

APPLICATION FOR EMPLOYMENT						
Lehigh Hanson and its Affiliate Companies (The Company)						
IMPORTANT: Clearly print answers to every question. All information on this application will be treated as confidential. Lehigh Hanson is an equal employment opportunity employer and complies with all applicable laws.					Date:	
Specific Position Desired:		Location(s) Desired:		Salary Desired:		
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Contractor <input type="checkbox"/> Seasonal/Temporary <input type="checkbox"/> Intern/Co-op				Earliest Available Date:		
Personal Information:						
Last Name:	First Name:	M.I.	Contact Number:	Email Address:		
Current Street Address		Apt No	City	State	Zip code	
Are you legally eligible to be employed in the United States?				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have a Driver's License		<input type="checkbox"/> Yes <input type="checkbox"/> No	Type	State	Expiration Date	
Are you 18 years of age or older?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you employed now?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
General Information:						
Please indicate shifts you are able to work. <i>Check all that apply.</i>			<input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Rotating			
Please indicate days you are able to work. <i>Check all that apply.</i>			<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun			
Are you able to work overtime?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Willing to transfer to another City or State?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been employed by Lehigh Hanson or an affiliate?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Where	When	Position	
Have you ever completed an application for employment at Lehigh Hanson or an affiliate?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Where	When	Position	
Have you ever been assigned to work at Lehigh Hanson or an affiliate through a temporary agency or contract agreement?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Where	When	Position	
Do you or have you ever had any relatives employed at Lehigh Hanson or an affiliate?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, indicate name and relationship:			
Education/Training Information:						
Schools Attended	Name & Address	Graduated (Y/N)	Degree/Diploma	Course of Study		
High School/GED		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Technical School		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College/University		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College/University		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other relevant professional certificates, honors, training and/or license(s):						
List any scholarships, academic honors, awards, or special achievements:						
List languages which you speak and/or read proficiently:						

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Skill Information:			
Category	List All Skills	Skill Level	
Warehouse/Equipment		<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced
Clerical		<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced
Programming		<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced
Other Skills		<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced
Military Service Information:			
Have you ever served in the armed forces of the US?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you obtained any job relevant skills or abilities as the result of service in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please describe:			
Professional References:			
Name and Title	Company	City and State	Phone Number
Employment History:			
List all previous work experience and periods of unemployment (all time must be accounted for). Begin with your present position and work back to your first position. Please Note: A resume may be attached but will not be accepted in place of any information required on this form. Also include any volunteer work that relates to the job for which you are applying.			
1. Company		Position/Title	
<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal/Temporary <input type="checkbox"/> Intern		Length of Service From: _____ To: _____	
Street Address	City	State	Zip code Main Company Phone Number
Supervisor's Name, Title, Phone Number		Reason For Leaving	
Duties		Are you eligible for re-hire? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If this is your present employer, may we call them for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:			
(Please note upon your acceptance, this employer may be contacted for verification of employment.)			
Please describe any gaps in employment (excluding medical related issues) between this listing and the previous one.			
2. Company		Position/Title	
<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal/Temporary <input type="checkbox"/> Intern		Length of Service From: _____ To: _____	
Street Address	City	State	Zip code Main Company Phone Number
Supervisor's Name, Title, Phone Number		Reason For Leaving	
Duties		Are you eligible for re-hire? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please describe any gaps in employment (excluding medical related issues) between this listing and the previous one.			

