

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: |
|------------|-------------|------|-----------------|

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|------------------------|--------|------|-------|----------|-----------|
| Current Street Address | Apt No | City | State | Zip code | How Long? |
|------------------------|--------|------|-------|----------|-----------|

| | |
|---|--|
| Have you ever been convicted of, plead guilty to, or plead no contest to any criminal offense other than minor traffic violations? (For California residents: Convictions for misdemeanor marijuana-related offenses that are more than two years old need not be included) <i>An affirmative response to this inquiry will not necessarily automatically disqualify you from employment. If yes, please attach summary of details. Your case will be judged on its own merits.</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
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| Are you legally eligible to be employed in the United States? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|

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|---|------|-------|-----------------|
| Do you have a Driver's License <input type="checkbox"/> Yes <input type="checkbox"/> No | Type | State | Expiration Date |
|---|------|-------|-----------------|

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| 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 |
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General Information:

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|---|---|
| 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 |
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| 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 |
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| 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 |
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|---|--|-------|------|----------|
| Have you ever been employed by Lehigh Hanson or an affiliate? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Where | When | Position |
|---|--|-------|------|----------|

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|---|--|-------|------|----------|
| 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 |
|---|--|-------|------|----------|

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|--|--|-------|------|----------|
| 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 |
|--|--|-------|------|----------|

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| 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 | Dates removed | <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:

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:

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| 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 |
|----------------|---------|----------------|--------------|
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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.

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| 1. Company | Position/Title | Starting Wages |
| <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal/Temporary <input type="checkbox"/> Intern | Length of Service From: To: | Wages Upon Leaving |
| 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: | | |
| <small>(Please note upon your acceptance, this employer may be contacted for verification of employment.)</small> | | |
| Please describe any gaps in employment (excluding medical related issues) between this listing and the previous one. | | |
| 2. Company | Position/Title | Starting Wages |
| <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal/Temporary <input type="checkbox"/> Intern | Length of Service From: To: | Wages Upon Leaving |
| 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 | | Starting Wages | |
| <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal/Temporary <input type="checkbox"/> Intern | | Length of Service From: To: | | Wages Upon Leaving | |
| 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 | | Starting Wages | |
| <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal/Temporary <input type="checkbox"/> Intern | | Length of Service From: To: | | Wages Upon Leaving | |
| 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 picture 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: | |