

## EMPLOYMENT APPLICATION

GENERAL INFORMATION					
NAME (LAST, FIRST MIDDLE)			PHONE		SOCIAL SECURITY #
ADDRESS				DATE OF BIRTH	
CITY		STATE	ZIP	DRIVERS LICENSE #	
STATE		STATE			
EMERGENCY CONTACT NAME				PHONE	
HAVE YOU EVER BEEN REFUSED AUTOMOBILE INSURANCE?			<input type="checkbox"/> YES <input type="checkbox"/> NO	LIST ANY AUTOMOBILE CITATIONS OR ACCIDENTS IN THE LAST 3 YEARS	
DO YOU HAVE A CURRENT FIRST AID CARD? (REQUIRED)			<input type="checkbox"/> YES <input type="checkbox"/> NO		
WILL VISA OR IMMIGRATION STATUS PREVENT LAWFUL EMPLOYMENT?			<input type="checkbox"/> YES <input type="checkbox"/> NO		
WHAT BRANCH OF THE MILITARY HAVE YOU SERVED IN? (IF APPLICABLE)			DATE ENTERED		DATE DISCHARGED
EXPERIENCE OR TRAINING					
REFERENCES					
GIVE THE NAME OF 3 PERSONS, NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST 3 YEARS.					
NAME				PHONE	
ADDRESS			CITY	STATE	ZIP
NAME				PHONE	
ADDRESS			CITY	STATE	ZIP
NAME				PHONE	
ADDRESS			CITY	STATE	ZIP

EDUCATION					
NAME & LOCATION OF SCHOOL	YEARS COMPLETED (CIRCLE)	GRADUATE?	DEGREE RECEIVED		
HIGH SCHOOL	1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO			
COLLEGE	1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO			
TRADE, BUSINESS	1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO			
EMPLOYMENT HISTORY					
LIST MOST CURRENT EMPLOYER FIRST					
NAME OF EMPLOYER		EMPLOYMENT DATES <div style="text-align: center;">TO</div>		WAGE/SALARY	
ADDRESS	CITY	STATE	ZIP	PHONE	
POSITION		REASON FOR LEAVING			
NAME OF EMPLOYER		EMPLOYMENT DATES <div style="text-align: center;">TO</div>		WAGE/SALARY	
ADDRESS	CITY	STATE	ZIP	PHONE	
POSITION		REASON FOR LEAVING			
NAME OF EMPLOYER		EMPLOYMENT DATES <div style="text-align: center;">TO</div>		WAGE/SALARY	
ADDRESS	CITY	STATE	ZIP	PHONE	
POSITION		REASON FOR LEAVING			
<p style="margin: 0;"><i>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.</i></p>					
SIGNATURE OF APPLICANT				DATE	

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

**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.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

