

Scalehouse Office 751 Graniteville Road Graniteville, VT 05654 P: (802) 479-7004 F: (802) 479-7005

EMPLOYMENT APPLICATION

GENERAL INFORMATION								
NAME (LAST, FIRST MIDDLE)				PHONE		SOCIAL SEC	CURITY #	
ADDRESS			DATE OF BIRTH					
CITY	STATE	ZIP		DRIVERS LICEN	NSE #	S	STATE	
EMERGENCY CONTACT NAME						PHONE		
HAVE YOU EVER BEEN REFUSED ☐ YES AUTOMOBILE INSURANCE? ☐ NO			LIST ANY AUTOMOBILE CITATIONS OR ACCIDENTS IN THE LAST 3 YEARS					
DO YOU HAVE A CURRE		VID.	□ NO □ YES	-				
	INI FIRSI F	AID.	_					
CARD? (REQUIRED) □ NO WILL VISA OR IMMIGRATION STATUS □ YES								
			□ YES □ NO					
PREVENT LAWFUL EMPLOYMENT? WHAT BRANCH OF THE MILITARY HAVE YOU SERVED IN? (IF APPLICABLE)			DATE ENTERED DATE DISCHARGED		HARGED			
EXPERIENCE OR TRAINING				l				
			REFERE	NCES				
			NLI LNL	NCL3				
	E OF 3 PERSON	IS, NOT REL	ATED TO YOU,	WHOM YOU HA	VE KNOWN FOR AT		RS.	
NAME						PHONE		
ADDRESS				CITY		STATE	ZIP	
NAME						PHONE	1	
ADDRESS				CITY		STATE	ZIP	
NAME						PHONE		
ADDRESS				CITY		STATE	ZIP	



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EDUCATION									
NAME & LOCA	TION OF SCHOOL	VEAL	DC C	ON ADI	CTCD	(CIDCLE)	GRADI	IATES	DECREE DECEIVED
HIGH SCHOOL	TION OF SCHOOL		2	3	4	(CIRCLE)	□ YE		DEGREE RECEIVED
Tildit School		_	_	3	4				
COLLECT			_						
COLLEGE		1	2	3	4				
TRADE, BUSINESS		1	2	3	4				
)	
	EMPLOYMENT HISTORY								
NAME OF EMPLOYER	LIST MOST CU				IRST DATES				WAGE/SALARY
NAME OF EMPLOYER		LIVIF	LOTIN	ILINI L	AILS	то			WAGL/SALAKT
					1	1			
ADDRESS	CITY		S	TATE		ZIP		PHONE	
POSITION		REAS	SON F	OR LE	AVING	i			
NAME OF EMPLOYER		EMP	LOYN	1ENT [WAGE/	SALARY
					TC)			
ADDRESS	CITY		S	ГАТЕ		ZIP		PHONE	1
POSITION		REAS	SON F	OR LE	AVING	<u> </u> i			
NAME OF EMPLOYER		FMP	LOYN	1FNT [DATES			WAGE/	SALARY
NAME OF EMPLOTER			EMPLOYMENT DATES TO					***************************************	5/1 <u>5</u> 1111
ADDRESS	CITY		T c.	- A T C		1 710		DUONE	
ADDRESS	CITY		5	TATE		ZIP		PHONE	
POSITION		REAS	SON F	OR LE	AVING	i			
I CEPTIEV THAT AI	I STATENAENITS II	и тык	: A I	ו ום	CATI	ION A PE	TDIIE	AND	
I CERTIFY THAT ALL STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT. IF ANY INFORMATION SUBMITTED IS FALSE, IT COULD BE CAUSE									
FOR DISMISSAL. I UNDERSTAND THAT THIS APPLICATION IN NO WAY									
CONSTITUTES A CONTRACT OF EMPLOYMENT, AND THAT MY EMPLOYMENT IS									
AT THE WILL OF MYSELF AND/OR THE EMPLOYER.									
SIGNATURE OF APPLICANT									DATE
S.S. STORE OF ALLEGARY									2.115



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Notice to Applicants of the Requirements Regarding Drug and Alcohol Testing Under U.S. DOT Rules – Federal Highway Administration.

As a prospective employee after January 1, 1996, you will be required to pass a urine drug test and test negative before a conditional offer of employment is considered final.

Notice to Non-DOT Regulated Applicant of Drug and Alcohol Testing Requirements.

As a prospective employee, you will be requested to provide a urine specimen subsequent to a conditional offer of employment. The urine will be examined for the presence of certain drugs which have a potential for abuse and high-risk behavior at work.

If your test result is found to be positive, your conditional offer of employment will be withdrawn.

SIGNATURE OF APPLICANT	DATE



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DISCLOSURE AND AUTHORIZATION FORM TO OBTAIN CONSUMER REPORTS FOR EMPLOYMENT PURPOSES

Please Read Carefully Before Signing the Authorization

DISCLOSURE

In considering you for employment and, if you are employed, in considering you for subsequent promotion, assignment, reassignment, retention, or discipline, North East Materials Group ("the Company") may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as IntelliCorp Records, Inc.

For explanation purposes:

- a "consumer report" is a written, oral or other communication of any information by a consumer reporting agency
 bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal
 characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose
 of serving as a factor in making an employment-related decision about you. Such information may include, for
 example, credit information, criminal history reports, or driving records; and
- an "investigative consumer report" is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act ("FCRA").

Under the FCRA, before the Company can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

AUTHORIZATION

I have read and understand the foregoing Disclosure, and authorize the Company to obtain and rely

upon consumer reports or investigative consumer reports in considering me for employment and, if I am employed, in considering me for subsequent promotion, assignment, reassignment, retention, or discipline. By my signature below, I authorize the Company to obtain any such reports and to share the information received with any person involved in the employment decision about me.

I do ____ do not ___ authorize you to contact *my current* employer for Employment and Reference Verifications. (This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of the Company.

Date



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PERSONAL DATA

NAME (LAST, FIRST MIDDLE)	EMAIL ADDRESS (FOR OFFICIAL CORRESPONDENCE)			
CURRENT ADDRESS	DATES LIVED HERE			
ADDRESSES FOR THE PAST SEVEN YEARS (INCL	DATES OF RESIDENCE			
DATE OF BIRTH	OTHER NAMES HISER (INCHARDING M	ALDEN NAME	VEADG LIGED	
DATE OF BIRTH	OTHER NAMES USED (INCLUDING M.	AIDEN NAME)	YEARS USED	
SOCIAL SECURITY NUMBER	DRIVERS LICENSE #	STATE		
I have the right to make a request to nature and substance of all information, and the recipients of a furnished within the two-year periods.	ation in its files on me at the any reports on me which Into	time of my request, inc	luding sources of	
I certify that all elements of the per understand and agree that any ome on my application or any suppleme of employment and my discharge a	ission, false statement, misle ents to it and in any interviev	eading statement, or ans	swer made by me	
Printed Name	Applicant Signature		 Date	