

Medrano's Asphalt Paving Co., Inc.

P.O. Box 403829-Hesperia, CA 92340

Phone: (760) 244-5331 ~ Fax: (760) 948-0699

www.medranosasphaltpaving.com

Medrano's Asphalt Paving Co., Inc. is committed to providing equal employment opportunity _____ discrimination or harrassment on the basis of race, color, sex, gender, gender identity, gender epression, age, disability, religion, religious dress, national origin, marital or veteran status, sexual orientation, ancestry, political belief or activity, cancer-related medical condition, genetic characteristics, mental or physical disability or any other category protected by law.

Please answer all questions and complete all sections of the Employment Application fully. The application is a legal document, and as such must be completed by all applicants whether or not you have submitted a resume or attached same. Your assistance is greatly appreciated.

Employment Application

Position Appling For:			Desired Salary:		
Last Name		First Name	M.I.	Referred By	
Address (Number & Street)		(City & State)		(Zip Code)	
Cell Phone:					
Driver's License #	State	Class	Expiration Date		Message Phone:
Last 4 Digits of SS#					Date available:
If hired, can you provide evidence that you are legally authorized to live and work in the U.S. ? Yes No					
Please indicate the type of work for which you are available:					
Regular full-time: yes <input type="checkbox"/> no <input type="checkbox"/>		Regular part-time: yes <input type="checkbox"/> no <input type="checkbox"/>			
Are you available to:					
Work Weekends: yes <input type="checkbox"/> no <input type="checkbox"/>		Work Overtime: yes <input type="checkbox"/> no <input type="checkbox"/>		Travel: yes <input type="checkbox"/> no <input type="checkbox"/>	
Additional Information					
It is the policy of Medrano's Asphalt Paving Co., Inc. to comply with all relevant and applicable provisions of the Americas with Disabilities Act (ADA). Medrano's Asphalt Paving Co., Inc. will not discriminate against any qualified applicant because of an individual's physical or mental disability. We will make reasonable accommodation wherever necessary for all applicants with disabilities, provided that the individual is otherwise qualified to safely perform the duties and assignments connected with the job and provided that any accommodations made do not require undue or significant difficulty or expense.					
Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodations? Yes No If not, describe the functions that cannot be performed:					
Paving Experience		What kind of experience do you have in the paving industry?			
Office Skills		Please list your level of ability for each skill listed. (N=none/unfamiliar; L=Low Ability; M=Medium Ability; H=High Ability)			
Microsoft Word:	Excel:	PowerPoint:	QuickBooks:		
N <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/>	N <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/>	N <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/>	N <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/>		
List any other office skills or certifications you may have:					
Foreign Language		Spoken: yes no		Written: yes no	

List all employment activity for the 7 years, starting with your most recent position. Also include any volunteer work that relates to the job for which you are applying.

Dates (Mo/Yr)		No. Hrs Per Wk	Employer Name & Address	Duties:
From	To			
			Position Title	
Name of Supervisor			Phone Number	
Reason for Leaving				
May we contact employer? Yes No				

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From	To			
			Position Title	
Name of Supervisor			Phone Number	
Reason for Leaving				
May we contact employer? Yes No				

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From	To			
			Position Title	
Name of Supervisor			Phone Number	
Reason for Leaving				
May we contact employer? Yes No				

References Please list 3 individuals, not related to you, who have direct knowledge of your work performance within the last 3-5 years.

Name:	Phone:	Number of years acquainted:
Nature of Relationship: (i.e. supervisor, colleague, subordinate etc)		
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Nature of Relationship: (i.e. supervisor, colleague, subordinate etc)		
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Nature of Relationship: (i.e. supervisor, colleague, subordinate etc)		

PLEASE READ CAREFULLY BEFORE SIGNING

I understand that the employer follows an "employment at will" policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the owner(s) of the company. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment. I understand this application that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and interviews. I authorize all individuals, schools, and firms named therein, except my current employer is so noted, to provide any information requested about me, and I release them from liability for damage in providing this information.

I certify that all statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Signature: _____ Date: _____