



APPLICATION FOR EMPLOYMENT
McCormick Works, Inc.
An Equal Opportunity Employer
WE ARE A DRUG FREE WORKPLACE

Date: _____

**ALL ATTACHED PAGES MUST BE COMPLETED ENTIRELY TO RECEIVE
CONSIDERATION FOR HIRE!**

Last Name		First Name		Middle Name	
Address		City	County	State	Zip
Home Phone		Message Phone		Social Security No.	

Are you under 18 years of age? _____
How long have you lived at the above address? _____
Do you have reliable transportation? _____

Have you been convicted of a felony in the past 7 years? _____
If yes, please explain: _____

List position(s) you are applying for: _____

List Skills: _____

Date Available: _____ Lowest acceptable salary: _____
Have you worked here before? _____ When _____

Emergency Contact _____

DRIVING RECORD:
Do you have a current and valid driver's license? Yes _____ No _____

State _____ License Number _____ Expires on _____

Do you have a Commercial Drivers license? _____ Which class A _____ B _____
List any endorsements on your CDL _____

MILITARY HISTORY RECORD:

Service Branch _____ Date Entered: _____ Discharged: _____

EDUCATION RECORD:

Name Grade School & Address _____

Name High School & Address _____

Did you graduate? _____ G.E.D. _____ What year _____

Last Grade completed _____, Technical or Trade School _____

Subject: _____ Did you graduate? _____ Yr _____

REFERENCES: List three persons who are NOT related to you and have a definite knowledge of your qualifications and fitness for the job you are applying for:

Name	Address	Phone No.
_____	_____	_____
_____	_____	_____
_____	_____	_____

WORK HISTORY: Below list your prior employers, for a period of 5 years, include any periods of unemployment or school. Beginning with the most recent:

Last Employer _____

Address _____

Phone _____

From: _____ To: _____ Rate of Pay: _____

Reason for leaving: _____

Supervisor: _____ Describe Duties: _____

Previous Employer _____

Address _____

Phone _____

From: _____ To: _____ Rate of Pay: _____

Reason for leaving: _____

Supervisor: _____ Describe Duties: _____

Prior Employer _____

Address _____

Phone _____

From: _____ To: _____ Rate of Pay: _____

Reason for leaving: _____

Supervisor: _____ Describe Duties: _____

AUTHORIZATION TO CHECK DRIVING RECORD/PAST EMPLOYMENT/REFERENCES

I authorize McCormick and its insurance to contact the State which issued my driver's license and request a copy of my driving records.

I authorize McCormick Asphalt Paving and Excavating, Inc., to contact my present employer, all former employers, school officials, and references listed.

The information provided in this application for employment is true and complete. I understand that any misstatement or omission of fact on this application may result in me becoming disqualified for employment and dismissal if employed.

Driver's License # _____ State of Issue: _____

SIGNATURE: _____

Arbitration Clause

McCormick Asphalt Paving and Excavating, Inc., and the undersigned application agree that all disputes, claims, controversies arising out of, or relating to the applicant's hiring, employment, or termination of employment will be resolved exclusively by final and binding arbitration. Both parties agree that such claims to be arbitrated include, but are not limited to, claims for breach of contract, discrimination, harassment, or retaliation, claims based in tort or in equity allegedly arising under local, state, or federal laws or regulations. Both parties agree that McCormick Asphalt Paving and Excavating, Inc., engages in interstate commerce and that arbitration shall occur pursuant to the Federal Arbitration Act (FAA).

SIGNATURE _____ DATE _____