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		ı	<u>-</u> L						Middle				
Street Address		<u> </u>	ı				Apartment	/Unit :	#				
City				State Zip	2,	Phone			Phone				
Date available for work?		If you are under 18, or eligibility to work?				can you provide required p			• •		ES 🗆		NO 🗆
Have you eve before?	r filed an application with us					f yes, when?							
Have you eve before?	r been employed with us	Υ	ES 🗌	NO 🗆] I	If yes, when?							
Are you curre	Y	ES 🗌	NO 🗆]	May we contact your present employer?					YES	S 🗌	NO 🗆	
Are y		employed in this country because of Visa or Immigration Status? immigration status will be required upon employment.					YE:	s 🗌	NO 🗆				
	ently on a "lay-off" status and subject to recall?	Y	ES 🗌	NO [Can you travel if a jo			a job requires it?		YE	s 🗌	NO 🗆
Are	you available to work:		Full Time			Part Time		Shift Work		Temporary \square		ary 🗌	
F		Driver			Laborer/ Operator		Mechanic 🗌		Supervisor				
****If applying	ng for a driver position, do yo	u hav	have a CDL?] No	No 🗆						
Location preference:			_			Bloomington/ Cha Normal Urba			mpaign/ ana		Linco Pete	oln/ ersburg	
REFERENCES													
Give Name, address, and telephone number of three references who are not related to you and are not previous employers.													
Full Name	Full Name Phone												
Address							•						
Full Name	Phone												
Address						1							
Full Name	Phone												
Address						 							
REFERRAL													
	referred to us by a current e	mplo	yee?	/ES NO	0	If yes, pleas		de					
How did you	hear about us?					Halli	<u>. </u>		l				

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	,				1		Phone					
Address							Supervisor					
Job Title												
Responsi	bilitie	es										
From			То									
Were you subject to the Federal Motor Carrier Safety Regulations (FCMSRs) while employed?									NO 🗆			
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	NO 🗆		
Company	,						Phone					
Address							Supervisor		_			
Job Title												
Responsi	hilitie	25										
From			То									
From To Reason for Leaving Were you subject to the Federal Motor Carrier Safety Regulations (FCMSRs) while employed?								YES	NO 🗆			
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?									NO 🗆			
Company	,						Phone					
Address							Supervisor					
Job Title												
Responsi	bilitie	es										
From			То		Reason for Leaving							
Were you subject to the Federal Motor Carrier Safety Regulations (FCMSRs) while employed?								YES 🗆	NO 🗆			
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?								NO 🗆				
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			
Completed										
High School		1		I			Location			
Years Completed	9	10	11	12			Degree			
Describe Course of Study:										
College/ University							Location			
Years Completed	1	2	3	4			Degree			
Describe Course	of Stud	y:								
Graduate/							Lagativ			
Professional Years							Location			
Completed	1	2	3	4			Degree			
Describe Course	of Stud	y:								
Describe any specialized training, apprenticeship, skills, and extracurricular activities.										
Describe any ho have received.	nors you	ı								
State any inform feel may be help considering you	oful to u	s in								
Have you ever had any jobrelated training in the United State military? If so, please describe.										
	Indica	te any fore	eign langua	ges that you	ı can: (<i>Ple</i>	ease indicate	e level of ski	Il using "fair", "good", or "fluent.)		
Speak										
Read										
Write										
List professional, trade, business, or civic activities and offices held: You may exclude memberships which indicate race, color, religion, gender, national origin, handicap, or other protected status.										
Special chille	and au	alifications	· Summari	re special in	h-related c	kills and aus	difications a	cauited from employment or other experience		
Special skills and qualifications: Summarize special job-related skills and qualifications acquired from employment or other experience.										

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APPLICANT'S STATEMENT								
I certify that answers given herein are true and complete to the best of my knowledge.								
I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.								
This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.								
The applicant understands that neither this document, nor any offer of employment from the employer, constitute an employment contract unless a specific document to that effect is executed by the employer and employee in writing.								
In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules, policies, and regulations of the employer.								
Signature		Date						
Once	completed, save the application to your device and email it to hiring.roano	keconcret	re@gmail.com					
•			•					
Interviewer		Date	•					
Trice viewei	Interview Notes	Date						