

EMPLOYMENT APPLICATION

HART PAVEMENT STRIPING CORPORATION

We consider applicants for all positions without regard to religion, race, color, national origin, age, sex, height, weight, disability, marital or veteran status, or any other legally protected status.

(Please Print in Ink)

Position Applied for _____ Date of Application _____

List any relatives who are Employees of Hart Pavement Striping Corporation.

Name _____
(Last) (First Name) (Middle)

Address _____
(Street) (City)

(State) (Zip Code) Social Security # _____

Telephone _____
(Home) (Other) (e-mail address)

Have you ever filed an application with us before?
If yes, give approximate date. _____ Yes No

Have you ever been employed with us before?
If yes, give dates. _____ Yes No

Have you ever been bonded?
If yes, indicate reason. _____ Yes No

May we contact your present employer? Yes No

Are you 18 years of age or older? Yes No

Can you provide proof of eligibility for employment in the United States?
(Proof of citizenship or immigration status will be required upon employment) Yes No

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

License Number _____ State _____

On what date would you be available for work? _____

Are you available to work:
 Full Time Part Time Temporary No. of Hrs.

Have you ever been convicted of anything other than a minor traffic violation,
or are any felony charges outstanding? Yes No

If so, give dates, places, charges and disposition of all convictions.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

Are you a high school graduate?

_____Yes _____No

Educational Inst. attended beyond high school	Location (State)	Course or Major Studies	Dates of Attendance	# of Credits Completed	Grade Average	Degree or Certificate Type Year

Describe any specialized training, apprenticeships, skills, languages, extra-curricular activities, honors.

List any professional or trade licenses or certifications.

Specialized Skills (Check Skills/Equipment Operated)

<input type="checkbox"/> PC	<input type="checkbox"/> Spreadsheets (EXCEL)	Heavy/Light Equipment and Motor Vehicles and other Equipment Operated
<input type="checkbox"/> Calculator	<input type="checkbox"/> PBX System	(Please list) _____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> WORD/WordPerfect	_____
<input type="checkbox"/> Typing Speed	<input type="checkbox"/> Shorthand Speed	_____

Do you have a valid CDL (Commercial Driver's License)? Yes No

List Professional, Trade, Business or Civic Activities and Office(s) Held

You may exclude memberships which would reveal sex, race, religion, national origin, age, weight, marital status, disability or other protected status.

ADDITIONAL INFORMATION

Summarize special job-related skills and qualifications acquired from employment or other experience.

MILITARY SERVICE RECORD

Have you had any experience in the Armed Forces of the United States or in the National Guard? Yes No

If yes, what branch? _____ Rank at discharge _____

Type of discharge _____ Date of discharge _____

Are you in the reserves? Yes No If yes, date obligation ends _____

Describe any job-related training received in the United States military.

EMPLOYMENT HISTORY

NOTE: The employment history section must be completed even if a resume is attached. *List most recent employment first; include all positions with each employer.*

Employer Name:		Title of Position: ___ Part-time ___ Full-time	
Type of Business:	Address:	Duties:	
Supervisor's Name:	City: State:		
Dates Employed: From: To:	Telephone Number:		
Final Salary/Hourly Rate:	Reason for Leaving:		

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Supervisor's Name:	City: State:		
Dates Employed: From: To:	Telephone Number:		
Final Salary/Hourly Rate:	Reason for Leaving:		

Have you ever been dismissed from or asked to resign from any employment position? ___ Yes ___ No
 If yes, please explain: _____

REFERENCES

Please list three persons who have knowledge of your experience and qualifications for this position, preferably current or previous supervisors, co-workers, instructors, etc. Do not include relatives. If you are known to your references by another name please note.

Name: _____	Relationship: _____
Address: _____	Telephone: _____
_____	Yrs. Acquainted: _____
Name: _____	Relationship: _____
Address: _____	Telephone: _____
_____	Yrs. Acquainted: _____
Name: _____	Relationship: _____
Address: _____	Telephone: _____
_____	Yrs. Acquainted: _____


APPLICANT STATEMENT

- 1) I certify that answers given herein are true and complete to the best of my knowledge. I understand my failure to complete this application accurately and in its entirety will be cause for Hart Pavement Striping (Hart) to disqualify my application.
- 2) I authorize Hart Pavement Striping to perform all checks of my credentials as allowed by law including but not limited to criminal background investigations, driver's license record, drug and alcohol tests, and discussions with: supervisors, co-workers, friends, business associates, or other individuals that Hart in its sole discretion, believes may have relevant information regarding my suitability for employment. I agree not to assert any claims or causes of action of any kind against Hart, its agents, its employees, or any individual contacted by Hart, arising out of Hart's investigation. **I acknowledge that HART has made no representations of any kind as to whether employment will be offered at the conclusion to its investigation.**
- 3) This application for employment shall be considered active until the position is filled but in no event will exceed 180 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. A resume may be attached but is not considered a substitute for the completion of this application or any portion herein.
- 4) I hereby understand and acknowledge that, unless specifically and clearly defined by applicable law, contract, collective bargaining agreement, or Hart policy, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.
- 5) In the event of employment, I understand that false or misleading information given in my application or at any point in the selection process will result in discharge. I also understand that I am required to abide by all rules and regulations of the employer.
- 6) I agree and understand that any employment offer is **conditional** upon the results of a post-offer medical examination which may include drug and alcohol tests.
- 7) **I understand, acknowledge and hereby consent to each of the above statements and conditions.**

DATE

SIGNATURE OF APPLICANT

Printed: 3/08

Click on the key before pressing submit 

Submit Form

Clear Form