JEFFRES Companies

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<u>info@jeffres.com</u> Email

Jeffres Sand & Gravel, Inc. Jeffres Excavating, A Division of Jeffres Sand & Gravel, Inc. Loup Valley Redi-Mix, LLC

EMPLOYMENT APPLICATION

	(F	PLEASE PRINT)				
Position(s) Applied For	Date o	of Application				
First Name	Midd	le Initial	Last Name			
Street Address/PO Box		City	State	Zip Co	ode	
Telephone Number(s)	0 11 1			0.1		
Home:	Cellular:			Other:		
Social Security Number	lumber Date of Birth					
Are you over 18 years of age?			Yes		No	
Do you have the legal right to work in t	ha Unitad State	nc?	Yes		No	
Proof of citizenship or immigration status will b			res		INO	
Do you have adequate transportation to		ipioyinciic.	Yes		No	
Have you ever been employed by any o	Yes		No			
If yes, what dates?		•	. 65			
Which Company?						
which company.						
On what date would you be available for	or work?					
Are you available to work:	Full Time	Part Time	Overtime	Temporary		
Are you currently on "lay-off" status an	d subject to rec	all?	Yes		No	
Can you travel if a job requires it?			Yes		No	
What days of the week would you cons	ider being out o	of town for emplo	oyment?			
Monday Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
Do you have a valid Driver's License ?			Yes		No	
Do you have a current CDL License?	Yes		No			
Have you been convicted of a DUI in th	Yes		No			
Have you had 3 or more citations for moving violations in the past 3 years? Yes No						
Have you ever been convicted of a felo Conviction will not necessarily disqualin	Yes		No			
If Yes, please explain:						

Employment Experience

Employer Name:			Dates Employed From:	_To:_
Address:			Phone #	
Name of Supervisor	:		May we contact this person? Yes	No
Work Performed:				
Salary: Start	_ End	Reason for leaving:		
Employer Name:			Dates Employed From:	_To:_
Address:			Phone #	
Name of Supervisor	:		May we contact this person? Yes	No
Work Performed:				
Salary: Start	End	Reason for leaving:		
Employer Name:			Dates Employed From:	_To:_
Address:			Phone #	
Name of Supervisor	:		May we contact this person? Yes	No
Work Performed:	· · · · · · · · · · · · · · · · · · ·			
Salary: Start	_ End	Reason for leaving:		· · · · · · · · · · · · · · · · · · ·
Employer Name:			Dates Employed From:	_To:_
Address:	· · · · · · · · · · · · · · · · · · ·		Phone #	
Name of Supervisor	:		May we contact this person? Yes	No
Work Performed:				
Salary: Start	End	Reason for leaving:		

In consideration of my employment, I agree to conform to the rules & regulations of the Jeffres Companies, and understand that my employment is "at will" and may be terminated for any reason that is not prohibited by law. The Jeffres Companies are a Drug Free Workplace. A substance abuse policy is in effect and substance abuse tests may be conducted prior to initial employment, when a violation of the policy is suspected and randomly. Initial and continued employment is contingent upon the reporting of negative test results.

Jeffres Companies considers applications for all positions without regard to race, color, religion, creed, gender, age, disability, martial of veteran status, sexual orientation or any other legally protected status. The U.S. Department of Labor does prohibit an individual under the age of 18 from working in hazardous occupations which include but are not limited to coal mining, mining (other than coal), and excavation operations.

I declare my answers to the questions on this application are true, and give Jeffres Companies the right to investigate all information given and to secure additional information, if necessary. I authorize Jeffres Companies to obtain an investigative background check which may include the following: a credit report, past employment, and criminal history. If employed I understand that Jeffres Companies may need to obtain a Department of Motor Vehicles driving record. I understand I have the right to make a written request within a reasonable period to receive the information obtained in any such investigations.

Signature:	Date:
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EDUCATION High School

Name:				Dates Attended:				
Location:		_		Graduated?	Yes	No		
University or Te	chnical College							
Name:				Dates Attend	ed:			
Location:		_		Graduated?	Yes	No		
EQUIPMENT OF	PERATIONS / MECHANI	ICAL EXP	ERIENCE					
Please indicate be	elow how many years exp	erience yo	u have with	the following:				
Backhoe Dredge Excavator	Motor Grader Scraper Skid Loader	Hau	eel Loader Il Trucks Equipment	Mech	anical Exp	erience*		
*Mechanic Certifi	ications & Experience:							
MEDICAL								
applied for?Y (NOTE: the work for wh or extending 30lbs or m time; uninhibited manual	physical condition(s) whereNo ich you have applied may involve or above the head; lifting, bending all dexterity; operation mechanical elese requirements relate to the work	ne or more of g and turning quipment for l	the following job at the waist simu long extended pe	requirements: lifting ltaneously, standing riods of time; expos	ng, pushing or or walking fo	pulling 50lbs or r r at least two (2)	nore; lifting hours at a	
If yes, please explain	:							
References								
1.				()				
	(Name)				Phone #			
	(Address)							
2.	(01			()	DI "			
	(Name)				Phone #			
	(Address)							
3.	(Norman)			()	Dl "			
	(Name)				Phone #			
	(Address)							

FOR PERSONNEL USE ONLY					
Arrange Interview	Yes	No			
Remarks					
Employed	Yes	No	Date of Employment		
Position			Hourly Rate/Salary		
ByNAME & TI	TLE		Date		

Notes: