Concrete Specialties, Inc.

Application for Employment
(An Equal Opportunity Employer)

Date _____

Name _____

Present Address _____

_____ **Phone** _____

Due to contacts with several customers, we cannot offer to employment to Individuals with a Felony. By providing your Social Security number, date of birth, and your signature on page two, you allow the company to perform a background check.
Offer of employment is contingent upon the outcome of the Background check.

Birthdate _____ Social Security Number _____ Are you at least 18 years old YES ___ No___

Virginia Employment Commission and The Division of Child Support Enforcement require that we ask if you are currently under a payroll deduction for child support. YES ___ No___

Signed _____

Are you: A U.S. Citizen or an Alien Authorized to work in the United States? YES___ No___

Do you have a State issued Driver's License or Photo Identification card? .....YES ___ No___

Have you ever been convicted of a Felony? ..... YES ___ No___

Have you ever tested Positive for DOT Drug Test? ..... YES ___ No___

If YES, did you complete a SAP Program? .....YES ___ No___

Name and location of SAP _____

Please list ALL Previous Names you have used or indicate NONE: _____

_____

In case of emergency notify: _____ **Phone** _____

Desired Position _____ **Date you can start** _____ **Desired Salary** _____

Current Employer _____ **May we contact this Employer?**_____

Ever applied her before? _____ **When** _____ **Referred By** _____

Education:	Name & Location of School	#Years Attended	Graduate?	Subjects Studied
Grammar School				
High School				
College				

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE (MO/YR)	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON LEFT

REFERENCES (GIVE THE NAMES OF THREE PERSON NOT RELATED TO YOU, WHOM YOU HAVE KNOW AT LEAST ONE YEAR)

NAME	ADDRESS	PHONE NO.	YEARS ACQUAINTED

GENERAL

SPECIAL SKILLS _____

ACTIVITIES (CIVIC, ATHLETIC, ETC.) _____

U.S. MILITARY OR NAVAL SERVICE _____ RANK _____

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES _____

S.C. ROSSI & COMPANY, INC. HAS COMMITTED TO HAVE AND ENFORCE A *DRUG FREE* WORKPLACE. THE COMPANY EXPECTS A SIMILAR COMMITMENT FROM ALL EMPLOYEES, AS REQUIRED BY THE DRUG-FREE WORKPLACE ACT OF 1988. THIS POLICY INCLUDES **RANDOM** SUBSTANCE TESTING THAT IS AT A MINIMUM APPLICABLE WITH DEPARTMENT OF TRANSPORTATION, STATE AND LOCAL REGULATIONS.

THE UNLAWFUL MANUFACTURE, DISTRIBUTION, DISPENSATION, POSSESSION OR USE OF A CONTROLLED SUBSTANCE IN THE WORKPLACE IS **PROHIBITED**. ANY EMPLOYEE WHO VIOLATES THIS RULE MAY BE SUBJECT TO DISCIPLINE, UP TO AND INCLUDING TERMINATION. AS A CONDITION OF EMPLOYMENT, ALL EMPLOYEES MUST ABIDE BY THIS RULE.

MY SIGNATURE BELOW ATTESTS THAT I AGREE TO SUBMIT TO THE RANDOM DRUG SCREENING AFTER I HAVE READ AND SIGNED THE COMPANY POLICY STATEMENT.

DATE_____SIGNATURE_____

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE AND WITHOUT CAUSE.

I CONSENT TO A BACKGROUND CHECK AND RELEASE ANY AND ALL INFORMATION RELATING TO MY BACKGROUND INCLUDING BUT NOT LIMITED TO CRIMINAL, CREDIT, AND CHARACTER INFORMATION. I ALSO RELEASE ANY OUTSIDE SOURCE OR AGENCY PROVIDING INFORMATION COLLECTED TO BE USED BY S. C. ROSSI & COMPANY, INC.

DATE_____SIGNATURE_____

YOUR COOPERATION IS VOLUNTARY

APPLICATIONS ARE CONSIDERED FOR ALL POSITIONS, AND EMPLOYEES ARE TREATED DURING EMPLOYMENT WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, MEDICAL CONDITION OR DISABILITY, OR ANY OTHER LEGALLY PROTECTED STATUS.

GOVERNMENT AGENCIES AT TIMES REQUIRE PERIODIC REPORTS ON THE SEX, ETHNICITY, DISABILITY, VETERAN AND OTHER PROTECTED STATUS OF APPLICANTS. THIS DATA IS FOR ANALYSIS AND POSSIBLE AFFIRMATIVE ACTION ONLY. SOLELY TO HELP US COMPLY WITH GOVERNMENT RECORD KEEPING, REPORTING AND OTHER LEGAL REQUIREMENTS, WE REQUEST THAT YOU ALSO FILL OUT THIS TEAR-OFF SHEET.

THIS DATA IS FOR PERIODIC GOVERNMENT REPORTING AND WILL BE KEPT IN A CONFIDENTIAL FILE SEPARATE FORM YOUR APPLICATION FOR EMPLOYMENT.

PLEASE PRINT

NAME_____PHONE NO._____

ADDRESS_____
STREET CITY STATE ZIP CODE

POSITION (S) APPLIED FOR _____

REFERRAL SOURCE ADVERTISEMENT _____ FRIEND_____ RELATIVE_____ WALK IN_____

EMPLOYMENT AGENCY_____ OTHER_____

CHECK ONE MALE_____ FEMALE_____

CHECK ONE WHITE_____ BLACK_____ HISPANIC_____ ASIAN/PACIFIC ISLANDS_____

AMERICAN INDIAN/ALASKAN NATIVE _____

CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE

VIETNAM ERA VETERAN_____ DISABLED VETERAN_____ OTHER DISABLED INDIVIDUAL_____