

APPLICATION FOR EMPLOYMENT

We consider applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For		Date of Application	
How Did You Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Relative <input type="checkbox"/> Inquiry <input type="checkbox"/> Employment Agency <input type="checkbox"/> Friend <input type="checkbox"/> Other _____			
Last Name	First Name	Middle Name	
Address Number	Street	City	State Zip Code
Telephone Number(s)		Social Security Number (Voluntary)	

Best time to contact you at home is: _____ : _____ AM
 _____ : _____ PM

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
 If Yes, give date _____

Have you ever been employed with us before? Yes No
 If Yes, give date _____

Do any of your friends or relatives, other than spouse, work here? Yes No
 Are you currently employed? Yes No

May we contact your present employer? Yes No
 Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status
Proof of citizenship or immigration status will be required upon employment. Yes No

Date available for work ____/____/____ What is your desired salary range? _____
 Are you available to work: Full-Time (please indicate 1 2 3 shift)
 Part-Time (please indicate Mornings Afternoon Evenings)

Temporary (please indicate dates available ____/____ - ____/____)

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant _____

Date _____

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

Employed Yes No Date of Employment _____

INTERVIEWER DATE

Job Title _____ Hourly Rate/ Salary _____ Department _____

By _____

NAME AND TITLE

DATE

This Application For Employment is sold for general use throughout the United States. Amsterdam Printing and Litho assumes no responsibility for the use of said form or any questions which, when asked by the employer of the job applicant, may violate State and/or Federal Law.

Motor Vehicle Report Request Form

My name is _____ . I am either an employee or a perspective
employee of Jeffco Concrete. My date of birth is _____ . My drivers
license number is _____ . My social security number is-
_____ .

I hereby authorize the Fitts Agency, Inc to obtain my Motor Vehicle Report. I
understand that insurance companies use the Motor Vehicle Report to determine
whether or not a driver is suitable to operate a company-insured vehicle. By
signing this letter, I hereby authorize the Fitts Agency, Inc to obtain this Motor
Vehicle Report and share the information with my employer or perspective
employers.

Date

Signature