



Application for Employment



We consider applicants for all positions without regard to race, color, religion, national origin, gender, disability, age, marital status, familial status, creed, status with regard to public assistance, sexual orientation, local human rights activity, or other protected status.

(Please Print)

Last Name	First	Middle	Date
Address			Home Phone
City	State	Zip Code	Cell Phone
Email Address:			When will you be available to begin work?
Position(s) Desired 1. 2. 3.			Pay Expected
How did you learn about us? <input type="checkbox"/> Walk In <input type="checkbox"/> Mark S&G Employee _____ <input type="checkbox"/> Employment Agency <input type="checkbox"/> Friend _____ <input type="checkbox"/> Relative _____ <input type="checkbox"/> Advertisement _____ <input type="checkbox"/> Other _____			
Have you ever applied for employment with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month & Year _____			
Have you ever been employed by Mark Sand & Gravel Co. before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: When? What Position?			
List any motor vehicle citations or accidents during the past three years? 1 2 3			<input type="checkbox"/> None
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Please begin with your present or most recent employer, giving accurate, complete full-time and part-time employment record.

1	Company Name	Telephone
	Address	Date Employed (Month/Year) From: To:
	Name of Supervisor or contact person	Average hours worked per week:
	Description of Primary Responsibilities	Reason for leaving or seeking to leave
	Position(s)	

2	Company Name	Telephone
	Address	Date Employed (Month/Year) From: To:
	Name of Supervisor or contact person	Average hours worked per week:
	Description of Primary Responsibilities	Reason for leaving or seeking to leave
	Position(s)	

3	Company Name	Telephone
	Address	Date Employed (Month/Year) From: To:
	Name of Supervisor or contact person	Average hours worked per week:
	Description of Primary Responsibilities	Reason for leaving or seeking to leave
	Position(s)	

4	Company Name	Telephone
	Address	Date Employed (Month/Year) From: To:
	Name of Supervisor or contact person	Average hours worked per week:
	Description of Primary Responsibilities	Reason for leaving or seeking to leave
	Position(s)	

Please indicate any employers who cannot be contacted and reason:	Signature: _____
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Employment Data Record

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital status, sexual orientation, veteran status, disability, or other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Actions responsibilities where they apply.

The purpose of this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information, please note that all the Data Records are kept in a confidential file and are not a part of your application for Employment or personnel file. Please note: Your cooperation is voluntary. Inclusion or exclusion of any data will not affect any employment decision.

Voluntary Survey

Date ___/___/___

Government agencies at times require periodic reports of the sex, ethnicity, disability, veteran, and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action program.

Submission of this information is voluntary.

Choose all that may apply.

- | | |
|---|---|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Disabled Veteran |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Vietnam Era Veteran |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Disabled Individual |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Guamanian |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Chamorro |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Samoans |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Other Pacific Islanders (_____) |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Other Race (_____) |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> American Indian/Alaskan Native (_____) |

Truck Driving Positions

	Months/Years Experience	Type Equipment	Employer
Tanker-Transport	[]	_____	_____
Tandem Axle Truck	[]	_____	_____
Tri Axle Truck	[]	_____	_____
Bellydump	[]	_____	_____
Flowboy	[]	_____	_____
Equip. Transport	[]	_____	_____
Ready Mix Truck	[]	_____	_____

Operator Positions

	Months/Years Experience	Type Equipment	Employer
Dozer	[]	_____	_____
Loader (5+CY)	[]	_____	_____
Loader (5-CY)	[]	_____	_____
Bobcat	[]	_____	_____
Backhoe	[]	_____	_____
Crusher	[]	_____	_____
Wash Plant	[]	_____	_____
Plant Operator	[]	_____	_____
Wash Plant	[]	_____	_____
Motor Grader	[]	_____	_____
Paver	[]	_____	_____
Paver Screed	[]	_____	_____
Roller	[]	_____	_____
Packer	[]	_____	_____
Farm Tractor	[]	_____	_____

Labor Positions

	Months/Years Experience	Type Equipment	Employer
Laborer (Base)	[]	_____	_____
Laborer (Blacktop)	[]	_____	_____
Traffic Control	[]	_____	_____
Gravel Tester	[]	_____	_____
Lab Technician	[]	_____	_____

Maintenance Positions

	Months/Years Experience	Type Equipment	Employer
Diesel Mechanic	[]	_____	_____
Welder	[]	_____	_____
Parts Delivery	[]	_____	_____
Shop Help	[]	_____	_____
Parts Counter	[]	_____	_____

Supervisory Positions

Position	Months/Years Experience	Employer
_____	[]	_____
_____	[]	_____
_____	[]	_____
_____	[]	_____

Please list any additional qualifications, specialized training, or job related skills you have acquired:

Office Positions

	Months/Years Experience	Type Equipment	Employer
Accounting	[]	_____	_____
Human Resource	[]	_____	_____
Purchasing	[]	_____	_____
Safety/Environment	[]	_____	_____
Technology	[]	_____	_____