

**Bracken Paving, LLC
800 Wahoo Valley Road
Blountville, TN 37663
(423) 323-8197**

Application for Employment

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Applicant name: _____ Date: _____

Position(s) applied for or type of work desired: _____

Address: _____

Telephone #: _____ Social Security #: _____

Date of Birth: _____

Date you will be available to start work: _____

Do you have any objection to working overtime if necessary? _____ Yes _____ No

Can you travel if required by this position? _____ Yes _____ No

Have you ever been previously employed by our organization? _____ Yes _____ No

If you are under 18, can you furnish a work permit if it is required? _____ Yes _____ No

Have you ever been convicted of a crime in the last 7 years? _____ Yes _____ No

If yes, please explain (a conviction will not automatically bar employment): _____

Do you have paving experience? _____ Yes _____ No

If yes, how long? _____

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? _____ Yes _____ No

If yes, please explain: _____

Have any license, permit, or privilege ever been suspended or revoked? _____ Yes _____ No

If yes, please explain: _____

Driver's Licenses

STATE	LICENSE #	TYPE	EXPIRES

Driving Experience

CLASS OF EQUIPMENT	DATES – FROM	DATES - TO
Dump Truck		
Tractor and Trailer		
Other		

Accident Record for Past 3 Years

DATES	NATURE OF ACCIDENT (Head-on, rear end, etc.)	FATALITIES	INJURIES

**Traffic Convictions and Forfeitures for Past 3 Years
(other than parking violations)**

LOCATION	DATE	CHARGE	PENALTY

How were you referred to us? _____

Employment History

DOT requires that employment for at least 3 years and/or commercial driving experience for the past 10 years be shown. Attach sheet if more space is needed.

Employer: _____ Position held: _____
 Address: _____ Telephone #: _____
 Immediate supervisor and title: _____
 Dates employed: from _____ to _____ Salary: _____
 Job summary: _____
 Reason for leaving: _____

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Other Skills and Qualifications

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

Educational History

List school name and location, years completed, course of study, and any degrees earned:

High school: _____
 College: _____
 Technical Training: _____
 Other: _____

References

List 3 reference names, telephone numbers, and years known (do not include relatives or employers):

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant signature: _____ Date: _____