



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 <input type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/> NO <input type="checkbox"/>			

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 Action 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 Action Supply 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



Ready Mixed Concrete

- Brick • Stone • Sand & Gravel • Topsoil • Crushed Concrete • Rolloff Containers • Mobile Crushing & Screening • Black & Brown Mulch
- Concrete Pump Truck Service • Landscape & Masonry Supplies • EP Henry & Techo-Bloc Pavers • Parking Bumpers & Precast Steps



I, _____, hereby provide consent to Action Supply, Inc. 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 Action Supply, Inc. 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 Action Supply, Inc. indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Action Supply, Inc. without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for Action Supply, Inc. to conduct a limited query of the Clearinghouse, Action Supply, Inc. 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