



Ferguson Asphalt Paving, LLC
2050 County Rd 82 NW
Alexandria, MN 56308
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Application for Employment
(Please Print)

Today's Date: _____ Date you are able to start work: _____

Name: _____
(First) (Middle) (Last)

Do you have any relatives working here? Yes or No If yes, give name & relationship: _____

Present Address: _____
(Street) (City) (State) (Zip Code)

Previous Address: _____
(If less than 5 years) (Street) (City) (State) (Zip Code)

Home Phone Number: _____ Cell Phone Number: _____

Email Address: _____ Date of Birth (if under 18 yrs of age): _____

Position Desired: _____ Wage Desired: _____ Employment Desired: FT or PT

Work Related Experience: _____

Education:

Name of School	Location	Did you graduate?	Diploma / Degree
High School			
College			
Tech School			

Employment History: (List most recent job first)

Name and Address of Employer	Phone # (Area Code)	Name of Supervisor
Job Title / Duties	From Mo. Yr.	To Mo. Yr.
Reason for Leaving	Starting Pay	Ending Pay
Name and Address of Employer	Phone # (Area Code)	Name of Supervisor
Job Title / Duties	From Mo. Yr.	To Mo. Yr.
Reason for Leaving	Starting Pay	Ending Pay
Name and Address of Employer	Phone # (Area Code)	Name of Supervisor
Job Title / Duties	From Mo. Yr.	To Mo. Yr.
Reason for Leaving	Starting Pay	Ending Pay

May we contact your present employer? Yes or No

Are you a Veteran? _____ Do you have a good driving record? _____ Do you have a CDL license? _____

Do you have a Medical Examiner's Certificate _____ Can you travel, if job requires? _____

Do you have a DWI on your record? _____ If yes, explain: _____

Have you ever had any driver's license denied, revoked, or suspended? _____

If yes, explain: _____

Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years? Yes or No

If yes, have you successfully completed the return-to-duty process? Yes or No If yes, provide documentation.

Driver's License Information: (all licenses held in the past 3 years)

State	License Number	Type	Endorsements (if any)	Expiration Date

Driving Experience:

Class of Equipment	Type of Equipment	Start Date	End Date	Approx. # of Miles
Dump Truck				
Tractor/Trailer				
End/Side/Belly Dump				
Other				

Driving Violations: (for the past 3 years)

Location	Date	Charge	Penalty

Accident Record: (for the past 3 years)

Dates	Nature of Accident	Fatalities	Injuries	Penalty

Please attach a copy of your driving record with this application.

Personal References: (Not former employers or relatives)

Name: _____ Relationship: _____ Phone #: _____

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Certification:

"I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this information is grounds for dismissal. I authorize the references and supervisors listed above to give you any and all information concerning my previous employment, including wage and salary history, and any pertinent information they may have and release all parties from all liability for any damage that may result from furnishing same to you. In consideration of my employment, I agree to conform to the rules and regulations of Employer and understand that my employment is at will and can be terminated at any time with or without cause, at the option of either the company or myself.

Applicant's Signature

Date Signed