



Vollmer Tar & Chip & Paving, Inc.
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 www.vollmerpaving.com

Application for Employment

PERSONAL INFORMATION

Name _____ Date _____

Current Address _____

Previous Address (if less than 2 years at current) _____

Phone _____ Email _____

Are you legally able to work in the U.S.? Yes No
 Are you under 18 years of age? Yes No
 If yes, do you have valid working papers? Yes No

Have you been convicted of a crime in the last 7 years (excluding minor traffic violations)? Yes No
 If yes, briefly explain: _____

EMPLOYMENT DESIRED

Position Applying For _____ Date Available to Start _____

Desired Rate of Pay \$ _____ Hours Desired Full Time Part Time Temporary

How did you hear about us? _____ Referred by _____

Are you currently employed? Yes No *If no, explain* _____

Are you willing and able to work overtime? Yes No *If no, explain* _____

Are you willing and able to work weekends, if necessary? Yes No *If no, explain* _____

Are you willing and able to work holidays, if necessary? Yes No *If no, explain* _____

Are you willing and able to work all hours of day? Yes No *If no, explain* _____

Do you have a valid Driver's License? Yes No Do you have valid PA Commercial Driver's License? Yes No

List any relevant construction, snow removal or heavy equipment skills you have _____

EDUCATION

	Name	Location	Last Year Attended	Did You Graduate	Cert, Diploma or Degree	Subject Or Major
High School			9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No		
College			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Graduate School			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Trade School				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other Training				<input type="checkbox"/> Yes <input type="checkbox"/> No		

EMPLOYMENT HISTORY

Current or most recent employer _____ From(month/year) _____ To(month/year) _____
Address _____ City _____ State _____ Zip _____
Position held _____ Start Wage \$ _____ End Wage \$ _____ Full Time Part Time
Contact Person _____ Phone _____ May We Contact Yes No
Reason for leaving _____ Was the job subject to DOT drug/alcohol testing Yes No

Previous employer _____ From(month/year) _____ To(month/year) _____
Address _____ City _____ State _____ Zip _____
Position held _____ Start Wage \$ _____ End Wage \$ _____ Full Time Part Time
Contact Person _____ Phone _____ May We Contact Yes No
Reason for leaving _____ Was the job subject to DOT drug/alcohol testing Yes No

Previous employer _____ From(month/year) _____ To(month/year) _____
Address _____ City _____ State _____ Zip _____
Position held _____ Start Wage \$ _____ End Wage \$ _____ Full Time Part Time
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Previous employer _____ From(month/year) _____ To(month/year) _____
Address _____ City _____ State _____ Zip _____
Position held _____ Start Wage \$ _____ End Wage \$ _____ Full Time Part Time
Contact Person _____ Phone _____ May We Contact Yes No
Reason for leaving _____ Was the job subject to DOT drug/alcohol testing Yes No

Explain any gaps in work history _____

Have you been discharged or asked to resign from a job? Yes No If yes, explain _____

COMMERCIAL DRIVER'S LICENSE INFORMATION

Driver's License # _____ Class _____ Endorsements _____ Issuing State _____
 Expiration date _____ Date of birth (required for CDL Driver's) _____ Years of driving experience _____

Do you have knowledge of FMCSA Regulations? Yes No

In the last 3 years, have you tested positive or refused to test for any pre-employment drug or alcohol test administered by an employer that applied to you? Yes No

List all traffic violations in the past 3 years that resulted in conviction or guilty plea (other than parking) _____

Have you been in an accident in the last 3 years? Yes No If Yes, who's fault? Mine Other Driver(s)
 Briefly describe _____

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
 If yes, explain _____

Has any license, permit or privilege ever been suspended or revoked? Yes No
 If yes, explain _____

List driving experience in the table below

Class of Equipment	Type of Equipment (Van, Tank, Flat, Dump, Etc.)	Dates		Approx. # of Miles (Total)
		From	To	
Straight Truck				
Tractor and Semi Trailer				
Tractor and Dump Trailer				
Tractor and Two Trailers				
Motor Coach/School Bus				
Other				

REFERENCES

List three individuals not related to you and not previously listed whom you have known for at least one year that we may contact

Name	Address	Telephone	Occupation	Years Known

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE AND I UNDERSTAND THA TANY FALST INFORMATION, OMISSIONS OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AN, IF EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. I AUTHORIZE VOLLMER TAR AND CHIP, INC. TO THOROUGHLY INVESTIGATE MY BACKGROUND, REFERENCES, EMPLOYMENT RECORDS AND OTHER MATTERS RELATED TO MY SUITABILITY FOR EMPLOYMENT. I AUTHORIZE PERSONS, SCHOOLS, CURRENT AND PREVIOUS EMPLOYERS TO PROVIDE ANY RELEVANT INFORMATION REGARDING MY EMPLOYMENT. I RELEASE ALL PERSONS, SCHOOLS AND EMPLOYERS OF ANY AND ALL CLAIMS FOR PROVIDING SUCH INFORMATION. I UNDERSTAND THAT NOTHING CONTAINED IN THIS APPLICATION IS INTENDED TO CREATE AN EMPLOYMENT CONTRACT AND FILLING OUT THIS APPLICATION DOES NOT INDICATE THERE IS A POSTION OPEN NOR OBLIGATES VOLLMER TAR AND CHIP, INC. TO HIRE ME.

Applicant Signature _____ Date _____