



PALMER PAVING CORP.

25 Blanchard Street, P. O. Box 47, Palmer, MA 01069
 Phone: 413-283-8354 Fax: 413-283-8462

APPLICATION FOR EMPLOYMENT

Please print your name here: _____

Position Applied For (check 1st choice only): <input type="checkbox"/> Laborer <input type="checkbox"/> Operator <input type="checkbox"/> Driver <input type="checkbox"/> Office <input type="checkbox"/> Mechanic <input type="checkbox"/> Other (specify):	Date Available <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Other (specify)
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INSTRUCTIONS & PROCESS

1. Please read these instructions and the Important Information on the other side of this page before completing your application.
2. We welcome your resume, if you have one. However, we must also have this completed Application form, since many of the questions may not appear on a resume. You do not have to duplicate answers – if the information is on your resume, please write “See Resume”.
3. Submit your application to one of the following locations:

In Person, to one of our locations::

Main Office: 25 Blanchard St., Palmer, MA 01069
 1000 Page Blvd, Springfield, MA 01104
 23 Arthur St., Easthampton, MA 01027
 43 Old Coldbrook Road, Barre, MA 01005

4. Due to the volume of resumes and applications that we receive, we cannot assure that you will receive a personal follow-up, or that we can respond to follow-up telephone calls. Rest assured that we will handle your application with the utmost level of professionalism.

IMPORTANT INFORMATION

EEO/AA Policy Statement: Palmer Paving Corp. is an Affirmative Action/Equal Opportunity Employer and is strongly committed to all policies which will afford equal opportunity employment to all qualified persons without regard to race, color, religious creed, age, sex, marital status, national origin, ancestry, present or past history of mental disorder, mental retardation, sexual orientation, learning disability or physical disability including, but not limited to blindness, except where any of the above is a bona fide occupational qualification or need.

Palmer Paving Corp. will not discriminate against any employee or applicant for employment because he or she is a special disabled veteran or veteran of the Vietnam era in regard to any position for which the employee or applicant for employment is qualified.

Preconditions to Employment: Palmer Paving Corp. is committed to protecting the safety, health and well being of employees, subcontractors, and the general public. We have established a drug-free workplace program that balances our respect for individuals with the need to maintain an alcohol- and drug-free environment. If you are offered a position with PPC, you will be required to successfully complete a post-offer drug and/or alcohol screening and a physical examination. DOT positions are subject to additional post-offer alcohol testing.

Positions designated for a post-offer motor vehicle record check are those that involve DOT or non-DOT driving.

Positions designated for a post-offer credit report check are those that handle the company's finances, cash, and significant confidential information, such as positions in our Accounting Department.

Employment Eligibility Verification: If hired, you must provide proof that you are eligible to work in the USA. We E-verify all our employees.

Compliance With Child Labor Laws: If you are offered a position that is considered hazardous under federal and/or state labor laws, you may be asked to submit proof of age.

Other: It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.



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APPLICANT INFORMATION

Last Name		First Name		M.I.	Today's Date
Street Address					Apt. #
City		State	ZIP Code	Cell Phone Number	
					Home Telephone Number
Have you ever been employed by Palmer Paving Corp.? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, give dates of employment: From: To:		What was your job/position?	
Are you subject to recall from a current layoff? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you are under 18, can you furnish a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Can you travel if a job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Education	List Name and City of Schools	Diploma, Degree, or Certificate	Number of Years Completed		
High School / GED					
College / University					
Vocational / Technical					
Specialized Training					

What machines, equipment, languages, or other job-related skills do you have and how do you think they help you in your work? _____

What is your strongest work-related skill? _____

What did you like best about your current or last job? _____

EMPLOYMENT HISTORY

Starting with your present or last job, list names of all employers. Account for all periods of time, including military service and any periods of unemployment. If self-employed, give firm names and supply three business references. Include any verified work done on a voluntary basis. You may exclude organization names that indicate race, creed, color, religion, sex, sexual orientation, marital status, national origin, age, or disability. Use other side or another sheet if necessary.

NOTE TO APPLICANTS FOR TRUCK DRIVING POSITIONS: DOT requires that you report all employment for the past 3 years whether or not you were employed as a commercial motor vehicle driver, and all employment for the past 10 years during which time you held any employment as a commercial motor vehicle driver.

