

624 N. Hammonds Ferry Road Linthicum, MD 21090 Phone: (410) 923-5155

Email: info@midatlanticasphalt.com

APPLICATION FOR EMPLOYMENT

Mid Atlantic Asphalt, Inc. is an equal opportunity employer. We adhere to a policy of making all employment decisions without regard to race, color, sex, religion, national origin, age, disability, veteran status, sexual orientation, citizenship or any other protected classification which may be applicable.

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. This application will remain active for a period of 30 days after the date of application.

	Date of Application:
PERSONAL DATA (Please Prin	it)
Name	Home Phone
Present Address	
Social Security No	Are you under 18 years of age? YesNo
How long have you resided at your	r present address?
Previous Address	
List any other name you have used	revious address? I to assist us in checking your references and background
Have you ever been CONVICTED	or right to work in the U.S.? YesNo Of a misdemeanor (other than traffic violation) or a felony that
	unged or pardoned? YesNo*Conviction of a fy you from consideration for employment.
If yes, list nature of offense, dates	of conviction and dates of incarceration

Drivers License: State_	Numb	er		Туре	
Do you have your own	transportation?	Yes	No		
Are you able to perform without reasonable acco	the essential fundation? Y	inctions of the pores	osition fo	or which you are	e applying, with or
Are you able to meet the YesNo		quirements for th	e position	n for which you	are applying?
EMPLOYMENT DE	ESIRED				
Are you seeking:	Full-Time	Part-Time	Tempor	ary Employment	
Position applied for:		Salary desired:_		_Date available:	
Have you ever worked for	or applied to our	company before?	Yes	No	
If Yes, please give details:	:				
How did you learn of our	company and/or p	oosition?			
Are you currently emplo	oyed?	If Ye	s, for wh	om?	
PREVIOUS EMPLOY					
Name & Address					
Position					
DutiesReason for leaving Supervisor's Name, Title and Phone Number					
supervisor s runne, ru	o una i nono i ve				
Name & Address					_
Position_		From_		_To	Salary
Duties		Reason for lea	ving		
Supervisor's Name, Title	le and Phone Nu	ımber			
Name & Address					
Position		From_		_To	Salary
Duties		Reason for lea	ving		
Supervisor's Name, Title Name & Address		ımber			

Position	From	To	Salary	
DutiesReaso	on for leaving			
Supervisor's Name, Title and Phone Number _				
EDUCATION				
High School	From		_Graduate?	
Courses Studied				
College	From_		_Graduate?	
Courses Studied				
Other Education			_From	
Courses Studied				
REFERENCES				
Name	Relationship			
Address				
Phone Number	Years known			
Name	Relationship			
Address				
Phone Number	Years known			
Name	Relationship			
Address				
Phone Number	Years known			
SPECIAL SKILLS				
Please list any equipment which you are experi	enced in running: _			

THIS APPLICATION IS NOT COMPLETE UNTIL SIGNED, AND ALL STATEMENTS BELOW HAVE BEEN READ AND INITIALED

Initial:	an express or implied contract of emploany kind. If hired, I will be employed a	intended to create, not should it be construed to create, byment. It does not create contractual obligations of t will; I understand that this means that either I am or apployment relationship at any time with our without			
Initial:	I certify that all of the information furnished on this application and during the application process is true, complete and correct to the best of my knowledge. I understand that any misrepresentation or omission of facts called for will result in refusal to hire or, if hired, will result in my dismissal at any time regardless of when the false answer or omissions are discovered.				
Initial:	course of my employment, including a company permission to contact schools release the company and those it contact contact and the information provided a understand that the company may cause	ers contained in this application at any time during the criminal background check, and hereby give the s, previous employers, references and others. I hereby ets from any liability whatsoever as a result of such a received as a result of such contact. I also e a consumer credit report to be prepared for the right to request additional information on the nature			
Initial:	submit to a required medical evaluation medical evaluation procedure is consist commitments to the disabled and consi further understand that the purpose of t	breby agree that if I am offered employment, I will at the expense of the company. I understand that any tent with the company's affirmative action stent with the Americans with Disabilities Act. I he medical examination is solely to determine whether tions of the position offered, with or without any			
Initial:	I understand that the company reserves the right to require me to submit to a test for the presence of any illegal drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I consent to the disclosure of the results of any such tests to the company and I understand that employment will be denied or terminated if any such test shows the presence of illegal drugs in my system.				
employment of endition of endition	or any employee to submit to or take a polyg	mand any applicant for employment or prospective graph, lie detector or similar test on examination as a employer who violates this provision is guilty of a			
Signature of Applicant		Date			
Witness		Date			