



## EMPLOYMENT APPLICATION

### APPLICANT INSTRUCTIONS

If you need assistance completing this form, please notify the individual who gave you this application. Every effort will be made to accommodate you.

1. Please read "APPLICANT NOTE" below.
2. Please complete both sides of this form.
3. If more space is required, please use the comments section at the bottom of the page, or request an additional sheet.
4. Print clearly: incomplete or illegible applications will not be processed.
5. Provide only requested information. Failure to do so may result in disqualification of your application.
6. Some packets may include an AFFIRMATIVE ACTION QUESTIONNAIRE. This information is voluntary and will be kept confidential. An applicant will not be subject to any adverse consequences for refusing to complete this questionnaire.
7. DO NOT FILL OUT ANY OTHER ATTACHED FORMS OR PAGES UNTIL INSTRUCTED.

POSITION APPLIED FOR: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
LAST FIRST MI

SOCIAL SECURITY NUMBER: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_  
STREET

STREET

CITY STATE ZIP

PRIOR ADDRESS: \_\_\_\_\_  
STREET

STREET

CITY STATE ZIP

### APPLICANT NOTE

This application is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate question 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 based on sex, marital status, race, color, age, creed, national origin, sexual orientation, military reserve membership, ancestry, religion, height, weight, use of a guide or support animal because of blindness, deafness, or physical handicap, or the presence of disabilities. A conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you may be 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.

Blevins Asphalt Construction Co., Inc. ♦ P.O. Box 230 ♦ Mt. Vernon, MO 65712

Phone: (417) 466-3758 ♦ Fax (417) 466-7914

www.blevinsasphalt.com

**AVAILABILITY**

What date can you start? \_\_\_\_\_

For which schedules are you available? ☐ Weekdays ☐ Weekends ☐ Evenings ☐ Nights ☐ Overtime

Reasonable efforts will be made to accommodate sincerely held moral and ethical beliefs (WI), religious beliefs and practices (all other states).

**JOB RELATED SKILLS**

NOTE: Do not fill out any part of this section you believe to be non-job related.

☐ Yes ☐ No

If the job requires, do you have the appropriate valid driver's license?

Name on license \_\_\_\_\_ DL# \_\_\_\_\_ Type \_\_\_\_\_ State of Issue \_\_\_\_\_

☐ Yes ☐ No

Have you had any moving violations within the last seven years? Please describe \_\_\_\_\_

Please list any other skills, licenses, or certificates that may be job-related or that you feel would be of value to this job or company. \_\_\_\_\_

☐ Yes ☐ No

Have you been given a job description or had the essential function of the job explained to you?

☐ Yes ☐ No

Do you understand these essential functions?

☐ Yes ☐ No

Can you perform the essential function of this job with or without reasonable accommodation?

**SECURITY**

List all states and counties of residence for the past seven years: \_\_\_\_\_

☐ Yes ☐ No

Have you used any names or Social Security Numbers other than given above? If so, please list in comments below.

☐ Yes ☐ No

Have you been convicted of a crime in the past seven years? If so, please describe in the boxes below. (Conviction will not necessarily be a bar to employment. In accordance with company policy and applicable state and federal laws, factors such as age at time of the offense, remoteness of the offense, time since last conviction, and nature of the job sought and rehabilitation effort will be reviewed.)

Incident	City/State	Charge
1.		
2.		

**COMMENTS**

Ask for additional page if necessary

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**EDUCATION**

NOTE: Do not fill out any part of this section you believe to be non-job related

Please check highest grade completed:      7      8      9      10      11      12

If your school records are under a different name than listed on page 1, please enter that name: \_\_\_\_\_

NAME	CITY/STATE	GRADUATED	DEGREE
HIGH SCHOOL			
COLLEGE			
OTHER			



## PREVIOUS EMPLOYERS

PLEASE NOTE: Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are critical. Ask for a phone book or call information if necessary. FOR EMPLOYERS OUTSIDE THE U.S., A CURRENT FAX NUMBER IS MANDATORY.

<b>MOST RECENT EMPLOYER</b>	Yes Yes	No No	Are you currently working for this employer? If yes, may we contact?	PHONE: FAX:
<div style="display: flex; justify-content: space-between;"> <div>COMPANY NAME _____</div> <div>CITY _____</div> <div>STATE _____</div> </div> <div style="display: flex; justify-content: space-between;"> <div>FROM _____ TO _____ <small>DATES EMPLOYED</small></div> <div>JOB TITLE _____</div> <div>SUPERVISOR NAME _____</div> </div> <div style="margin-top: 10px;">DUTIES _____</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>SALARY _____ PER _____ <small>(HR,WK,MNTH)</small></div> <div>REASON FOR LEAVING _____</div> </div>				
<b>SECOND MOST RECENT EMPLOYER</b>				PHONE: FAX:
<div style="display: flex; justify-content: space-between;"> <div>COMPANY NAME _____</div> <div>CITY _____</div> <div>STATE _____</div> </div> <div style="display: flex; justify-content: space-between;"> <div>FROM _____ TO _____ <small>DATES EMPLOYED</small></div> <div>JOB TITLE _____</div> <div>SUPERVISOR NAME _____</div> </div> <div style="margin-top: 10px;">DUTIES _____</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>SALARY _____ PER _____ <small>(HR,WK,MNTH)</small></div> <div>REASON FOR LEAVING _____</div> </div>				
<b>THIRD MOST RECENT EMPLOYER</b>				PHONE: FAX:
<div style="display: flex; justify-content: space-between;"> <div>COMPANY NAME _____</div> <div>CITY _____</div> <div>STATE _____</div> </div> <div style="display: flex; justify-content: space-between;"> <div>FROM _____ TO _____ <small>DATES EMPLOYED</small></div> <div>JOB TITLE _____</div> <div>SUPERVISOR NAME _____</div> </div> <div style="margin-top: 10px;">DUTIES _____</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>SALARY _____ PER _____ <small>(HR,WK,MNTH)</small></div> <div>REASON FOR LEAVING _____</div> </div>				

