



**TUCKER PAVING, INC.**  
AN EQUAL OPPORTUNITY EMPLOYER

**EMPLOYMENT APPLICATION**  
**ANSWER ALL QUESTIONS – PLEASE PRINT LEGIBLY IN BLACK INK OR TYPE**

GENERAL INFORMATION	NAME (Last, First, Middle)		SOCIAL SECURITY NUMBER --      --		
	PRESENT ADDRESS (Number & Street, Apt. No., City, State, & Zip Code)			HOME TELEPHONE NUMBER AREA CODE (      )	
	POSITION APPLIED FOR:		ARE YOU AT LEAST 18 YEARS OF AGE? (If no, you may be required to provide authorization) <input type="checkbox"/> YES <input type="checkbox"/> NO		
	ARE ANY OF OUR EMPLOYEES RELATED TO YOU BY BLOOD OR MARRIAGE?  <input type="checkbox"/> YES <input type="checkbox"/> NO		CAN YOU WITH OR WITHOUT REASONABLE ACCOMODATION PERFORM THE ESSENTIAL FUNCTIONS OF THIS JOB? (If you have any questions about the essential functions of the job, please ask the interviewer before answering this question) <input type="checkbox"/> YES <input type="checkbox"/> NO		
	ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES?  <input type="checkbox"/> YES <input type="checkbox"/> NO		HAVE YOU FILED AN EMPLOYMENT APPLICATION WITHIN THE PAST 12 MONTHS? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	AVAILABLE TO WORK WEEKENDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	WILLING TO RELOCATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	CAN YOU TRAVEL IF POSITION REQUIRES IT? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHAT SALARY RANGE WILL YOU CONSIDER?	
	IF YOU ARE AVAILABLE TO BE CONSIDERED FOR THE FOLLOWING TYPES OF EMPLOYMENT, PLEASE CHECK THE APPROPRIATE BOX(ES) BELOW. <input type="checkbox"/> Casual (Maximum 8 weeks) <input type="checkbox"/> Temporary (Maximum 6 months) <input type="checkbox"/> Summer <input type="checkbox"/> Part-Time <input type="checkbox"/> Regular				

EDUCATIONAL BACKGROUND	Type School	School Name	City & State	Date From Mo/Yr	Date To Mo/Yr	Did You Graduate?	Type Degree And / Or Major
	High School					<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> GED	DATE / /
	Voc/Bus/ Jr. College					<input type="checkbox"/> YES <input type="checkbox"/> NO	
	College					<input type="checkbox"/> YES <input type="checkbox"/> NO	
	Graduate School					<input type="checkbox"/> YES <input type="checkbox"/> NO	
	Other					<input type="checkbox"/> YES <input type="checkbox"/> NO	
	ARE SCHOOL RECORDS UNDER YOUR CURRENT NAME? <input type="checkbox"/> YES <input type="checkbox"/> NO			IF NO, BY WHAT NAME?			

SKILLS/ACHIEVEMENTS	SKILLS OR TRAINING	Describe any specialized training, apprenticeships, licenses or skills pertinent to the position.
	Please list any academic honors, scholarships, offices held, etc. (Do not list any which reflect your race, color, religion, gender, national origin, age, disabilities or veteran status.)	

MILITARY	BRANCH OF SERVICE	DATE OF ENTRY (Mo / Yr)	DATE OF DISCHARGE (Mo / Yr)	HIGHEST RANK	MILITARY OCCUPATION
	LIST ANY MILITARY TRAINING				

Which of these jobs did you like the best? Why? \_\_\_\_\_

Which of these jobs did you like the least? Why? \_\_\_\_\_

**REFERRED BY**

- Ad                       Agency  
 Walk-in                 Other \_\_\_\_\_

**EMPLOYMENT HISTORY – MUST BE COMPLETED BEGINNING WITH YOUR MOST RECENT EMPLOYER, LIST PRESENT AND PAST EMPLOYMENT FOR THE LAST 10 YEARS**

Account fully for the past 10 years, including periods of unemployment, whether part-time or full-time.  
(Example: city, state, supervisor, salary information, etc.)

All details are important in the consideration of your application and are subject to verification.  
**SEE ATTACHED RESUME – NOT ACCEPTABLE.**

