



Negwer Materials, Inc.

The Knowledgeable Building Materials Specialist

EMPLOYMENT APPLICATION

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False, inaccurate or misleading statements during the interview or on this form are grounds for terminating the application process or, if discovered after employment, terminating employment without notice. We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status or any other legally protected status.

POSITION APPLIED FOR

Position Title	Location	Date of Application
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PERSONAL INFORMATION

Name (Last, First, Middle Initial)			
Present Address (Street, City, State, Zip Code)			
Home Phone #	Cell Phone #	Work Phone #	E-mail Address
How did you find out about this job opening?			
<input type="checkbox"/> Web Page (identify) _____		<input type="checkbox"/> Newspaper/Journal Ad (identify) _____	
<input type="checkbox"/> Referral <input type="checkbox"/> Walk-In <input type="checkbox"/> Other (Please Explain)			
Are you a U.S Citizen or legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>If employed, you must show documents that prove your identity and employment eligibility as required by the Immigration Reform and Control Act of 1986.</i>			
Minimum Acceptable Salary Or Hourly Rate?		What date are you available to start?	
Have you ever convicted of a felony or a misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain? _____			
<i>(A conviction will not necessarily result in the denial of employment)</i>			

EDUCATION – List most recent first (Use supplemental sheet if necessary)

Type of Degree	Name of College or University	Date Attended		Course of Study	Year Earned
		From	To		
High School					
Undergraduate College					
Graduate/ Professional					
Other					

JOB RELATED SKILLS -Note: Do not fill out any part of this section you believe to be non-job related.

Yes No If the job requires do you have the appropriate valid drivers license?

Yes No Have you had any moving violations in the last three years? If yes, please describe.

List any skills, training or certifications that may be job related or you feel would be of value to the company

EMPLOYMENT HISTORY – List all employment including military and volunteer service *starting with the most current position held*. Explain gaps in employment history. You may attach a resume, *but you must complete the employment section*. This information will be used in reference checks.

Dates Employed (month/year) From: _____ To: _____		Position Title	
Salary: Hrly/Wkly/Month Start: \$ _____ Final: \$ _____		Company Name/Address	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:	Reason For Leaving:

Job Duties:

Dates Employed (month/year) From: _____ To: _____		Position Title	
Salary: Hrly/Wkly/Month Start: \$ _____ Final: \$ _____		Company Name/Address	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:	Reason For Leaving:

Job Duties:

Dates Employed (month/year) From: _____ To: _____		Position Title	
Salary Hrly/Wkly/Month Start: \$ _____ Final: \$ _____		Company Name/Address	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:	Reason For Leaving:

Job Duties:

Dates Employed (month/year) From: _____ To: _____		Position Title	
Salary Hrly/Wkly/Month Start: \$ _____ Final: \$ _____		Company Name/Address	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:	Reason For Leaving:

Job Duties:

Please explain any extended period of unemployment:

REFERENCES – Include only individuals familiar with your work ability. Do not include relatives. In addition to work references indicated in the employment history section, the following references may be contacted.

Name	Type of Reference	Occupation & Company	Address (Street, City, State, Zip)	Telephone and E-Mail Address

ADDITIONAL COMMENTS

CERTIFICATION AND RELEASE

PLEASE READ CAREFULLY AND SIGN – I understand that nothing in this application is intended to create or imply a contract of employment. I certify that I have read and understand the applicant note on page of this form and that the answer given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment without notice. I authorize the Negwer Materials, Inc. and/or its agents, including consumer reporting bureaus, to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand the use of illegal drugs is prohibited during employment. IF company policies requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment. In the event of my employment, I agree to abide by the policies, rules and procedures of Negwer Materials, Inc.

By placing my signature below, I certify that I read the above and understand it.

Applicant's Signature _____ Date _____

OFFICE USE ONLY

DATE OF FIRST INTERVIEW	DATE REFERENCE CHECK COMPLETED	DATE OFFER WAS MADE
DATE OF SECOND INTERVIEW	DATE DRIVING RECORD CHECK COMPLETED	LOCATION

INTERVIEW COMMENTS

DRIVER EXPERIENCE & QUALIFICATIONS

Answer the questions in this section only if applying for driver position

Date of Birth _____ The U. S. Department of Transportation requires that driver applicants state their date of birth & 391.21 (b)(2)
(Month/day/year)

Social Security Number _____

Licenses: Driver Licenses held in the past 3 years must be shown.

State	License Number	Type	Expiration Date

- 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, B, C, attach a statement giving details.

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Approximate Total Miles
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Twin Trailers				
Other				

List states operated in during the last five years _____

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

List safe driving awards held and who awards were presented by _____

Accident Review for past 3 years (Attach separate sheet of paper if more space is needed)

Dates	Nature of Accident (Head-On, Rear-End, Upset, etc)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

Traffic Convictions and Forfeitures for the past 3 years other than parking violations.

Location	Date	Charge	Penalty

PLATFORM EXPERIENCE & QUALIFICATIONS

List types of platform experience and number of years on each _____

List platform equipment you can operate (lift, truck, etc.) _____

List courses or training in platform work _____