



MASONRY & CONSTRUCTION PRODUCTS
PRECAST & READY-MIX CONCRETE

APPLICATION FOR EMPLOYMENT

Joseph P. Carrara & Sons, Inc. is an equal opportunity employer and does not discriminate against otherwise qualified applicants without regard to race, color, religion, gender, gender identity, ancestry, sexual orientation, national origin, age, physical or mental condition (a person with a qualified disability), place of birth, genetic information, HIV-related blood test [as refusal to hire or discharge], marital status, or status as a covered veteran in accordance with applicable federal, state and local laws.

GENERAL INFORMATION:

Date: / /

Name: Last First Middle Initial Last 4 digits of Soc. Sec. #:

Mailing Address:

City: State: Zip Code:

Home Phone Number: () Cell Number: ()

Previous Address if current address is less than 3 years:

POSITION APPLY FOR: Full Time Part Time Seasonal

Date Available: Salary Desired: \$

Are you over 18 years old? Yes No

Are you legally eligible for employment in the United States? Yes No

(If offered employment, you will be required to provide documentation to verify eligibility.)

How did you hear about us? If referred by a JP Carrara employee, please list their name:

Have you worked for JP Carrara & Sons, Inc. in the past? If so, list dates and position held:

Yes No Comments:

EDUCATION: Please indicate all education/training you have to better assist us in determining your qualifications

Table with 5 columns: TYPE OF SCHOOL, NAME OF SCHOOL, LOCATION (City/State), # OF YEARS COMPLETED, MAJOR & DEGREE. Rows include High School, College, Bus. Or Trade School, Professional School.

PROFESSIONAL CERTIFICATIONS / MEMBERSHIPS / MILITARY EXPERIENCE

Type of Certifications/ License(s) Held: _____

Other Professional Memberships : _____

Have you ever been in the **Armed Forces**? Yes No If so, what branch? _____

Dates of Service: ____/____/____ to ____/____/____ Rank/Duties Performed: _____

EMPLOYMENT: List most recent employer first, including U.S. Military Service. All driver applicants to drive interstate commerce must provide the following information on all employers during the preceding 3 years. 7 additional years for Commercial Vehicle applicants.

Employer Name:	Employment Dates: From: ____/____/____ To: ____/____/____
Employer Address:	Position held:
Phone Number:	Reason for Leaving
Contact Name:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Last Rate of Pay:	
Were you subject to the Fed. Motor Carrier Safety Regulations while employed: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(This section for DRIVERS)</i> Was your job designated as a safety-sensitive function on any DOT-Regulated mode subject to drug and alcohol testing requirements of 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer Name:	Employment Dates: From: ____/____/____ To: ____/____/____
Employer Address:	Position held:
Phone Number:	Reason for Leaving
Contact Name:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Last Rate of Pay:	
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Explain any gaps in work history: _____

Have you ever been discharged or asked to resign from a job? __ Yes __ No, if Yes, Why: _____

REFERENCES other than relatives or previous employers:

Name:	Name:
Position:	Position:
Company:	Company:
Address:	Address:
Telephone: ()	Telephone: ()

ADDITIONAL SKILLS:

List all additional skills that qualify you for the position you are applying for. Include all experience listing the different types of commercial vehicles and/or machinery/equipment you are qualified to operate:

DRIVER POSITION INFORMATION (Not required unless applying for a driver position)

The US Department of Transportation requires that driver applicants state their date of birth (391.21(b)(2)).

Date of Birth: ____/____/____

List ALL driver's licenses held in the past three years:

State	License Number	Class	Endorsement(s)	Exp. Date

- a. Have you ever been denied a license or permit to operate a motor vehicle?
- b. Have you ever had a license or permit to operate a motor vehicle revoked?

If you answered 'yes' to either a or b above, please describe why: _____

ACCIDENT RECORDS FOR THE PAST 3 YEARS: If none, indicate NONE

Date	Nature of Accident	Fatalities/Injury?	Hazardous Material Spill?

TRAFFIC CONVICTIONS FOR THE PAST 3 YRS(other than parking violations, if none, indicate NONE

Date	Location	Charge	Penalty

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize JP Carrara & Sons, Inc. to verify their accuracy and to obtain reference information on my work performance. I hereby release JP Carrara & Sons, Inc. from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

Signature of Applicant _____ **Date:** _____

NOTE: All driver employment applications must be accompanied by the JP Carrara & Sons, Inc.

Disclosure and Authorization Release Form to obtain MVR and applicable background information.

To check the status of an application, please contact Human Resources at (802) 775-2301.