EMPLOYER	TELEPHONE	DUTIES PERFORMED
JOB TITLE	DATE FROM (MO/YR)	
STREET ADDRESS	DATE TO (MO/YR)	
CITY, STATE, ZIP	STARTING SALARY	
SUPERVISOR	FINAL SALARY	
REASON FOR LEAVING <b>Check only one:</b> <input type="checkbox"/> Discharge <input type="checkbox"/> Voluntary Resignation <input type="checkbox"/> Layoff (lack of work) <input type="checkbox"/> Other		
EXPLAIN IN FULL		
EMPLOYER	TELEPHONE	DUTIES PERFORMED
JOB TITLE	DATE FROM (MO/YR)	
STREET ADDRESS	DATE TO (MO/YR)	
CITY, STATE, ZIP	STARTING SALARY	
SUPERVISOR	FINAL SALARY	
REASON FOR LEAVING <b>Check only one:</b> <input type="checkbox"/> Discharge <input type="checkbox"/> Voluntary Resignation <input type="checkbox"/> Layoff (lack of work) <input type="checkbox"/> Other		
EXPLAIN IN FULL		
EMPLOYER	TELEPHONE	DUTIES PERFORMED
JOB TITLE	DATE FROM (MO/YR)	
STREET ADDRESS	DATE TO (MO/YR)	
CITY, STATE, ZIP	STARTING SALARY	
SUPERVISOR	FINAL SALARY	
REASON FOR LEAVING <b>Check only one:</b> <input type="checkbox"/> Discharge <input type="checkbox"/> Voluntary Resignation <input type="checkbox"/> Layoff (lack of work) <input type="checkbox"/> Other		
EXPLAIN IN FULL		
EMPLOYER	TELEPHONE	DUTIES PERFORMED
JOB TITLE	DATE FROM (MO/YR)	
STREET ADDRESS	DATE TO (MO/YR)	
CITY, STATE, ZIP	STARTING SALARY	
SUPERVISOR	FINAL SALARY	
REASON FOR LEAVING <b>Check only one:</b> <input type="checkbox"/> Discharge <input type="checkbox"/> Voluntary Resignation <input type="checkbox"/> Layoff (lack of work) <input type="checkbox"/> Other		
EXPLAIN IN FULL		

Have you ever been convicted of or plead guilty or no contest to a crime (including driving under the influence [DUI] or driving while intoxicated)? <input type="radio"/> Yes * <input type="radio"/> No If yes, please explain all occurrences in detail and complete the chart below. Attach additional sheets as necessary.				
Have you ever been a defendant in a civil action for an intentional tort, such as battery, harassment, etc.? <input type="radio"/> Yes * <input type="radio"/> No If yes, please explain all occurrences in detail and complete the chart below. Attach additional sheets as necessary.				
NAME (at the time of conviction or plea)	DATE	TYPE OF CRIME NATURE OF TORT	LAW AGENCY	DISPOSITION
* NOTE: A "Yes" response does not automatically disqualify an applicant for employment.				
DO YOU HAVE A VALID DRIVER'S LICENSE? <input type="radio"/> YES <input type="radio"/> NO	STATE	DRIVER'S LICENSE NUMBER	CHAUFFEUR'S? <input type="radio"/> YES <input type="radio"/> NO	CDL? <input type="radio"/> YES <input type="radio"/> NO CLASS: _____

**APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION**

**\*PLEASE READ CAREFULLY BEFORE SIGNING\***

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by Tucker Paving, Inc. (hereinafter referred to as "Tucker Paving") that such employment with Tucker Paving is at will, for no specified duration and may be terminated by either Tucker Paving or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of Tucker Paving or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of Tucker Paving except the President has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the President of Tucker Paving.

In consideration for employment with Tucker Paving, if employed, I agree to conform to the rules, regulations, policies and procedures of Tucker Paving at all times and understand that such obedience is a condition of employment. I understand that due to the nature of Tucker Paving business, attendance and punctuality are considered essential requirements of every job at Tucker Paving and that poor attendance or tardiness will result in disciplinary action.

I understand that if offered a position with Tucker Paving, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to Tucker Paving and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for three months. If I wish to be considered for employment after this period I must fill out and submit a new application.

**BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.**

**FAILURE TO FULLY COMPLETE AND SIGN YOUR APPLICATION WILL EXCLUDE YOU FROM EMPLOYMENT CONSIDERATION.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name and number of person completing this form if other than applicant: \_\_\_\_\_

**TUCKER PAVING, INC. IS PROUD TO BE AN EQUAL OPPORTUNITY EMPLOYER. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, VETERAN STATUS OR ANY OTHER STATUS PROTECTED BY LAW.**

# APPLICANT REFERENCE INFORMATION

AN EQUAL OPPORTUNITY EMPLOYER

FILL IN ALL BLANKS – PLEASE PRINT IN INK

Below please provide complete information for **three (3) business** references and **one (1) personal** reference with which you have had recent contact. **Please notify these references that they may be contacted by the Company's investigative agency to obtain information regarding your character and reputation.** These individuals may live in any area of the United States. **Please do not list relatives or employees of the Company as references.**

1. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Email Address \_\_\_\_\_  
Telephone Number Work \_\_\_\_\_ Home \_\_\_\_\_

2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Email Address \_\_\_\_\_  
Telephone Number Work \_\_\_\_\_ Home \_\_\_\_\_

3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Email Address \_\_\_\_\_  
Telephone Number Work \_\_\_\_\_ Home \_\_\_\_\_

4. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Email Address \_\_\_\_\_  
Telephone Number Work \_\_\_\_\_ Home \_\_\_\_\_

Have you been known by any other name?

YES  NO If yes, please indicate name, along with time period you were known by that name:

Name \_\_\_\_\_ From \_\_\_\_\_ Month/Year From \_\_\_\_\_ Month/Year

Name \_\_\_\_\_ From \_\_\_\_\_ Month/Year From \_\_\_\_\_ Month/Year

Name \_\_\_\_\_ From \_\_\_\_\_ Month/Year From \_\_\_\_\_ Month/Year

Printed Name: \_\_\_\_\_ Signature/Date: \_\_\_\_\_