



County Concrete Corp.

Ready Mix Concrete • Sand and Gravel

P.O. BOX F -- KENVIL, NEW JERSEY 07847

-- Telephone (973) 584-7122 --

-- FAX (973) 584-4370 --

Application for Employment (An Equal Opportunity Employer)

Date: _____

PERSONAL INFORMATION (Please Print All Information On This Application)

Name _____
LAST FIRST MIDDLE
Current Address _____
Street/Apartment Number City/Town State Zip Code
Social Security Number _____ Telephone Number (____) _____ Other Number (____) _____
In Case of Emergency Notify _____ (____) _____
Name Address Phone Number

PREVIOUS ADDRESS (If at present address for less than three years)

Street/Apartment City State Zip Code
Street/Apartment City State Zip Code

EMPLOYMENT DESIRED

Position _____ Date You Can Start _____ Expected Wages _____ Per Hour
Referred By _____ Have You Worked For This Company Before? _____ Date of Employment From _____ To _____
Where _____ Previous Position _____ Rate of Pay _____ Reason for Leaving _____
Name(s) of any relative employed by this Company _____
Are You Employed Now? _____ If not, how long since last employed? _____ Reason for leaving _____

EDUCATION / SPECIAL STUDY / RESEARCH WORK

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 Degree: _____
Last School attended _____
Name Address
Special Study or Research Work _____
Special Training / Skills _____

GENERAL (CONVICTION OF A CRIME IS NOT AN AUTOMATIC BAR TO EMPLOYMENT. ALL CIRCUMSTANCE ARE CONSIDERED)

Have you ever been bonded? _____ Name of bonding company & address _____

Have you been convicted of a felony or misdemeanor within the past five (5) years? Yes No Please describe _____

EMPLOYMENT RECORD

The U.S. Department of Transportation requires that driver applicants show all employment for the past three (3) years. Those applying for a position requiring a CDL, must show employment history for ten (10) years prior to date of this application (49 CFR / FMCSR 391.21 (B) (10), (11))

Start with most recent or current position, including military experience, and work backwards. (Attach a separate sheet if necessary)

Current Employer _____ Supervisor's Full Name _____

Address _____ Zip Code _____ Phone(_____) _____

Position Held _____ From _____ To _____ Wages _____
(month/year) (month/year)

Reason for leaving _____

Company / Employer _____ Supervisor's Full Name _____

Address _____ Zip Code _____ Phone(_____) _____

Position Held _____ From _____ To _____ Wages _____
(month/year) (month/year)

Reason for leaving _____

Company / Employer _____ Supervisor's Full Name _____

Address _____ Zip Code _____ Phone(_____) _____

Position Held _____ From _____ To _____ Wages _____
(month/year) (month/year)

Reason for leaving _____

DRIVER EXPERIENCE & QUALIFICATION

Information requested in this section, consisting of four (4) parts, is required by State and Federal Laws and Regulations and MUST cover the past three (3) years. The U.S. Department of Transportation requires that Driver Applicants state their Date of Birth under 49 CFR 391.21 (b)(2) and the current License Number, State of Issue and Expiration Date as required under 49 CFR 391.21(b)(5). If more space is necessary, attach a separate sheet listing the appropriate information.

Date of Birth _____ **Current License Number** _____ **State of Issue** _____ **Class and Endorsement** _____ **Expiration Date** _____

LICENSES: For the past three (3) years, not including the current license

State _____ License# _____ Class _____ Endorsements _____ Expiration Date _____

State _____ License# _____ Class _____ Endorsements _____ Expiration Date _____

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A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes _____ No _____

B. Has any license, permit or privilege ever been suspended or revoked? Yes _____ No _____

C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes _____ No _____

(If you answered "YES" to A or B or C or any and all, attach a statement giving details.)

DRIVING EXPERIENCE:

Straight Truck: Van ___ Tank ___ Flat ___ Other _____ Date: From _____ To _____ Total Miles _____

Tractor & Semi-Trailer: Box ___ Tank ___ Dump ___ Flat ___ Date: From _____ To _____ Total Miles _____

Twin Trailers: _____ Other type vehicles: _____ States operated in last five years: _____

List special courses or training that will help you as a driver _____

List driving & any safety awards presented to you _____

ACCIDENT REVIEW: For the past three (3) years

DATE (s) Most Recent	Nature of Accident (Head-on, Rear-end, etc.)	Vehicle Operated	Fatalities Involved	Injuries Involved
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TRAFFIC TICKET/SUMMONS CONVICTIONS & FORFEITURES: For the past three (3) years

City/Town	State	Date	Charge/Violation	Penalty
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

VEHICLE / EQUIPMENT MAINTENANCE EXPERIENCE & QUALIFICATIONS (Check appropriate areas - insert dates)

List courses and training in this and the next section: _____

Experience Training	Formal Training	Years of Experience	Experience Training	Formal Training	Years of Experience	Experience Training	Formal Training	Years of Experience
Drive Line	_____	_____	Body Work	_____	_____	Brakes	_____	_____
Diesel Engine Tune-up/Rebuilding	_____	_____	Electrical System Repair	_____	_____	Cooling System	_____	_____
Gas Engine Tune-up/Rebuilding	_____	_____	Frame/Wheel Alignment	_____	_____	Inspections Car/Truck	_____	_____
Tire Service	_____	_____	Air Conditioning	_____	_____	General Car Repair	_____	_____
Trailer Repair	_____	_____	Heavy Equipment	_____	_____	List _____	_____	_____

SHOP EQUIPMENT (Check appropriate areas & insert dates)

Experience Training	Formal Training	Years of Experience	Experience Training	Formal Training	Years of Experience	Experience Training	Formal Training	Years of Experience
Sheet Metal	_____	_____	Dynamometers	_____	_____	Welders	_____	_____
Paint Spray Gun	_____	_____	Analyzer	_____	_____	P.C. Service Tools	_____	_____
Frame / Axle Straightening	_____	_____	Smoke Measuring Equipment	_____	_____	Diesel Injection Equipment	_____	_____

List any other courses and training not previously listed in the previous two sections above _____

