# Gorman Paving

## **Application for Employment**

#### **Applicant Note**

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. If employment is offered, it is strictly on an "at will" basis, which means that you may resign at any time, or Gorman Paving LLC (GORMAN) may terminate your employment at any time for no reason, or for any reason not prohibited by law. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Affirmative action hiring may be requested by qualified applicants. Additional testing of job-related skills and for the presence of drugs on your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you are required to submit to a medical review. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

#### **General Information**

Name	Social Security		
Address	Home Phone		
City, State, ZIP Code	Work Phone		
Emergency Contact	Phone		
Prior Address	Have you applied at GORMAN before?	Yes	No
Prior City, State, ZIP	Who referred you to GORMAN?		

## **Availability**

Position applied for:	Requested Rate of Pay:
Full-Time Part-Time Temporary	Date Available to Work:

#### **Education**

Level of Education	Name of School	From Year	To Year	Did you graduate?	List Degrees
High School				Yes No	
College				Yes No	
Graduate School				Yes No	
Other (Specify)				Yes No	

### **Employment**

Employer /	Supervisor /	From Year /	Position /	Describe your job responsibilities:
Address	Phone	To Year	Salary	

Job Skills										
Drivers License Number		State of Iss	ue:				Is your I	icense currently	Yes	No
Type of License:		Endorseme	nts:				Restricti	ons:		
Moving violations in the last three years?					have other skills, lificates that are job-					
Have you been given a job descripti requirements of the job explained to		Yes	No	Do you	understand these r	equireme	nts?		Yes	No
Can you perform the requirements of reasonable accomodation	of this job with or without	Yes	No							
Security										
List all counties and states of reside	nce for the past seven year	s:		County	/State (list all):					
Have you used another name or Social Security Number, other than those listed above?  Yes No			sted above?	If so, list all:						
Have you been convicted of a felony and/or served time for a felony within the past sever years?  Yes No			ne past seven	If so, please give details (incident, location, charge):						
References										
Name	Address				Phone	Years Known		Relationship		
Comments										

#### Certification, Release and ADR

I certify that I have read and understand the applicant note on this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information, including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies, and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited prior to and during employment. I agree to mediate in good faith any issue which arises concerning my hiring, my employment or termination from employment.

Digital Signature* Date* Email* ©2016 GORMAN PAVING
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