

Roanoke Concrete Products Co. / Peoria Concrete Construction Co.

An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT		We consider all applicants for all positions without regard to race, color, religion, sex, national origin, age marital or veteran status, the presence of non-job related medical condition or handicap, or any other legally protected status.						
Last Name		First		Middle				
Street Address		Apartment/Unit #						
City		State, Zip		Phone				
Date available for work?		If you are under 18, can you provide required proof of your eligibility to work?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever filed an application with us before?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?				
Have you ever been employed with us before?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?				
Are you currently employed?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	May we contact your present employer?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Are you prevented from becoming employed in this country because of Visa or Immigration Status? <i>Proof of citizenship or immigration status will be required upon employment.</i>						YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Are you currently on a "lay-off" status and subject to recall?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Can you travel if a job requires it?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Are you available to work:		Full Time <input type="checkbox"/>		Part Time <input type="checkbox"/>	Shift Work <input type="checkbox"/>	Temporary <input type="checkbox"/>		
Position applying for?		Driver <input type="checkbox"/>		Laborer/Operator <input type="checkbox"/>	Mechanic <input type="checkbox"/>	Supervisor <input type="checkbox"/>		
****If applying for a driver position, do you have a CDL?			Yes <input type="checkbox"/>	No <input type="checkbox"/>				
Location preference:		East Peoria/Peoria Area <input type="checkbox"/>		Bloomington/Normal <input type="checkbox"/>	Champaign/Urbana <input type="checkbox"/>			
REFERENCES								
<i>Give Name, address, and telephone number of three references who are not related to you and are not previous employers.</i>								
Full Name		Address			Phone			
Address								
Full Name		Address			Phone			
Address								
Full Name		Address			Phone			
Address								
REFERRAL								
Are you being referred to us by a current employee?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please provide name:				
How did you hear about us?								

EMPLOYMENT EXPERIENCE		Start with present/last job. Include job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap, or other protected status.					
Company					Phone		
Address					Supervisor		
Job Title				Starting Wage	\$	Ending Wage	\$
Responsibilities							
From		To		Reason for Leaving			
Were you subject to the Federal Motor Carrier Safety Regulations (FCMSRs) while employed?						YES <input type="checkbox"/>	NO <input type="checkbox"/>
Was the Previous job description designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as require by 49 CFR Part 40?						YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company					Phone		
Address					Supervisor		
Job Title				Starting Wage	\$	Ending Wage	\$
Responsibilities							
From		To		Reason for Leaving			
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Company					Phone		
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Was the Previous job description designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as require by 49 CFR Part 40?						YES <input type="checkbox"/>	NO <input type="checkbox"/>
Any gaps in employment between the above employers must be explained. Include dates (month/year) and reason.							

EDUCATION								
Elementary School							Location	
Years Completed	4	5	6	7	8		Degree	
High School								
High School							Location	
Years Completed	9	10	11	12			Degree	
Describe Course of Study:								
College/University								
College/University							Location	
Years Completed	1	2	3	4			Degree	
Describe Course of Study:								
Graduate/Professional								
Graduate/Professional							Location	
Years Completed	1	2	3	4			Degree	
Describe Course of Study:								
Describe any specialized training, apprenticeship, skills, and extracurricular activities.								
Describe any honors you have received.								
State any information you feel may be helpful to us in considering your application.								
Have you ever had any job-related training in the United State military? If so, please describe.								

Indicate any foreign languages that you can: <i>(Please indicate level of skill using "fair", "good", or "fluent.")</i>	
Speak	
Read	
Write	

List professional, trade, business, or civic activities and offices held: <i>You may exclude memberships which indicate race, color, religion, gender, national origin, handicap, or other protected status.</i>

Special skills and qualifications: <i>Summarize special job-related skills and qualifications acquired from employment or other experience.</i>