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3. Company		Position/Title	
<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal/Temporary <input type="checkbox"/> Intern		Length of Service From: _____ To: _____	
Street Address _____		City _____	State _____ Zip code _____ Main Company Phone Number _____
Supervisor's Name, Title, Phone Number _____		Reason For Leaving _____	
Duties _____		Are you eligible for re-hire? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please describe any gaps in employment (excluding medical related issues) between this listing and the previous one.			
4. Company		Position/Title	
<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal/Temporary <input type="checkbox"/> Intern		Length of Service From: _____ To: _____	
Street Address _____		City _____	State _____ Zip code _____ Main Company Phone Number _____
Supervisor's Name, Title, Phone Number _____		Reason For Leaving _____	
Duties _____		Are you eligible for re-hire? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please describe any gaps in employment (excluding medical related issues) between this listing and the previous one.			
Source Information:			
How did you learn about this position? Check one and where applicable, indicate specific source.			
<input type="checkbox"/> Internet Posting <input type="checkbox"/> Search Firm <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Temp Agency <input type="checkbox"/> Walk In <input type="checkbox"/> College/University <input type="checkbox"/> Radio <input type="checkbox"/> Unemployment Office <input type="checkbox"/> Job Fair <input type="checkbox"/> Relative/Employee/Friend _____ <input type="checkbox"/> Other _____			
Certification and Acknowledgement (IMPORTANT: Please read carefully, initial statements and sign below):			
I certify that the information contained in this application is complete and correct to the best of my knowledge and understand that falsification or incompleteness of this information may result in my not being considered for employment or dismissal if I am employed. I further certify that I, the undersigned applicant, have personally, with or without help, completed this application.			
I authorize the Company to investigate all statements contained in this application. I hereby authorize the references, former employers and educational institutions listed on this application to provide the Company any and all information concerning my previous employment and/or education achieved they may have, personal or otherwise. I release all parties from liability for any damages that may result from furnishing any lawful job-related information.			
I understand that before any offer of employment is extended and/or before actual employment commences, I may be required to submit to a background check and potentially physical agility testing as required by the Company. I may also be required to submit to blood, urine, and/or other medical testing for detection of alcohol, and/or illegal substances in accordance with Company policies post-offer. I may be required by the Company to submit to a post-offer physical examination. Unsatisfactory or inconclusive results of the post-offer examination may necessitate withdrawal of the job offer. If I am a candidate for a position involving the operation of a commercial motor vehicle, I hereby acknowledge that I have been made aware that the purpose of investigating my background is to satisfy the requirements of 49 CFR §391.23.			
I understand that as a condition of employment, I will be required to provide identification, which proves my legal right to work in the United States.			
If employed, I agree to follow the rules, regulations, and other directives of the Company. However, I understand that my employment may be terminated, with or without cause, and with or without notice, at any time, at the option of either the Company or myself.			
All right, title, and interest, including, without limitation, all copyrights and patents, in and to any material produced or inventions developed by me which affect or relate to the Company's business or affect or relate to the Company's industry shall vest in the Company and I shall have no personal right, title, or interest whatsoever therein. The Company, and any person or concern it may authorize, shall be entitled, without further consent, to copyright, sell, or use in any manner, any video or photograph of me.			
The Company shall have the right at any time after the termination of my employment to furnish to others information concerning my employment record, work habits, and work performance with the Company, including the information contained in this application, or copies of any information which is maintained in my personnel file. I specifically release the Company, its officers, directors, agents, and employees from any and all liability regarding the release of any information described in this paragraph.			
I agree not to disclose any of the Company's trade secrets or other confidential or restricted information and not to make use of such trade secrets or confidential or restricted information in any fashion during employment or after my employment with the Company is terminated.			
I have carefully read and understood the above, and hereby consent and agree to these conditions in exchange for the Company's consideration of my application of employment.			
Signature:		Date:	

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Complete This Section if You Are Applying for a Driving Job

DRIVERS LICENSES (Any held in the last three years must be shown)	State	License Number	Type	Expiration Date

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes _____ No _____
- B. Has any license, permit or privilege ever been suspended or revoked? Yes _____ No _____
- C. Have you ever been disqualified subject to section 391 of the Federal Motor Carrier Safety Regulations? Yes _____ No _____
- D. Have you tested positive for drugs or alcohol or refused a test in the past two years? Yes _____ No _____

IF THE ANSWER TO ANY OF THE PRECEDING THREE QUESTIONS IS YES, ATTACH A STATEMENT GIVING DETAILS.

DRIVING EXPERIENCE:

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates:		Approx. number of miles (Total)
		FROM	TO	
Straight Truck _____				
Tractor and Semi _____				
Tractor-two trailers _____				
Other _____				

List states operated in for the last five years: _____

Show special courses or training that will help you as a driver: _____

Which safe driving awards do you hold and from whom? _____

Accident review for the past three years (attach sheet if more space is needed)

Dates	Nature of Accident (Head on, Rear End, Upset, etc.)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

Describe all traffic convictions and forfeitures for the past three years (other than parking violations):

- 1.) Date _____ City/State _____ Charge: _____

Penalty: _____ Comments: _____
- 2.) Date _____ City/State _____ Charge: _____

Penalty: _____ Comments: _____
- 3.) Date _____ City/State _____ Charge: _____

Penalty: _____ Comments: _____

(DRIVERS ONLY) Date of Birth _____