



Date \_\_\_\_\_ Application for Employment

**Full Name**

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Position applied for: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Marital Status: \_\_\_\_\_

**Addresses for last three years:**

Address \_\_\_\_\_ Dates: \_\_\_\_\_

Address \_\_\_\_\_ Dates: \_\_\_\_\_

Address \_\_\_\_\_ Dates: \_\_\_\_\_

**Emergency Contacts:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

**To be read and be signed by applicant**

This certifies that this application was completed by me, and that all entries on it are true and complete to the best of my knowledge. I authorize Builder's Stone and Supply to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I release employers, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of the company.

Date:

Applicant's Signature:

OFFICE USE:

PAY RATE:

POSITION:

AUTHORIZED BY:



**If applying for a driving position you must include the last 10 years of employment**

**Other trainings, skills, and**

**Qualifications:** \_\_\_\_\_

**If applying for a position that would require driving a company vehicle please complete the following section below**

**Experience and qualifications-Drivers**

Driver's License Number: \_\_\_\_\_ Class: \_\_\_\_\_ State: \_\_\_\_\_ EXP Date: \_\_\_\_\_

**Traffic Convictions other than Parking Violations**

Location: \_\_\_\_\_ Date: \_\_\_\_\_ Charge: \_\_\_\_\_ Penalty: \_\_\_\_\_

Location: \_\_\_\_\_ Date: \_\_\_\_\_ Charge: \_\_\_\_\_ Penalty: \_\_\_\_\_

Location: \_\_\_\_\_ Date: \_\_\_\_\_ Charge: \_\_\_\_\_ Penalty: \_\_\_\_\_

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes \_\_\_\_ No \_\_\_\_

Has any license, permit or privilege ever been suspended or revoked? Yes \_\_\_\_ No \_\_\_\_

**Driving Experience** (Van, Tanker, Flat, Etc.)

Class of Equipment	Type of Equipment	Dates	Number of Miles
Straight Truck			
Tractor & Semi Trailer			
Other			
Other			

**Accident Record for the Past three years: (Head-on, Rear-end, Overturn, etc.)**

Occurrence	Date	Nature Of Accident	Fatality (Y/N)	Injury (Y/N)
Last Accident				
Next Previous				
Next Previous				