

Application for Employment

Please fill out completely. Equal Opportunity Employer

Youngblood Paving Inc
 2516 Route 18
 Wampum PA 16157
 724-535-3395

Position Sought	Available Start Date	CDL <input type="checkbox"/> Yes <input type="checkbox"/> No
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Personal Information

Last Name	First	Middle	Date
Street Address			Home Phone
City, State, Zip			
Date of Birth	Social Security Number	Driver's License Number	
Driver's License State, Type, Expiration			
Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which have not been annulled, expunged or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please describe in full.			

Education

School	Name and Location of School	Course of Study	No. of years completed	Did you Graduate?
College				<input type="checkbox"/> Yes <input type="checkbox"/> No
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No
Trade School				<input type="checkbox"/> Yes <input type="checkbox"/> No
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No

Military

Complete this section if you served in the U.S. Armed Forces.		
Branch of Service	Period of Active Duty	
	From	To
Describe your duties and any special training		

Employment History

Start with present or most recent employer

1	Company Name	Telephone
	Address	Employed From To
	Name of Supervisor	Reason for Leaving
	Job Title and Describe your work	
2	Company Name	Telephone
	Address	Employed From To
	Name of Supervisor	Reason for Leaving
	Job Title and Describe your work	
3	Company Name	Telephone
	Address	Employed From To
	Name of Supervisor	Reason for Leaving
	Job Title and Describe your work	

References

Name	Address	Business	Years Acquainted
1			
2			
3			

Any extra qualifications or skills that apply to the position you are applying for

The information provided in this application for employment is true, correct and complete. If employed, any misstatements or omissions of fact on this application may result in my dismissal.

Date

Signature

For CDL Drivers Only

Driving Experience

Class of Equipment	Type of Equip (van, tank, flat)	Dates To	From	Apprx. No. of Miles
Tri Axle				
Straight Truck				
Tractor and Semi Trailer				
Other				

CDL Drivers Continued

Accident Record

Past three years

Dates	Nature of Accident	Fataities	Injuries

Violation Record

Past three years

Dates	Location	Charge	Penalty

Have you ever been denied a license, permit, or privilege to operate a motor vehicle?

Yes No

Has any license, permit, or privilege ever been suspended or revoked?

Yes No

If you answered yes to either please give details.

The information provided in this application for employment is true, correct and complete. If employed, any misstatements or omissions of fact on this application may result in my dismissal.

Date

Signature