

## **FADDIS CONCRETE PRODUCTS**

## APPLICATION FOR EMPLOYMENT - FILL OUT COMPLETELY

Equal access to programs, services and employment is available to all persons. Those applicants requiring accommodation to the application and/or interview process should contact a representative of the Human Resources Department.

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE							
Position applied for		Date://					
Name							
Last First		Middle					
ddress			_				
Street/Apt.	City	State Zip Code					
Telephone ()  If you are under 18, can you furnish a work permit? (	) Yes   (						
Have you ever been employed here before? (	, , ,						
Are you legally authorized to work in this country? (							
Date available for work/							
Type of employment desired ( ) Full-Time ( ) Pa	art-Time ( ) Tempo	rary					
Are you able to meet the attendance requirements of the position? ( ) Yes ( ) No							
Driver's license number (Only if job applied for requires use of automobile in daily tasks)							
State	<del></del>						
Previous Employment							
Please list your last four employers, assignments, or vo	lunteer activities, startin	g with the most recen	t,				
including military experience.							
Name of Employer	Name of Supervisor						
Address City, State, Zip	May we contact? Y N	Employment dates	Pay or Salary				
Phone #							
	Your Job Title:						
Reason for Leaving (be specific)							
List duties performed and job responsibilities							
N 65 1	T	T	Г				
Name of Employer Address	Name of Supervisor	Formita was and dates	Day an Calam				
City, State, Zip	May we contact? Y N	Employment dates	Pay or Salary				
Phone #							
Reason for Leaving (be specific)							
List duties performed and job responsibilities							

Name of Supervisor						
May we contact? Y N	Employment dates	Pay or Salary				
Name of Supervisor						
·	Employment dates	Pay or Salary				
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List duties performed and job responsibilities						
cteristics of vourself that may qua	alify you as being able to be	rform functions for				
eteristics of yourself that may que	amy you as being able to pe	Troffir functions for				
Voars complete	od Did you graduate?	Course of Study				
rears completi	Dia you graduate:	Course or study				
mo on this application will be suf-	ticiant callea tor cancallatio	n of this application				
	Name of Supervisor May we contact? Y N  Contact Y N  Years complete	May we contact? Y N Employment dates  Name of Supervisor				

I give Faddis Concrete Products the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability Faddis Concrete Products and its representatives for seeking such information, and all other persons, corporations, or organizations for furnishing such information.

Faddis Concrete Products is an Equal Opportunity Employer. Faddis Concrete Products does not discriminate in employment and no questions on this application are used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

Faddis Concrete Products is a "Drug-Free Workplace" and it is understood that all offers of employment are conditional. Faddis Concrete Products requires all eligible applicants to participate in a pre-employment drug-testing program. An applicant will not be processed further unless the eligible applicant agrees to participate in the test. Failure to complete, sign and date the Consent & Release Form will disqualify me from any consideration to employment.

This application is current for only 90 days. At the conclusion of this time, if I have not heard from Faddis Concrete Products and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that Faddis Concrete Products is an "Employer At-Will" and that just as I am free to resign at any time, Faddis Concrete Products reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of Faddis Concrete Products has the authority to make any assurance to the contrary.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.

Signature of Applicant	$\equiv$		Date
		Use last 4 digits of your SSN as your signature	