you legally authorized to work in the United States? Yes No

Have you worked for this company before? Yes No Where? \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Position \_\_\_\_\_ Pay Rate \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

How did you hear of this position? \_\_\_\_\_

Have you ever been bonded? Yes No Name of Bonding Company \_\_\_\_\_

Have you ever been convicted of a felony? Yes No If yes, please explain on separate sheet of paper. Conviction of a crime is not an automatic bar to employment. All circumstances will be considered.

Is there any reason you cannot perform the functions of the job for which you have applied? (see job description for functions of specific job) If yes, please explain which functions \_\_\_\_\_

Employer	Date
Name	To From
Address	Position Held
City State Zip	Salary/Wage
Contact Person	Reason for Leaving

Employer	Date
Name	To From
Address	Position Held
City State Zip	Salary/Wage
Contact Person	Reason for Leaving

Employer	Date
Name	To From
Address	Position Held
City State Zip	Salary/Wage
Contact Person	Reason for Leaving

### Employment History (continued)

Employer	Date
Name	To                      From
Address	Position Held
City                      State                      Zip	Salary/Wage
Contact Person	Reason for Leaving

**TO BE READ AND SIGNED BY APPLICANT**

I authorize you to make such investigations and inquiries of my personal, employment, financial, or medical history and other related matters as may be necessary in arriving at any 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.

I understand that information I provide regarding current and/ or previous employers may be used, and those employer(s) will be contacted. 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 the prospective employer; 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.

I certify 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.

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of this company, other than the president, has any authority to alter the foregoing.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**For Company Use**

Applicant Hired _____	Rejected _____
Date Employed _____	Point Employed _____
Department _____ <small>(if rejected, summary report of reasons should be placed in file)</small>	Classification _____
Signature of interviewing Officer _____	

Date Terminated \_\_\_\_\_ Department Released From \_\_\_\_\_

Dismissed \_\_\_\_\_ Voluntary Resign \_\_\_\_\_ Other \_\_\_\_\_

Report placed in file \_\_\_\_\_ Supervisor \_\_\_\_\_