

Mid-Coast Aggregates, LLC

AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

DATE _____

This Company complies with and fully supports the American With Disabilities Act. We will make a reasonable accommodation to any impairment an applicant might have that would make it difficult for that applicant to apply for employment with us. Each applicant will be evaluated on the basis of his/her ability, and no one asking for such an accommodation will be discriminated against in any way.

Please answer every question. Please write "None" or "NA" in any space that does not apply to you.

A. BACKGROUND DATA

1. Name _____
Last First Middle

2. Social Security No.: _____

3. Present Address: _____
Number Street Apartment or Box

City State Zip

Telephone Number Telephone Number (where you can always be reached)

4. How long have you lived at the above address? _____

5. Previous Address: _____
Number Street Apartment or Box

City State Zip

6. Date of Birth _____
Month Day Year

7. Have you been convicted of a crime other than minor traffic violations within the past 10 years? (An affirmative answer will not necessarily disqualify you from employment)
- Yes No

Explain _____

8. Have you ever had a criminal charge or civil action brought against you in connection with any matter relating to your past or present employment.

Explain _____

B. WORK YOU ARE APPLYING FOR

1. What job or type of work are you applying for? _____

2. Would you be available and willing to work overtime? Yes No

3. Why are you interested in employment with us? _____

C. MILITARY SERVICE

1. Have you been in the military service (including active duty, National Guard and Reserve?) Yes No

2. Period of active duty: From _____ to _____

3. Highest rank held? _____

4. List all types of training you received in the military service: _____

5. What was your primary MOS or job? _____

D. PREVIOUS EMPLOYMENT

Name, Address and Type of Business	Time Employed	Jobs Held	Reason You Left	Name of Supervisor

May we contact the above employers: Yes No

(List those not to contact) _____

E. TRAINING

1. Have you taken or are you now taking any type of training or courses at trade or vocational schools, business school, vocational courses, correspondence courses, etc.?
 Yes No

2. If so, please answer the following: Name of institution or school at or from which you received the training: _____

Type of training received: _____

Length of time you took each course or training: _____

Did you complete the training or course? Yes No

Describe the skills or types of work you learned in each such training or course _____

F. DRIVERS LICENSE INFORMATION

1. Valid driver's license # _____ State _____

2. Do you have a C.D.L. license? Yes No If Yes, what class? _____
 Expires ____/____/____

3. Have you had any traffic violations other than non-moving violations in the last five years? Yes No
 If Yes, please explain: _____

4. Have you ever been arrested for driving under the influence of alcohol? Yes No
 If Yes, please explain: _____

5. Have you ever had your driver's license suspended or revoked? Yes No
 If Yes, please explain: _____

G. EDUCATIONAL BACKGROUND

NOTE: The questions in this section are for purposes of reference checks only. We do have any educational requirements for general employment.

Name of School	Highest Grade Completed	Course of Study	Degree

H. REFERENCES

1. List three persons we may contact for references:

Name	Address	Telephone

I. OTHER SKILLS OR ABILITIES

List all the abilities, skills and qualifications which you have which you believe might be useful in employment with us.

Your signature below signifies acceptance of the following:

1. The information set forth in this application is true and correct. I understand that any false or erroneous statements or information set forth in this application may be considered by the Company as sufficient cause for rejection of this application or for dismissal from employment if employed.
2. This application for employment will be considered active for 30 days or until the position for which you are applying has been filled, whichever comes first. At that time, this application will expire. If you wish to be considered for employment after the expiration of your application you must complete a new application form.
3. All employment offered by the Company, unless reflected in a written contract signed by an authorized Company official, is employment-at-will. This means the employment relationship may be severed at any time, for any reason, with or without cause, by either party, whenever the severing party deems it to be in his/her/its best interests.
4. I understand that the first ninety (90) days of any employment is on a strictly trial basis and the management of the Company may at any time, without or with cause, terminate my employment during this period.
5. I authorize the Company to make any investigation of myself or my previous employment (except for any I may have stated above as employers not to contact). You are further advised that you have the right to a disclosure as to the nature and scope of this investigation and that you may obtain such by making written request to the Company.
6. I fully understand and agree that should I enter the employ of the Company, I am not to, and will not at any time, communicate or reveal any of the business of the Company or any information or records or files of the Company or the matters contained therein, to unauthorized personnel within the Company, nor to anyone outside the Company. I also understand that any violation of the foregoing shall be sufficient grounds for termination of my employment.

6. I also understand that:

- A) If offered employment, I may then be required to take a physical exam and answer a health questionnaire; **I understand that misrepresentations as to pre-existing physical or mental conditions may void my worker's compensation benefits.**

- B) If offered employment, I may be required to take a drug or alcohol test before starting work and thereafter I may be tested (a) following an on-the-job accident, (b) when the Company has good cause to require such a test, (c) on a periodic basis with notice, or (d) on a random basis without prior notice. **I understand that if I test positive for drugs or refuse to be tested, (a) I will forfeit my right to recover worker's compensation benefits that might otherwise be available to me, (b) I may be discharged from my employment and (c) I may be disqualified from receiving unemployment compensation benefits.**

Signature

Date