

APPLICATION FOR EMPLOYMENT

STERLING Phone: 978-422-8282
CONCRETE Fax: 508-731-6180

Sterling Concrete is an equal opportunity employer and does not discriminate on the basis of race, color religion, sexual orientation, national origin, sex, veteran status, disability or age in accordance with the law. Should you require assistance filling out this application or during any phase of the application process, let us know so that we may accommodate your needs. It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability. Each question should be fully and accurately answered. No action will be taken on this application until all questions have been answered.

Last Name	First Name	Middle Initial	Today's Date
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Street Address	Apt #	Social Security Number
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City	State	Zip	Home Phone Number/Cell Phone Number
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Position Applied For	Full-time Part-time Temporary (select one)	Date Available
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***** ALL INFORMATION MUST BE COMPLETED EVEN IF A RESUME IS ATTACHED *****

List names of all employers in consecutive order with present or last employer listed first. Account for all periods of time including military service, self-employment and any periods of unemployment.

Please note: DOT requires that employment for at least 3 years and/or Commercial Driving Experience for the past 10 years be shown.

Name of Employer

Position Held

Address

From: Month/Year To: Month/Year

City State Zip

Reason for Leaving

Supervisor Telephone

Describe Work Performed:

Name of Employer

Position Held

Address

From: Month/Year To: Month/Year

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Describe Work Performed:

Name of Employer

Position Held

Address

From: Month/Year To: Month/Year

City State Zip

Reason for Leaving

Supervisor Telephone

Describe Work Performed:

Are you subject to recall from a current lay off?

Yes No

Employment References (continued)

Name of Employer

Position Held

Address

From: Month/Year To: Month/Year

City State Zip

Reason for Leaving

Supervisor Telephone

Describe Work Performed:

Name of Employer

Position Held

Address

From: Month/Year To: Month/Year

City State Zip

Reason for Leaving

Supervisor Telephone

Describe Work Performed:

List any languages you read, write, or speak fluently: _____

If you are under the age of 18, can you furnish a work permit? Yes No

All applicants: If you are hired, you will be required to furnish proof that you are eligible to work in the USA. You may also be asked to submit proof of age.

Education

	Name & Address of Schools	Diploma/Degree/Certificate	Number of Years Completed
High School or GED	_____	_____	_____
College or University	_____	_____	_____
Vocational or Technical	_____	_____	_____

What additional skills, or machines or equipment you can operate would be related to the position you are applying?

PLEASE MAKE SURE YOU READ EACH OF THE FOLLOWING STATEMENTS BEFORE SIGNING

I. I certify that all of the information I have provided in this employment application is true and complete. I understand that any information that is discovered to be false or misleading may disqualify me for the position I am applying for and may result in my termination if discovered at a later date.

II. I authorize Sterling Concrete to investigate any information I have provided regarding this employment application and release any person, business, organization, etc. named in the employment application from any liability in responding to inquiries in connection with the employment application and release Sterling Concrete from any and all liability in regards to such inquiries.

III. I understand that if I am employed, I will be an employee "at will" and may terminate my employment at any time with or without cause or notice and that Sterling Concrete may also.

IV. If I am employed, I agree to abide the rules, and regulations, etc. of Sterling Concrete and any changes that are made to the rules, and regulations, etc.

As per my signature, I have read, understand and concur with the statements.

Signature

Date

If you are applying for a driving position, please complete pages five and six.

ALL PERSONS APPLYING FOR DRIVING POSITIONS ARE REQUIRED TO PROVIDE THE FOLLOWING INFORMATION AS PER DEPARTMENT OF TRANSPORTATION (attach additional sheet if needed)

Last Name First Name Middle Initial Social Security Number

LIST YOUR ADDRESSES FOR THE PAST THREE YEARS

STREET CITY STATE ZIP HOW LONG

Do you currently have a valid driver's license? Yes No

List ALL unexpired Driver's License/Permit Numbers with expiration dates:

License/Permit #	Issuing State	CDL Endorsement	Expiration Date

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

Has any license, permit, or privilege ever been suspended or revoked in the past three years to operate a vehicle? Yes No

If yes was answered to either question, explain in detail the facts and circumstances of any denial, suspension or revocation.
(ATTACH ADDITIONAL SHEET IF NECESSARY)

DRIVING EXPERIENCE - COMPLETE ALL SECTIONS

	Type	From	To	Approx Number of Miles
Straight Truck				
Tractor and semi Trailer				
Tractor - two trailers				
Other				

Briefly explain the nature of your experience:

ACCIDENT RECORD FOR THE PAST THREE YEARS - List all and provide description.

(ATTACH ADDITIONAL SHEET IF NECESSARY)

DATE	NATURE OF ACCIDENT (HEAD ON, REAR END ...)	INJURIES	FATALITIES

DESCRIPTION OF EACH ACCIDENT

TRAFFIC CONVICTIONS FOR THE PAST THREE YEARS - List all and provide description for each violation of motor vehicle laws or ordinances for which you were convicted or forfeited bond or collateral during the past three years. DO NOT INCLUDE PARKING VIOLATIONS

(ATTACH ADDITIONAL SHEET IF NECESSARY)

DATE	LOCATION	CHARGES	PENALTIES

DESCRIPTION OF EACH CONVICTION

My signature certifies that the application was completed by me and that all information provided is true and complete to the best of my knowledge.

Signature

Date