



2500 Cumberland Parkway Tel: 770-431-3300
Suite 200, Atlanta, GA 30339 Fax: 770-431-3304

PRE-EMPLOYMENT APPLICATION

Thank you for your interest in Thomas Concrete, Inc. It is the policy of our company to provide equal employment opportunities without regard to race, color, religion, sex, national origin, age, disability, veteran status, or any other condition protected by the law. No question on this application is asked for the purpose of limiting or excluding an applicant's consideration for employment because of his or her race, color, religion, sex, national origin, age, disability, veteran status, or any other condition protected by law. This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question must be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered.

PERSONAL:

DATE: _____

NAME: _____ PHONE: () _____
LAST NAME FIRST MIDDLE

PRESENT ADDRESS: _____
NO. STREET CITY STATE ZIP

ARE YOU AT LEAST 18? Y ___ N ___
HAVE YOU EVER BEEN CONVICTED OF ANY CRIME (EXCLUDING MINOR TRAFFIC VIOLATIONS)? _____
IF YES, PLEASE SPECIFY AND EXPLAIN, GIVING DATES, LOCATIONS AND DETAILS ON EACH CONVICTION (NATURE OF CRIME WILL BE CONSIDERED IN RELATION TO THE POSITION FOR WHICH YOU ARE APPLYING).

WHO SHOULD BE CONTACTED IN CASE OF EMERGENCY? _____
NAME RELATIONSHIP
STREET ADDRESS/STATE/ZIP HOME PHONE NUMBER

EMPLOYMENT DESIRED:

Are you seeking: Full time _____ Part time _____ Temp/Summer work _____
Position Applied for: _____ Salary Desired: _____
Date Available to Start: _____ How did you learn of our company: _____
Have you ever applied to our company before? _____ Ever worked for our company before? _____
If yes to either of the above questions, state when and where you applied and/or worked _____

Are there any days or hours you would be unable or unwilling to work? _____
If yes, please specify: _____

Are you now or do you expect to be engaged in any other business or employment? _____
Are you currently employed? _____ May we contact your current employer? _____

If hired, will you abide by the policies and procedures of this company? _____ - _____

If given a conditional offer of employment by this company, are you willing to take a physical exam and a drug screen as required? _____

SKILLS:

Do you type? _____ Words per minute: _____

Have you had any computer or word processing experience or training? _____ If yes, please describe:

What languages do you speak fluently? _____

EDUCATION:

| | NAME OF SCHOOL | ADDRESS | COURSE OF STUDY | YEARS COMPLETE | DIPLOMA/ DEGREE |
|-------------|----------------|---------|-----------------|----------------|-----------------|
| HIGH SCHOOL | | | | | |
| COLLEGE | | | | | |
| OTHER | | | | | |

Are you planning to pursue further studies? _____ If so, when, where, and what courses? _____

List any scholastic honors, offices held and activities involved in during high school and/or college: _____

List and describe any other school or specialized training: _____

List any professional, trade, business or civic activities and offices held (You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status.)

Do you have a D.O.T Batch Card? _____

Do you have a D.O.T. Technician's Card? _____

List the names of employers in consecutive order beginning with the present or most recent employer. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. **A ten (10) year employment history is needed.** Please use separate page if needed.

| | |
|--|-------------------------------|
| Name of employer: | Job Title: |
| Address: | |
| Telephone Number: | Name and title of supervisor: |
| Duties Performed: | |
| Dates of employment: From: ____/____/____ To: ____/____/____ | |
| Beginning pay: \$ _____ Ending pay: \$ _____ | |
| Reason for leaving: | |

| | |
|---|-------------------------------|
| Name of employer: | Job Title: |
| Address: | |
| Telephone Number: | Name and title of supervisor: |
| Duties Performed: | |
| Dates of Employment: From ____/____/____ To: ____/____/____ | |
| Beginning pay: \$ _____ Ending pay \$ _____ | |
| Reason for leaving: | |

| | |
|--|-------------------------------|
| Name of employer: | Job Title: |
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| Telephone Number: | Name and title of supervisor: |
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| Dates of Employment: From: ____/____/____ To: ____/____/____ | |
| Beginning pay: \$ _____ Ending pay \$ _____ | |
| Reason for leaving: | |

| | |
|--|-------------------------------|
| Name of employer: | Job Title: |
| Address: | |
| Telephone Number: | Name and title of supervisor: |
| Duties Performed: | |
| Dates of Employment: From: ____/____/____ To: ____/____/____ | |
| Beginning pay: \$ _____ Ending pay \$ _____ | |
| Reason for leaving: | |

