

Perkins Cinders, Inc.
Perkins Aggregates, Inc.
 1950 E. Adams, Show Low, AZ 85901

Phone (928) 537-2008 Fax (928)537-2912

Email: HR@perkinscinders.com

APPLICATION FOR EMPLOYMENT

Personal Information

Date: _____

Name: _____
 Last First Middle

Address: _____
 Mailing City State Zip

How long have you lived in this area? _____ Phone: _____

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? Yes No

Are you 18 Years or older? Yes No

Have you ever been convicted of a Felony? Yes No
 (answering yes will not necessarily disqualify you for consideration)

Employment Desired

Position: _____ Date you Can Start: _____ Salary Desired: _____

Are you employed now? Yes No May we contact them? Yes No

Have you ever applied to this company before? _____ When? _____

Referred by: _____

Education	Name & Location	Years Attended	Graduate	Studied
Grammar School				
High School				
College				
Trade, Business or Correspondence School				

General

Subjects of special study or research work: _____

Special Skills: _____

Activities: (Civic, Athletic Etc.) _____

Exclude organizations, the name of which indicates the race, creed, sex, age, marital status, color or nation of origin of its members.

*This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991

Former Employers (List below last three employers, starting with last one first)

Date	Name, Address & Phone	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				

Which of these jobs did you like best? What did you like most about this job?

References: (Give the names of three persons not related to you, whom you have known at least one year)

Name	Phone #	Business	Years Acquainted
(1)			
(2)			
(3)			

In case of emergency notify:

Name	Relationship	Phone No.
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I certify that all facts contained in the application are true and complete and acknowledge that the company is relying on the accuracy of the information provided. I authorize the company to verify the accuracy of the information provided herein, and I authorize former employers, educational institutions and credit agencies to release information concerning me to the company. I also authorize the company to give references and provide information about me in response to inquiries subsequent to my employment if hired. I understand that falsification, misrepresentation or omission of requested facts may result in denial of employment or, if employed, may result in immediate dismissal. I understand and agree that, if hired, my employment will be for no definite period and may, regardless of the date of payment or wages, be terminated at any time without previous notice and with or without reason, at the will of either myself or the company. I also understand and agree that no one has authority to promise me job security or continued employment, except the CEO of the company in a formal written agreement signed by both of us.

Date: _____ Signature: _____

Do not write below this line

Remarks: _____

Interviewed by: _____ Date: _____

Hired: Yes No Position: _____ Dept. _____

Salary/wage: _____ Date reporting to work: _____

DRIVER PRE-EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

(MUST BE COMPLETED BY ALL PROSPECTIVE APPLICANTS)

All questions must be answered.

Please print or write legibly.

Full Name _____

Address _____ City _____ State _____

Cell Phone (____) _____ Phone (____) _____

Driver License number _____ Class A/B State issued _____

Expiration date _____ Restrictions _____

License suspended or revoked? _____ If yes, explain: _____

Traffic Convictions/Forfeitures for past five (5) years

Location	Date	Charge	Penalty

List all accidents for past five (5) years

Date	Nature of Accident	Truck/auto	Fatalities	Charge

Identify types of equipment you have driven: Truck/trailer _____ Semi _____
Van _____ Flatbed _____ Tank _____ Doubles _____ Triples _____
Refer _____ Dump _____ Straight truck _____ Other _____

List States you have driven in: _____

Date of Last Physical Examination _____ Describe any physical limitations you may have _____

List all medications you are presently taking _____

Have you been tested for drugs? _____ When _____ Results _____

How often do you use alcoholic beverages? _____

Have you ever been arrested for alcohol use? _____ When _____ Results _____

Did you serve in the Military? _____ Branch _____ Dates _____

Rank at discharge _____ Date of discharge _____ Type of discharge _____

PRE-INTERVIEW / APPLICATION EVALUATION FORM

EDUCATION

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12
College _____ Last School Attended _____

IF YOU ARE SELECTED FOR AN INTERVIEW, YOU MUST COME PREPARED WITH THE FOLLOWING INFORMATION AND DOCUMENTS (do not email these documents):

1. Current MVR from the State where your drivers license was issued.
2. Employment history as a Commercial Driver for past ten (10) years.
3. Complete employment history for past three (3) years.
4. Addresses, Phone numbers for all employers during past three years. (You must be able to verify three years employment history)
5. Copy of current physical examination (Long form required)
6. Proof of employment eligibility in the U.S.A.
7. Current Drivers License to operate our type of equipment.
8. Verifiable driving experience of at least 150,000 miles within the past three (3) years.
9. Three personal references other than relatives.
10. Copies of any Safe Driving Awards or recognition.
11. Results of any current Drug Test.

IF YOU ARE CONSIDERED FOR EMPLOYMENT, YOU WILL BE REQUIRED TO SUBMIT TO A DRUG SCREENING. IF YOU CANNOT PASS A DRUG TEST PLEASE DO NOT SCHEDULE AN INTERVIEW.

It is agreed and understood that any misrepresentations of information given shall be considered an act of dishonesty. All information supplied on this PRE-INTERVIEW / APPLICATION EVALUATION FORM will be verified. Any information found to be false or misleading will terminate the employment process.

This certifies this form has been completed by me and that all entries and information supplied is true and complete to the best of my knowledge and ability.

Date

Applicants Signature

Email completed application to: HR@perkinscinders.com