



425 Cecil Wampler Road  
Mt. Crawford, Virginia 22841  
(540) 433-4921 Fax (540) 433-5053  
EMAIL [office@TeamAandJ.com](mailto:office@TeamAandJ.com)

# Job Application

Position(s) Applied For \_\_\_\_\_ Date of Application \_\_\_\_\_

Division:    **Excavation**                      **Concrete**                      **Paving**                      **Shop**                      **Admin**

Name \_\_\_\_\_  
Last                      First                      Middle

Goes by \_\_\_\_\_  
(List the name that you preferred to be called)

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
(The Age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.)

Current Address \_\_\_\_\_  
Street                      City                      State                      Zip Code

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact (Primary): \_\_\_\_\_  
Phone #1: \_\_\_\_\_  
Phone #2: \_\_\_\_\_  
☐ Spouse                      ☐ Child                      ☐ Parent  
☐ Sibling                      ☐ Grandparent                      ☐ Other  
☐ Significant Other

Emergency Contact (Secondary): \_\_\_\_\_  
Phone #1: \_\_\_\_\_  
Phone #2: \_\_\_\_\_  
☐ Spouse                      ☐ Child                      ☐ Parent  
☐ Sibling                      ☐ Grandparent                      ☐ Other  
☐ Significant Other

Do you have the legal right to work in the United States?      YES                      NO

Have you worked for this Company before?      YES                      NO

If yes, when? \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Are you now employed ?      YES                      NO      If not, how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected? \_\_\_\_\_

Are there any reasons you might be unable to perform the functions of the job for which you have applied (as described in the job description)?      YES                      NO

If yes, explain if you wish \_\_\_\_\_

Have you ever been convicted of a felony?      YES                      NO      If yes, please explain fully on an additional sheet of paper. Conviction of a crime is not an automatic bar to employment - all circumstances will be considered.

Continued on back →

## EMPLOYMENT HISTORY

EMPLOYER	DATE (Month/Year)
Company Name	From                      To
Contact                                      Phone #	Position Held
Reason for Leaving	Salary/Wage
EMPLOYER	DATE (Month/Year)
Company Name	From                      To
Contact                                      Phone #	Position Held
Reason for Leaving	Salary/Wage
EMPLOYER	DATE (Month/Year)
Company Name	From                      To
Contact                                      Phone #	Position Held
Reason for Leaving	Salary/Wage

**Please list your experience, qualifications, special courses or training that will help you as an employee.**

---



---

**Do you have a current Drivers License:**      YES      NO      If Yes:

License #: \_\_\_\_\_ State: \_\_\_\_\_ Type: \_\_\_\_\_ Class: \_\_\_\_\_ Endorsements: \_\_\_\_\_

Restrictions: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Have you ever been denied a license, permit or privilege to operate a motor vehicle?**      YES      NO

**Has any license, permit or privilege ever been suspended or revoked?**      YES      NO

If the answer to either question is yes, please give details:

---



---

### To Be Read And Signed By Applicant

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquires of my personal, employment and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of the company.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_