



Ruston Paving Company, Inc.

Application For Employment

3874 South Alston Ave, Durham, NC 27713 Ph: 919-544-1288 Fax: 919-544-1255

Prospective employees will receive consideration without discrimination due to race, creed, color, sex, age, national origin, handicap or veteran status

PERSONAL INFORMATION	Last Name		First	Middle	Date:
	Street Address				Home Telephone:
	City		State	Zip	How Long at This Address?
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list date & location below:				Social Security #:
	Position Desired:		Please state your date of birth: ____/____/____		Desired Salary:
	Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work?				Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States?		Please list an emergency contact and phone number:		Date available to begin work:
	Describe any training or skills you have received relevant to the position for which you are applying (please include machine, equipment and/or driving experience):				
	Do you have any impairment or physical limitations that would interfere with your ability to perform the job for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" describe in full:				
	Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" describe in full:				
Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what is your license ID # and class: ID#: _____ Class: _____					

EDUCATION	School	Name and Location of School	Course of Study	# of Years Completed	Did You Graduate?	Degree or Diploma?
	Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No Dates Attended:	
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No Dates Attended:	
	Business/Trade/ Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No Dates Attended:	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No Dates Attended:	

Personal References (please list three)					
	Name	Address	Business	Phone #	How long?
1					
2					
3					

I authorize present and former employers, and individuals I have listed above, to furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information.

MILITARY

Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes", in what branch and for how long?
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EMPLOYMENT HISTORY	Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.
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1	Company Name:	Telephone:
	Address:	Start Date: De Stop Date:
	Name of Supervisor:	Starting Salary: Ending Salary:
	State Job Title and Describe Your Duties:	Reason for Leaving:

2	Company Name:	Telephone:
	Address:	Start Date: Stop Date:
	Name of Supervisor:	Starting Salary: Ending Salary:
	State Job Title and Describe Your Duties:	Reason for Leaving:

3	Company Name:	Telephone:
	Address:	Start Date: Stop Date:
	Name of Supervisor:	Starting Salary: Ending Salary:
	State Job Title and Describe Your Duties:	Reason for Leaving:

We may contact the employers listed above unless you indicate those you do not want us to contact.	DO NOT CONTACT
	Employer Number(s) _____ Reason _____ _____

S I G N A T U R E	The information provided in this application for employment is true, correct and complete. If you employ me, any misstatement or omission of fact on this application may result in my dismissal. I authorize investigation of all statements contained in this application. Further, I understand that my employment is not for a definite period of time and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice. I also understand that acceptance of an offer of employment creates no obligation upon the employer to continue to employ me in the future.
	<div style="display: flex; justify-content: space-around;"> <div style="border-top: 1px solid black; width: 200px; margin: 0 auto;"></div> <div style="border-top: 1px solid black; width: 200px; margin: 0 auto;"></div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Date Signature </div>

** FOR OFFICE USE ONLY **			
Hired or Keep on File: _____	Start Date: _____		
Start Pay: _____	Locker #: _____	Radio #: _____	
Position: _____	Time Card #: _____	Gate Card #: _____	
Crew: Paving or Excavation	Location: SYR - ROC - RDU - GSO - NVA		

BACKGROUND CHECK AUTHORIZATION FORM

During the application process and at any time during the tenure of my employment with **Ruston Paving Co., Inc.**, I hereby authorize **Ruston Paving Co., Inc.** to procure a consumer report which I understand may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This report may be compiled with information from credit bureaus, courts record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. It is understood that this search may reveal information that can, and may, be used for the purpose of determining employment eligibility, termination, or disciplinary action.

Applicant / Employee Name (please print): _____

Date of Birth: ____ / ____ / _____

SS#: ____ - ____ - _____

Drivers License #: _____

State: _____

Signature: _____

Date: ____ / ____ / _____