

PIGOTT ASPHALT & SITEWORK, LLC

EMPLOYMENT APPLICATION

Please complete every section. If a question does not apply, enter N/A. Attach additional pages if needed.

PERSONAL INFORMATION

Full name (last, first, middle)

Mailing address

City

State

ZIP code

Phone

Email

Alternate phone

POSITION AND AVAILABILITY

Position sought

Date available

Hours per week

Employment sought

☐ Full-time ☐ Part-time

Can you work nights?

☐ Yes ☐ No

Days available

☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐ Sun

WORK AND DRIVING

Have you worked for this company before? ☐ Yes ☐ No

Are you authorized to work in the United States? ☐ Yes ☐ No

Do you have a valid driver license? ☐ Yes ☐ No

Driver license number (if applicable)	Issuing state
<input type="text"/>	<input type="text"/>

DRIVING HISTORY (IF POSITION REQUIRES DRIVING)

Accidents in the past 3 years - number	Moving violations in the past 3 years - number
<input type="text"/>	<input type="text"/>

EDUCATION

School / training provider	Location	Years	Major / credential
High school			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
College / trade school			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Additional training			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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EMPLOYMENT HISTORY

List all work experience, beginning with your most recent job. Include additional sheets if necessary.

EMPLOYER 1 - MOST RECENT FIRST

Company name	Supervisor name
<input type="text"/>	<input type="text"/>

Address / city / state / ZIP

Phone	Job title	Hours per week
<input type="text"/>	<input type="text"/>	<input type="text"/>

Start date	End date	Starting pay	Final pay
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Reason for leaving

May we contact this employer? ☐ Yes ☐ No

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EMPLOYMENT HISTORY

EMPLOYER 2 - MOST RECENT FIRST

Company name

Supervisor name

Address / city / state / ZIP

Phone

Job title

Hours per week

Start date

End date

Starting pay

Final pay

Reason for leaving

May we contact this employer?

☐ Yes

☐ No

ADDITIONAL QUALIFICATIONS

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EMPLOYMENT HISTORY

EMPLOYER 3 - MOST RECENT FIRST

Company name

Supervisor name

Address / city / state / ZIP

Phone

Job title

Hours per week

Start date

End date

Starting pay

Final pay

Reason for leaving

May we contact this employer?

☐ Yes

☐ No

ADDITIONAL INFORMATION

Have you been convicted of a felony?

☐ Yes

☐ No

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EQUIPMENT, REFERENCES AND CERTIFICATION

EQUIPMENT OPERATION EXPERIENCE

Equipment / machine operated	Years of experience	Training / certification
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

REFERENCES

List people who know your work. Exclude relatives and former employers.

Reference 1 - name	Phone	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>
Reference 2 - name	Phone	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>
Reference 3 - name	Phone	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>

APPLICANT CERTIFICATION

I certify that the answers and statements in this application are true and complete to the best of my knowledge. I understand that false or misleading information may result in rejection of my application or termination of employment.

Applicant signature	Date
<input type="text"/>	<input type="text"/>