



Office: 1035 Mauch Chunk Rd Bethlehem, PA 18018
 * PO Box 1036 Bethlehem, PA 18016-1036
 Phone: 610-867-5886
 * Fax: 610-861-0399
www.casilioconcrete.com



Office: 1965 Silvex Rd. Bethlehem, PA 18015
 * PO Box 1036 Bethlehem, PA 18016-1036
 Phone: 610-865-1898 Billing: 610-867-7884
 * Fax: 610-861-0399
www.crushcrete.com

Circle the company applying to work with: CASILIO CONCRETE CRUSHCRETE SAEGER TRUCKING

Position(s) Applied For _____ Date of Application _____

CDL POSITION (Y/N) _____

Last Name	First Name	Middle Initial	Social Security Number
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Address (Number & Street)	City	State	Zip
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How long at this Address? _____

Previous Address _____

Telephone Number (s) _____

List other name(s) under which you attended school or were employed _____

How did you learn about us? _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? _____

Do you have the unrestricted right to work in the United States? _____ Yes _____ No (Proof of citizenship or work authorization will be required upon employment in order to complete Form I9)

Have you ever filed an application with us before? _____ Yes _____ No If yes, give date _____

Are you currently employed? _____ Yes _____ No

Are you currently on "lay-off" status and subject to recall? _____ Yes _____ No

Note: A criminal background check will be conducted.

Do you have any limitations regarding working hours? _____ Yes _____ No _____

Do you have reliable transportation? _____ Yes _____ No

Do you have a current Driver's License _____ Yes _____ No _____
 State, # Class Exp Date





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Do you have a current:

First Aid Certification Yes No Expiration Date _____ Certifying Agency _____

CPR Certification Yes No Expiration Date _____ Certifying Agency _____

OSHA 10 Hour Construction Safety Certification Yes No

Do you have any friends or Relatives Employed By This Company? Yes No

If yes, List Name(s): _____

U.S. Military Service

Branch of Service _____ Type of Discharge _____ Rank/Rate At Discharge _____

Are you a member of the Armed Services Reserve? Yes No

Are you a member of R.O.T.C.? Yes No

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you fully able, with or without reasonable accommodation, to perform the functions of the job for which you have applied?
 Yes No

If you have any job related disability which may interfere with your ability to perform the job for which you have applied, please describe how, with or without reasonable accommodation, you will be able to perform it.

When are you available for work? _____

Education

	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
College				
Trade School				
Apprenticeship				
Military				
Correspondence				
Other (Specify)				



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Employment Experience: (If you need additional space, please continue on a separate sheet of paper or on the back.)
 Applicants to drive a commercial motor vehicle intrastate or interstate commerce shall also provide an additional 7 years information on those employers for whom the applicant operated such vehicle. Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disability or other protected status.

Name of Employer		Address (City & State)		Area Code & Phone Number
Date Started	Starting Salary/Wage	Starting Position	May we call you at this number? Yes No	
Date Stopped	Ending Salary/Wage	Position at time of leaving	May we contact your present employer prior to any employment offer? Yes No	
Name & Title of Supervisor		Reason for Leaving		
Brief Description of Your Responsibilities:				
Name of Employer		Address (City & State)		Area Code & Phone Number
Date Started	Starting Salary/Wage	Starting Position		
Date Stopped	Ending Salary/Wage	Position at time of leaving		
Name & Title of Supervisor		Reason for Leaving		
Brief Description of Your Responsibilities:				
Name of Employer		Address (City & State)		Area Code & Phone Number
Date Started	Starting Salary/Wage	Starting Position		
Date Stopped	Ending Salary/Wage	Position at time of leaving		
Name & Title of Supervisor		Reason for Leaving		
Brief Description of Your Responsibilities:				
Name of Employer		Address (City & State)		Area Code & Phone Number
Date Started	Starting Salary/Wage	Starting Position		
Date Stopped	Ending Salary/Wage	Position at time of leaving		
Name & Title of Supervisor		Reason for Leaving		
Brief Description of Your Responsibilities:				



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Comments (including explanation of any gaps in employment:

List 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)

References **Do not list relatives or employers.**

Name	Address	Telephone

Important Authorization and Understanding

1. Completeness and accuracy of information. I represent that all of the information now or hereafter given by me in support of my application for employment is true and complete. I understand that any false or misleading information in support of my application may subject me to discharge at any time during the period of my employment.
2. Authorization for release of information and release from liability. I authorize you to verify any of the information given during the application process with appropriate individuals, companies, institutions, or agencies and I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of disclosure. I hereby release you and them from any liability whatsoever as a result of such inquiries and disclosures. A photocopy or other electronic reproduction of this authorization/release is binding, and may be relied upon.
3. Employment at will. I understand that if I am employed, I will be an employee at will. This means that either the employer or the employee may terminate the employment relationship with or without cause at any time.
4. No written, oral, or implied contracts. I understand that any written company documents, oral statements, or formal or informal policies are not to be construed as granting an express or implied employment contract and that I am not entitled to rely upon any such documents, statements or company policies as stating employment terms. The employment relationship with the company may be modified only in writing directed to me by the President of the Company.
5. Benefits may be altered. I understand that the company at its option may change, delete, suspend, or discontinue any part or parts of its benefit program at any time without prior notice, both while persons are actively employed and while retired from the Company.
6. I understand that a test for drug and alcohol misuse may be required as part of the interview process, and I hereby authorize the release of test results to the Company. I hereby consent to the performance of such medical examination and testing. I waive all claims arising out of these procedures against the Company and those performing the examination and tests. I understand and consent that, as a condition of continued employment, I will submit to drug and alcohol testing in the future. I authorize the release of any such subsequent testing to the Company and waive all claims against it or those performing the examination and tests. I understand that I will be subject to immediate termination for failing to submit to examination or testing.
7. If an employment relationship is established, I agree to wear or use all protective clothing or devices as may be required by the Company and to comply with all safety policies and procedures.

I acknowledge that I have read and understand the above statement in its entirety, and have had the opportunity to ask questions regarding any aspect of this application, and that I accept the above terms.

Signature

Date