## REFERENCES

Include only individuals familiar with your work ability. Do not include relatives or names of supervisors listed above.

NAME	ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP
1.		
2.		
3.		

**LICENSE INFORMATION**

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license." I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES FROM TO	APPROX. NO OF MILES (TOTAL)
STRAIGHT TRUCK			
TRACTOR AND SEMI-TRAILER			
TRACTOR – TWO TRAILERS			
OTHER			

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)**

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	NUMBER OF FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS
				Yes No
				Yes No
				Yes No

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)**

DATE CONVICTED (month/year)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (forfeited bond, collateral and/or points)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes No

If yes, explain \_\_\_\_\_

B. Has any license, permit, or privilege ever been suspended or revoked? Yes No

If yes, explain \_\_\_\_\_

**CERTIFICATION AND RELEASE**

I certify that I have read and understand the applicant note on page one of 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, whether on this document or otherwise, 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 may of this information. I authorize all former employers, persons, schools, companies, and law enforcements authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs if prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

SIGNATURE	DATE



I, \_\_\_\_\_, hereby authorize Blevins Asphalt Construction Company Inc. to conduct a background check on myself, to include contacting previous Employers, a check of my driving record, records of drug and alcohol tests, and a criminal record screen.

This information will be considered in my application for employment, and will be kept strictly confidential. I understand that I may withhold my permission and that in such case, no investigation will be done, and my application for employment will not be processed further.

A copy of the above information will be available to me upon request.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## **Blevins Asphalt Construction Company is a Drug-Free Workplace.**

### **Drug Testing: General Consent**

Name: \_\_\_\_\_ Job Employed for: \_\_\_\_\_

I hereby consent to allow Tomo Drug Testing or Joplin Urgent Care to take a specimen of my hair, urine, or blood and submit it to a laboratory testing service for a pre-employment, random or reasonable suspicion drug test. I further consent to allow the laboratory testing service to make the results of the drug test available to Blevins Asphalt Construction Company.

I understand that positive test results, refusal to be tested or any attempt to affect the test results or test sample will result in withdrawal of my application for employment and/or withdrawal of any provisional employment offer I have received from Blevins Asphalt Construction Company or termination of employment, depending on when the results are received.

I agree to hold harmless and release from all claims Blevins Asphalt Construction Company and its agents (including the above-named facility) from any liability arising in whole or part out of the collection of specimens, testing and the appropriate use of the information from such testing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Applicants are responsible for paying for the pre-employment drug test.**

Can you pass a drug test, if you were tested today?  
Yes:      No:

## Affirmative Action Questionnaire

*This information is being gathered for affirmative action under Section 503 of the Rehabilitation Act of 1973. The information requested is voluntary and will be kept confidential. An applicant will not be subject to any adverse treatment for refusing to complete the questionnaire.*

The purpose of this section is to assist in monitoring Affirmative Action Programs and to aid in complying with any required Government record keeping or periodic reporting. This information is not part of your employment application, and will not be considered in the employment/selection process. If you choose to provide the information, please complete the following:

Name: \_\_\_\_\_

Title of job applied for: \_\_\_\_\_

### Race/Ethnicity

- ☐ White – origins in Europe, North Africa, or Middle East
- ☐ Asian – Origins in Far East, S.E. Asia, India or Pacific Islands
- ☐ Black – origins in Africa
- ☐ Hispanic – Mexican, Puerto Rican, Cuban, Central or South America
- ☐ American Indian – origins in North America, to exclude Alaska
- ☐ Other

### Physical Condition

- ☐ (1) No Disability
- ☐ (2) Physically disabled (No Facility Modification)
- ☐ (3) Physically disabled (Facility Modification)
- ☐ (4) Health Disabled (Heart Attack, Diabetic Seizures, etc.)
- ☐ (5) Mentally disabled (Learning Disability)

### Sex

- ☐ Male
- ☐ Female

### Veterans/U.S. Military Status

- ☐ (0) Non-Veteran
- ☐ (1) Pre-Vietnam veteran
- ☐ (2) Pre-Vietnam veteran with service incurred disability
- ☐ (3) Vietnam Era Veteran (8/5/64 - 5/7/75)
- ☐ (4) Vietnam Era Veteran with service incurred disability
- ☐ (5) Post Vietnam Veteran
- ☐ (6) Post Vietnam veteran with service incurred disability

### Active National Guard Reservist (check one)

- ☐ Yes
- ☐ No

### ***Personal and Confidential***

This page contains sensitive information. Keep only in secure files, separately from Personnel Records.