

Application for Employment

Pre-Employment Questionaire

General Paving & Excavating Contractor
Phone (419) 536-8229 • FAX (419) 536-1351
1913 Nebraska Ave. • Toledo, Ohio 43607
www.crestlinepaving.com

An Equal Opportunity Employer

Last Name		First Name			Date	<u> </u>				
Charles 1 2 1 2		<u> </u>								
Street Addre	955				City, State, Zip Code					
Telephone Number w/ Area Code					Email Address					
Social Security Number Are you 18 years of age or older?					Are you legally eligible to work in the US or an authorized Alien?					
XXXXXXXXXXXXXX Yes No										
Special Interests Questions										
What kind of	work are you	applying for?			What special qualifications do you have?					
What machin	nes can you op	erate?			Are you a Union Member? If yes, which one?					
				M:151 O	Yes No					
Branch of Se	ntice			rvice Recor						
Diancii oi 3e	HAICE			Discharge Da	Rank					
Present men	nbership in Nat	tional Guard or	Reserves		.	Date obligation ceases				
					Parto obligation coases					
Education										
Туре	*# of Yrs.	Ī	Name o	of School		City	Degree/Certificate Earned Graduate			
High	1	112.112 01 001.001				J.,	23,00,00,	- Lamou	Cidouate	
College							-			
Other						1			-	
*The Age Discrimination in employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.										
				Work Ex	perience					
					ur duties	Begin Salary Final Salary Reason for leaving				
				1						
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				Pofo	rences	<u> </u>	<u> </u>			
	Name			Address	Occupation Years Known					
Hame			Addiess			- 0000	pation reals Ni		KIIOWII	
Special Purpose Questions										
Do not answer ANY of the questions in this framed area unless the employer has checked a box preceding a question,										
thereby indicating that the information is required for a bona fide occupational qualification or dictated by National Security Laws, or										
is needed for other legally permissible reasons.										
HeightFtInches										
Have you been convicted of a felony or misdemeanor within the last 5 years? * If yes, explain										
I understand and agree that I may be required to take one or more: physical exam; lie detector test(s) as a condition of hiring										
	or continued employment. I agree to consent to take such test(s) at such time as designed by the Company and to release the Company,									
its directors, officers or employees from any claim arising in connection with the use of such test(s). Yes No										
I have been advised that lie detector tests, as a condition of hiring or continued employment are prohibited by law. YesNo										
You will not be denied employment solely because of a conviction record unless the offense is related to the job you've applied for. I understand that any omission or misrepresentation with respect to this information may be cause for denial or immediate										
			representati	on with respo	ect to this info	ormation may	be cause for	denial or im	mediate	
termination	or employme	ent.								
Data:	Data									
Date:				Signature:						

Motor Vehicle Record Disclosure and Release Form

In connection with my ongoing employment or my application for employment, should I have or secure a position with Crestline Paving & Excavating Co. Inc., I understand that a motor vehicle record, which contains public record information, may be requested. I further understand that such report(s) will contain personal information and public record information concerning my driving record from federal, state, and other agencies that maintain such records, as well as independent services that provide driving record information.

I authorize, without reservation, any party or agency contacted to furnish the abovementioned information to Crestline Paving & Excavating Co. Inc., or its agent.

I hereby authorize procurement of my motor vehicle report. If hired, this authorization shall remain on file and shall serve as ongoing authorization for you to procure such reports at any time during my employment. Crestline Paving & Excavating Co. Inc.'s commercial auto insurer and agent will also use this information in conjunction with loss control and safety review efforts.

Full Legal Name (include middle initial)	Social Security Number
Driver's License Number	State of Issuance
Date of Birth	
Signature	Date