

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 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.

Are you able to perform the essential functions of the job for which you have applied? (see job description for functions of specific job)

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.

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I have personally completed this application. I understand that any omission of information or falsification of this application, or any other document used to secure employment, shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

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 _____