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APPLICATION FOR EMPLOYMENT

General Instructions to Applicant

Please complete the entire application in a legible manner. An incomplete or illegible application may affect your consideration for employment or disqualify you altogether. If necessary, please feel free to attach a separate sheet for additional information.

ASPHALT SURFACING, INC. is an Equal Opportunity Employer and does not discriminate in employment because of race, color, national origin, age, sex, religion, disability, citizenship, veteran status, or any other classification protected by applicable federal, state and local laws.

Applicants with disabilities may be entitled to a reasonable accommodation under the Americans with Disabilities Act or applicable state or local laws, to ensure that they are able to fully participate in the application process. Similarly, ASPHALT SURFACING, INC. complies with all legal obligations to reasonably accommodate an individual's religious beliefs and practices. A "reasonable accommodation" may be a change in the application process to ensure equal access to employment opportunities without imposing an undue hardship on ASPHALT SURFACING, INC. If you need assistance completing any forms or to otherwise participate in the application process, please inform someone in ASPHALT SURFACING, INC.'s Human Resources department.

All of the documents included in this application for employment supersede any prior agreement between ASPHALT SURFACING, INC. and the applicant.

General Personal Information

Last	First	Middle	Date
NAME			
Number	Street	E-Mail Address	Social Security Number
ADDRESS			
City/Town	State	Zip	
		TELEPHONE NUMBERS	May we contact you at work? Yes No
		(Home)	(Work) (Alternate)
ETHNICITY This question is for affirmative action and is voluntary		MARRIAGE STATUS	
		Single	Married

Position Desired

Nature of work sought: _____	Desired Compensation/Range \$ _____
Date Available to begin working: ____/____/____	Will you be available to work overtime? Yes No
Applying for: Full-Time Part-Time Seasonal	
If seasonal, which season: _____	

Educational Information

NAME AND COMPLETE ADDRESS OF SCHOOL		DID YOU GRADUATE?	DEGREE AWARDED/GPA	MAJOR/AREA OF STUDY
HIGH SCHOOL		Yes No (Highest grade completed: _____) GED		
COLLEGE/ UNIVERSITY		Yes No (Highest grade completed: _____)		
GRADUATE OR PROFESSIONAL SCHOOL		Yes No		
OTHER		Yes No		

Employment History – please begin with most recent position and list all employment experience. Resumes may supplement, but may not substitute for, completion of this section of the application.

Dates of Employment: FROM: TO:	Name of Company	Title	Reasons for Leaving	
	Address	Job Function/Primary Duties		
Full-Time Part-Time	City, State, Zip Code		Starting Base Salary	Final/Current Base Salary
Manager/supervisor		Telephone No.	Additional Compensation	
May we contact your supervisor? Yes No May we contact anyone else at the company? Yes No If no, why not?				

Dates of Employment: FROM: TO:	Name of Company	Title	Reasons for Leaving	
	Address	Job Function/Primary Duties		
Full-Time Part-Time	City, State, Zip Code		Starting Base Salary	Final/Current Base Salary
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Manager/supervisor		Telephone No.	Additional Compensation	
May we contact your supervisor? Yes No May we contact anyone else at the company? Yes No If no, why not?				

Please account for any gaps in your employment:

Background Information, Qualifications and Miscellaneous

PROFESSIONAL CERTIFICATIONS, LICENSES & AFFILIATIONS/ACTIVITIES YOU WISH CONSIDERED

LIST ADDITIONAL JOB-RELATED SKILLS

Are you able to perform, with or without a reasonable accommodation, the essential functions of the job for which you are applying?
 Yes No

Are you legally authorized to work in the United States?
 Yes No

Are you under 18 years old? Yes No
 If yes, a certificate for full-time employment will be required.

Have you ever served in the U.S. Armed Forces? Yes No If yes, give branch of service: _____

Have you ever been discharged, suspended or asked to resign from any employment? Yes No If yes, please explain:

How were you referred to ASPHALT SURFACING, INC.?

Employee Referral (name) _____ Advertisement (where) _____ Internet _____

College/University (name) _____ Employment Agency (name) _____

Other (please explain) _____

Are you related to a current ASPHALT SURFACING, INC. employee? If so, please give their name(s) and position(s) within the company. Yes No If yes, please provide details:

Have you ever been previously employed by, or applied to, ASPHALT SURFACING, INC., a division, parent, subsidiary or affiliate? Yes No If yes, please provide details:

Emergency Contact Information

Last	First	Relationship
NAME		
Number	Street	TELEPHONE NUMBERS
ADDRESS		(Home) (Work) (Alternate)

PLEASE READ CAREFULLY BEFORE SIGNING

- I understand that in the event a job offer is extended and accepted, ASPHALT SURFACING, INC. may make any investigation of my personal history and financial records. This inquiry may include information as to my character, general reputation, personal characteristics and mode of living and may include, but is not limited to, solicitation of employer references, contact with educational institutions and a criminal background check. I hereby authorize the release of any such background information to ASPHALT SURFACING, INC. or its agents and representatives.
- Employment is subject to receipt of satisfactory results for my background check.
- I understand I may be subject to a pre-employment drug test and must receive a negative result to commence employment with ASPHALT SURFACING, INC.
- I understand that ASPHALT SURFACING, INC. may review my driving records if my position requires me to drive a company vehicle.
- I understand I may be subject to a pre-employment medical examination after receiving a conditional offer of employment and must meet the qualifications for the position, with or without reasonable accommodation, to commence employment with ASPHALT SURFACING, INC.
- I understand and agree that neither this application nor any communication by an ASPHALT SURFACING, INC. representative shall constitute an employment contract unless it is in writing, executed by an authorized representative of ASPHALT SURFACING, INC., and explicitly so states.
- I understand that I may voluntarily terminate my employment with ASPHALT SURFACING, INC. at any time; also, I understand that ASPHALT SURFACING, INC. reserves the right to terminate my employment with or without notice or cause, unless I am provided a written contract that states otherwise.
- I understand that an Employee Eligibility Verification Form (Form I-9) must be completed, and required supporting documentation provided, as a condition of employment.
- I hereby declare that the information provided in this application is complete and true, and I understand that any false or incomplete statements are sufficient cause for denial of employment or, if employed upon discovery, dismissal.
- **My signature below is evidence that I have read and agree with/accept the above statements.**

SIGNATURE OF APPLICANT

DATE

Applications are retained and considered in connection with appropriate job vacancies for 90 days after their receipt. If you wish to apply for employment thereafter, you must submit a new application.