

APPLICATION FOR EMPLOYMENT

PLEASE EMAIL COMPLETED APPLICATION TO HIRING@HANOVERPAVERS.COM

PERSONAL

| | | | |
|--|-------|--------|---|
| Last Name | First | Middle | Date |
| Street Address | | | Home Phone |
| City, State, Zip | | | Business Phone |
| Email | | | Position Desired |
| Have you ever applied for employment with us? Yes No If yes: Month and Year _____ | | | Hourly Wage Expected |
| Other special training or skills (languages, machine operation, etc.) | | | Will you work overtime if asked? Yes No |
| How did you learn of our organization? | | | When will you be available to begin work? |

EDUCATION

| SCHOOL | NAME AND LOCATION OF SCHOOL | COURSE OF STUDY | NO. OF YEARS COMPLETED | DID YOU GRADUATE? | DEGREE OR DIPLOMA |
|------------|-----------------------------|-----------------|------------------------|-------------------|-------------------|
| College | | | | Yes No | |
| High | | | | Yes No | |
| Elementary | | | | Yes No | |
| Other | | | | Yes No | |

MILITARY

| | |
|---|---|
| <i>COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES</i> | Branch of Service |
| Describe your duties and any special training | Period of Active Duty (Month & Year) From _____ To _____ |
| | Rank at Discharge |
| | Date of Final Discharge |

EMPLOYMENT

Please give accurate, complete, full-time and part-time employment record
START WITH PRESENT OR MOST RECENT EMPLOYER.

| | |
|--|---|
| Company | Telephone |
| Address | Employed (State Month and Year) From To |
| Name of Supervisor | Weekly Wage Start End |
| State Job Title and Describe Your Work | Reason for Leaving |

| | |
|--|---|
| Company | Telephone |
| Address | Employed (State Month and Year) From To |
| Name of Supervisor | Weekly Wage Start End |
| State Job Title and Describe Your Work | Reason for Leaving |

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| Address | Employed (State Month and Year) From To |
| Name of Supervisor | Weekly Wage Start End |
| State Job Title and Describe Your Work | Reason for Leaving |

WE MAY CONTACT THE EMPLOYERS LISTED ABOVE UNLESS OTHERWISE INDICATED.

ANSWERS TO THESE QUESTIONS ARE VOLUNTARY

| | | |
|--|---------------|--|
| Age | Date of Birth | Sex Male Female |
| Marital Status Single Engaged Married Separated Divorced Widowed | | Are you a U.S. Citizen? Yes No |
| | | How long at present address? _____ Years |
| What was your previous address? | | How long at previous address? _____ Years |
| Are you over 18 years of age? Yes No If not, employment is subject to verification of minimum legal age. | | |
| Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? Yes No If Yes, describe in full. | | |
| State the names of relatives and friends working for us other than your spouse. | | |
| Do you have physical limitations which preclude you from performing certain jobs? Yes No If yes, describe limitation | | |
| Hobbies, Activities and Interests | | |

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without notice.

Date _____ Signature _____