Name of Current Employer:		Position Held:	
May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name:	
Street Address		Start Date:	End Date:
City:	State:	ZIP Code	
Business Phone Number:		Reason for Leaving:	
Name of Employer:		Position Held:	
May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name:	
Street Address		Start Date:	End Date:
City:	State:	ZIP Code	
Business Phone Number:		Reason for Leaving:	
Name of Employer:		Position Held:	
May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name:	
Street Address		Start Date:	End Date:
City:	State:	ZIP Code	:
Business Phone Number:		Reason for Leaving:	
Name of Employer:		Position Held:	
May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name:	
Street Address		Start Date:	End Date:
City:	State:	ZIP Code	
Business Phone Number:		Reason for Leaving:	

Please list three references who are not relatives:		
Name of Reference	Relationship	Phone Number

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I understand that:

1. This employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by Palmer Paving Corp. (PPC).
2. If hired, my employment with PPC will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or by PPC
3. This written statement supersedes any and all oral representations made by agents or representatives of PPC.

AGREEMENT: I certify that the information on this Application is true, complete and correct. I hereby authorize the investigation of my past employment, education and activities. I release from all liability all persons, companies, and corporations supplying such information. I understand that false answers, statements or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge.

Signature of Applicant

Date

FOR PPC USE ONLY:

Contact History: _____

Interview History: _____

Offer for Employment Extended: _____
Date By

Pre-Employment Testing Scheduled: _____
Date/Time Clinic

AFFIRMATIVE ACTION VOLUNTARY SELF-IDENTIFICATION

Palmer Paving Corp. is an Equal Opportunity / Affirmative Action Employer and a federal contractor under Executive Order 11246. To help us meet state and federal reporting requirements, we invite applicants to identify themselves as indicated below. **Completion of this form is voluntary**, and in no way affects the decision regarding your application for employment. This form is confidential and will be maintained separately from your application.

PLEASE PRINT RESPONSES BELOW:

Name:		Date:
Position Applied For:		
GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Check All That Apply:	Category:	VETERAN STATUS:
<input type="checkbox"/>	Hispanic or Latino	<input type="checkbox"/> Disabled Veteran
<input type="checkbox"/>	White (not Hispanic or Latino)	
<input type="checkbox"/>	American Indian or Alaskan Native (not Hispanic or Latino)	
<input type="checkbox"/>	Black or African American (not Hispanic or Latino)	<input type="radio"/> Other Protected Veteran
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)	<input type="radio"/> Recently Separated Veteran
<input type="checkbox"/>	Asian (Not Hispanic or Latino)	<input type="radio"/> Armed Forces Service Medal Veteran
<input type="checkbox"/>	Two or More Races (Not Hispanic or Latino)	<input type="radio"/> Not a veteran
Please identify where you learned about an employment opportunity with Palmer Paving:		
<input type="checkbox"/> Newspaper ad <input type="checkbox"/> Employee referral (Who? _____) <input type="checkbox"/> Recruiter <input type="checkbox"/> Tech school/apprentice program/college placement <input type="checkbox"/> Temporary service <input type="checkbox"/> State employment service <input type="checkbox"/> Local _____ business/hiring office		

**THE U.S. DEPARTMENT OF TRANSPORTATION REQUIRES APPLICANTS COMPLETE THIS FORM
FOR ALL POSITIONS REQUIRING A COMMERCIAL DRIVER'S LICENSE (CDL)
UNDER 49 C.F.R. Sec. 291.21(b)(2) & (b)(9)
PLEASE USE ADDITIONAL SHEETS IF MORE SPACE IS REQUIRED.**

Last Name:	First Name:	Middle Initial:	Date of Birth:
Social Security Number:		Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been denied a license, permit or privilege to operate a motor vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has any license, permit, or privilege to operate a motor vehicle been suspended or revoked in the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you answered yes to either question, provide a statement setting forth in detail the facts and circumstances of any denial, suspension, or revocation of any license, permit, or privilege to operate a motor vehicle.			

List all unexpired driver's licenses/permit numbers with expiration dates:

Driver's License Number	State of Issue	CDL Endorsement	Expiration Date

List all addresses of residence for the past three years:

Street Address	City, State, ZIP	Years

Driving Experience: Please list the types of motor vehicles you have operated, the length of time operated, and the approximate number of miles driven in these vehicles.

Class of Equipment	Number of Miles Driven	Begin Date	End date
Ready Mix Truck			
Dump Truck			
Low Boy			
Water Truck or Fuel Truck			
Sweeper Truck			
Other:			

List all motor vehicle accidents in which you were involved in the last three years. Attach additional sheets if needed.

Date of Accident	Nature of Accident (head-on, rear-end, roll-over, etc.)	# of Fatalities	# of Injuries

List all violations of motor vehicle laws/ordinances, other than parking violations, where you were convicted or forfeited bond or collateral during the past three years.

Date of Violation	Location	Charge(s)	Penalty

I certify that this application was completed by me and that all information in it is true and complete to the best of my knowledge.
SIGNATURE: _____ DATE: _____