



EMPLOYMENT APPLICATION

Position Applying for:

APPLICANT INFORMATION

| | | | | | | | | | | | | | |
|--|--|--|--|---|-----------------------------|-------------------------|--|----------------|------------------------------|-----------------------------|------|--|--|
| Last Name | | | | First | | | | M.I. | | | Date | | |
| Street Address | | | | | | | | | Apartment/Unit # | | | | |
| City | | | | State | | | | ZIP | | | | | |
| Phone | | | | E-mail Address | | | | | | | | | |
| Cell # | | | | Social Security No. | | | | Desired Salary | | | | | |
| Do you have a Valid Driver License? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | Do you have (Check All) Class A ____ Class B ____ Valid Medical Card ____ | | | | | | | | | |
| Are you authorized to work in the US? | | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Can you work Overtime? | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | | | |
| Can you read/write English? | | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Can you work Saturdays? | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | | | |
| Can you work Holidays? | | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Can you work Sundays? | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | | | |
| Are there any reasons for which you might not be able to perform your job duties? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | | | | | | | | | | |
| If Yes, Please Explain: | | | | | | | | | | | | | |

EDUCATION

| | | | | | | | | | | | | |
|-------------|--|----|--|-------------------|------------------------------|-----------------------------|--------|--|--|--|--|--|
| High School | | | | Address | | | | | | | | |
| From | | To | | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree | | | | | |
| College | | | | Address | | | | | | | | |
| From | | To | | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree | | | | | |
| Other | | | | Address | | | | | | | | |
| From | | To | | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree | | | | | |

REFERENCES PLEASE LIST THREE PROFESSIONAL REFERENCES.

| | | | | | | | | | | | | |
|-----------|--|--|--|--------------|--|--|--|--|--|--|--|--|
| Full Name | | | | Relationship | | | | | | | | |
| Company | | | | Phone | | | | | | | | |
| Address | | | | | | | | | | | | |
| Full Name | | | | Relationship | | | | | | | | |
| Company | | | | Phone | | | | | | | | |
| Address | | | | | | | | | | | | |
| Full Name | | | | Relationship | | | | | | | | |
| Company | | | | Phone | | | | | | | | |
| Address | | | | | | | | | | | | |

PREVIOUS EMPLOYMENT

Company

Phone

Address

Supervisor

Job Title

Starting Salary \$

Ending Salary \$

Responsibilities

From

To

Reason for Leaving

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company

Phone

Address

Supervisor

Job Title

Starting Salary \$

Ending Salary \$

Responsibilities

From

To

Reason for Leaving

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company

Phone

Address

Supervisor

Job Title

Starting Salary \$

Ending Salary \$

Responsibilities

From

To

Reason for Leaving

May we contact your previous supervisor for a reference? YES ☐ NO ☐**OTHER SKILLS & QUALIFICATIONS****DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

As part of our procedure for processing your employment application, your personal and employment references will be checked. We also reserve the right to perform a background check and prior to hiring require a drug screening.

I understand and agree to the information shown above.

Signature

Date



Federal Drivers' Privacy Protection Act AUTHORIZATION TO OBTAIN MOTOR VEHICLE REPORT

For the sole purpose of determination and evaluation of my motor operating record and pursuant to the State and Federal regulations of compliance,

I, _____
(Name of Prospective Employee)

Authorize Atlantic Masonry Supply Inc. to obtain my Motor Vehicle Record. I understand that this record may contain personal information in addition to any/all driver violations and or accidents, which may be on record through New Jersey State Department of Motor Vehicles. This report will be run for pre-employment screening and annually.

Signature of Prospective Employee

Social Security #

Driver's License #

State

Date of Birth

Street Address

City

State

Zip Code

Date

AUTHORIZATION TO OBTAIN BACKGROUND CHECK

I, _____
(Name of Prospective Employee)

Authorize Atlantic Masonry Inc. to obtain a background check as part of employment screening. I understand that this record may contain personal information, which may be on record through Federal, State, County, Local agencies.

Signature of Prospective Employee

Date



Largest Paver Display in South Jersey

SATURDAY DELIVERY

• Boulders • Block & Pavers • Stone Veneer • Decorative Stone • Driveway Stone • Concrete • Sand • Topsoil • Mulch • Stepping Stones • Pre-Cast Steps • Landscape Supplies • Masonry Supplies • RR Ties & Much More

I, _____, hereby provide consent to Atlantic Masonry Supply to conduct a limited query of the Federal Motor Carrier Safety Administration (FMCSA) Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse. The consent allows Atlantic Masonry Supply to conduct a limited query for pre-employment and an unlimited number of limited queries for the duration of employment.

I understand that if the limited query conducted by Atlantic Masonry Supply indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Atlantic Masonry Supply without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for Atlantic Masonry Supply to conduct a limited query of the Clearinghouse, Atlantic Masonry Supply must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

Employee Signature

Date