## **Employment Application**



APPLICANT INFORMATION											
Last Nan	ne				First				M.I.	Date	
Street Address								Apartment/Unit #			
City					State				ZIP		
Phone				E-mail Address							
Date Ava	ilable				Desired Salary						
Position(	Position(s) Applied for										
Have you ever worked for this company? YES			NO   If so, when?								
Would yo	ou be willir	ng to travel?	•	YES	NO 🗆						
EDUCA	TION										
High Sch	ool				Address						
Did you	graduate?	YES	NO 🗆	Degree							
College					Address						
Did you	graduate?	YES	NO 🗆	Degree							
Other			Address								
Did you	graduate?	YES	NO 🗆	Degree							
State any professional information you feel may be helpful to us in considering your application:											
What have needed and since of an invent house we had a maritime or 11. 2											
What types, models, and sizes of equipment have you had experience operating?											
REFERENCES											
Please list three professional references.											
Full Nam	е					R	elationsh	ip			
Company	/					P	hone				
Address	Address										
Full Nam	е					R	elationsh	ip			



Company				Phone					
Address									
Full Name				Relationship					
Company				Phone					
Address									
PREVIOUS	EMPLOYMENT								
Company					Phone				
Address				Supervisor					
Job Title									
Responsibilities	5								
From	То	Reason for Leaving							
May we contac	t your previous superv	isor for a reference?	YES	NO 🗌					
			,						
Company				Phone					
Address			Supervisor						
Job Title	Job Title								
Responsibilities									
From	То	Reason for Leaving							
May we contact your previous supervisor for a reference? YES NO									
Company				Phone					
Address			Supervisor						
Job Title									
Responsibilities	5								
From	То	Reason for Leaving							
May we contac	t your previous superv	isor for a reference?	YES	NO $\square$					
MILITARY S	SERVICE								
Branch					From	То			
Rank at Discharge					Type of Dischar	ge			
If other than honorable, explain									



## **EXPERIENCE & QUALIFICATIONS - DRIVER**

If you are applying for a position that requires a CDL, please fill out the section below:

	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
DRIVERS LICENSES				
DRIVERS LICENSES				
Driving Experience (if non	ne, write note)			
Class of Equipment	Type of Equipment	Date:	s To	Approximate number

Tractor & Semi-Trailer						
List states operated in for the last 5 years:						
Show special courses or training that will help you as a driver:						
Which safe driving awards do you hold and from whom:						

## **DISCLAIMER AND SIGNATURE**

Straight Truck

I certify that my answers are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquires of my personal employment and other related matters as may be necessary in arriving at an employment decision.

I hereby release employers, schools and other persons from liability in responding to inquiries and releasing information regarding my application.

If this application leads to employment I understand that I am required to submit to a pre-employment drug screening. If I fail a pre-employment drug screening I understand that I am not eligible to reapply for any positions with Bevilacqua Asphalt for 6 months after the results of the drug screening are received by Bevilacqua Asphalt.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date
•	

Applicants are considered for all positions without regard to race, color, religion, creed, gender, age, marital or veteran status, sexual orientation, the presence of medical condition or disability or any other legally protected status.

This application may be submitted via email to <a href="mailto:tracy.lefebvre@rawsonmaterials.com">tracy.lefebvre@rawsonmaterials.com</a>, in person at our Main Office location or by mail to:

## Bevilacqua Asphalt

Attn: Human Resources 58 Pomfret Street, Suite 4101 Putnam, CT 06260