References:

Please provide three (3) personal references who are not relatives or former employers:

| NAME | ADDRESS | PHONE # | OCCUPATION |
|------|---------|---------|------------|
| | | | |
| | | | |
| | | | |

AFFIDAVIT:

I certify that the answers given by me to the foregoing questions and statements are true and correct without any consequential omissions of any kind whatsoever. I understand that any misleading or incorrect statements may render this application void and, if employed, would be cause for my termination. I further agree that the company shall not be liable in any respect if my employment is terminated because of false statements, answers or omissions made by me in this questionnaire. I also authorize the companies, schools or persons named above to give any information regarding my employment, character and qualifications and hereby release said companies, schools or persons from all liability for any damage for issuing this information. I understand that the taking of drug tests may be a condition of employment and refusal to take such tests when asked will subject me to termination. I also understand that no person is authorized to enter into any written or verbal employment contracts on behalf of the company without the express written consent of the President.

Signature

Date

COMPANY USE ONLY:

INTERVIEWED BY: _____

DATE: ____/____/____

HIRED? YES NO

HIRED BY: _____

IF HIRED, FOR WHAT LOCATION: _____

RATE OF PAY: \$ _____

POSITION HIRED FOR: _____



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VOLUNTARY APPLICANT INFORMATION

Thomas Concrete provides equal opportunity for all employees and applicants for employment regardless of race, color, religion, national origin, sex, disability, or any other protected status. The following information is to be completed by the applicant on a strictly voluntary basis. The information contained on this page is not to be used for interview purposes, and is to be filed separately from the application. Failure to complete the information does not affect the hiring decision of this company.

PLEASE PRINT:

Position(s) Applied For: _____ Date: ____/____/____

How did you learn of our company:

____ Walk-In ____ Employment Agency ____ School
____ Employee ____ Relative ____ Advertisement
____ Other _____

Name of Person Who Referred You: _____

Applicant Information:

Name: _____ Phone: _____
Address: _____

____ Male ____ Female

PLEASE CHECK ONE OF THE FOLLOWING EQUAL EMPLOYMENT OPPORTUNITY IDENTIFICATION GROUPS

____ White (Not of Hispanic origin) ____ Black (Not of Hispanic origin) ____ Hispanic
____ American Indian/Alaskan Native ____ Asian/Pacific Islander

Veteran Status:

Are you a veteran of the United States Armed Forces? _____
Vietnam era Veteran? _____ Disabled Veteran? _____

For Administrative Use Only:

Position Applied For: ____ Available ____ Not Available

Other positions considered for: _____
Hired: ____ Yes ____ No

Position hired for: _____ EEOC Job Classification: _____

Completed By: _____ Date: ____/____/____



APPLICANT'S CONSENT FORM

The company has a Drug and Alcohol Policy applicable to all its employees. A copy of this policy is available for you to review upon request. Employment is contingent upon passing a physical examination, drug and/or alcohol test, credit reference, employment reference(s), and review by the corporate Human Resource department. The physical examination and the Drug and Alcohol Policy both include testing for alcohol, narcotics, hallucinogenic drugs, marijuana, and other controlled substances.

By signing this form, you are certifying that you consent to taking any blood, "breathalyzer" or urinalysis tests requested by the company as part of your physical examination or otherwise, and that you release the company, its officers, agents and employees from liability in connection with or as a result of said examination and tests. You authorize the release of any test results to the company. You understand that failure to sign this consent form is considered voluntary withdrawal of your application for employment, which precludes further consideration for employment.

If hired by the company, you consent to drug and alcohol testing as may be required by the company, authorize release of any such test results to the company, and release the company, its officers, agents and employees from liability in connection with or as a result of said tests.

APPLICANT'S SIGNATURE: _____ DATE: ___/___/___

WITNESSED BY: _____ DATE: ___/___/___