



# WATERTOWN CONCRETE, INC.

24471 NYS Rt. 12 • Watertown, NY 13601  
Phone: (315) 788-1040 • Fax: (315) 788-2649

## APPLICATION FOR EMPLOYMENT

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ARE YOU 18 YEARS OF AGE OR OLDER? YES or NO (CIRCLE)

POSITION APPLYING FOR: \_\_\_\_\_

I AM AVAILABLE TO WORK: FULL TIME PART TIME OVERTIME (CIRCLE ALL THAT APPLY)

RATE OF PAY EXPECTED: \_\_\_\_\_

IF DRIVING IS A REQUIREMENT FOR A POSITION, DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO (CIRCLE)

IF A CDL LICENSE IS REQUIRED FOR A POSITION, DO YOU HAVE A DOT MEDICAL CERTIFICATE? YES NO (CIRCLE)

IF YOU HAVE A CDL LICENSE WHAT CLASS IS IT? \_\_\_\_\_  
(IF A CDL IS REQUIRED FOR A POSITION, CONTINUED EMPLOYMENT IS CONTINGENT ON MAINTAINING A CURRENT AND VALID CDL LICENSE.)

CAN YOU PERFORM DUTIES SUCH AS: HEAVY LIFTING OF OBJECTS, SHOVELING, CLIMBING A LADDER, OPERATING A MOTOR VEHICLE, WEARING RESPIRATORY EQUIPMENT? YES NO (CIRCLE)

PLEASE LIST ANY DUTIES YOU MAY NOT BE CAPABLE OF PERFORMING:

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HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS? YES NO (CIRCLE). A CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM EMPLOYMENT.

CAN YOU LEGALLY BE EMPLOYED IN THE UNITED STATES OF AMERICA? YES NO? (CIRCLE) (PROOF OF IDENTITY AND EMPLOYMENT AUTHORIZATION WILL BE REQUIRED UPON HIRE).

CDL DRIVER APPLICATION  
(For CDL applicants only)

Final consideration for a CDL driving position requires the following:

\*Possession of a current, valid NYS CDL Driver's license, free from major infractions and acceptable to our insurance.

\*Passing a pre employment drug and alcohol test.

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Please circle the response to the following questions:

- |   |     |    |
|---|-----|----|
| 1. Do you have a valid CDL driver's license?      | Yes | No |
| 2. Will you have reliable transportation to work? | Yes | No |
| 3. Have you had any accidents in the past year?   | Yes | No |
| 4. Have you been convicted of a felony?           | Yes | No |

If you answered yes to questions 3 or 4 please explain:

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BACKGROUND CHECK

Please circle the response to the following questions regarding previous drug and alcohol testing information as required by US Department of Transportation Regulations (49 CFR Part 40). In the past two years:

- |  |     |    |
|--|-----|----|
| 1. Have you had any DOT required alcohol tests with a result of 0.04 or higher alcohol concentration?      | Yes | No |
| 2. Have you had any verified positive DOT required drug tests?   | Yes | No |
| 3. Have you refused to be tested?  | Yes | No |
| 4. Have you had any other violation of a DOT agency drug or alcohol testing regulation?                    | Yes | No |
| 5. Have you tested positive on any pre-employment for a DOT employer including ones that did not hire you? | Yes | No |

I certify that my responses to the above questions are true:

Applicants signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

**CONSENT FOR RELEASE OF DRUG AND ALCOHOL TESTING  
INFORMATION AND TREATMENT RECORDS**

Applicant name: \_\_\_\_\_ DOB: \_\_\_\_\_

If you were employed by a DOT regulated employer during the last two years and performed a safety sensitive function for that employer, please provide the name of that employer with mailing address and phone number including area code, and dates employed starting with the most recent employer first...

Previous Employer \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone \_\_\_\_\_

Previous Employer \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone \_\_\_\_\_

Previous Employer \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone \_\_\_\_\_

Previous Employer \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone \_\_\_\_\_

Previous Employer \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone \_\_\_\_\_

I, (print name) \_\_\_\_\_ authorize my above listed previous employers to release to Watertown Concrete 24471 Route 12 Watertown, NY 13601, phone 315-788-1040 or fax 315-788-2649 any verified positive drug test results, any alcohol test result of 0.04 or greater, any refusal to test and information on any required substance abuse professional evaluation for the preceding two years. I request the records to be released immediately. This authorization is valid until withdrawn by me in writing.

Today's Date: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_

DRIVER LICENSE INFORMATION  
FOR MOTOR VEHICLE DRIVER REPORT

Driver's full name \_\_\_\_\_ DOB \_\_\_\_\_

Address: \_\_\_\_\_

Driver's License number: \_\_\_\_\_

Social security number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

List all states in which you have had an Operator's License

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DRIVERS RELEASE

I, \_\_\_\_\_, hereby authorize Watertown Concrete to request a copy of my Motor Vehicle Driver Report.

In addition should my application be accepted for employment and/or upon my becoming an employee for Watertown Concrete, I further authorize any/all additional requests for my Motor Vehicle Record be submitted and reviewed as needed for the sole purpose of my continued evaluation and eligibility standards under State and Federal regulatory compliance standards.

Signature of driver: \_\_\_\_\_ Date: \_\_\_\_\_

# Employment Experience

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, handicap or other protected status.

1.	Employer		Length of Service		Work Performed
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
Reason for Leaving					
2.	Employer		Length of Service		Work Performed
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
Reason for Leaving					
3.	Employer		Length of Service		Work Performed
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
Reason for Leaving					
4.	Employer		Length of Service		Work Performed
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
Reason for Leaving					

If you need additional space, please continue on a separate sheet of paper.

## Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

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# Education

School Name and Location	Elementary School					High School				Undergraduate College / University				Graduate / Professional			
	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Years Completed																	
Diploma / Degree																	
Describe Course of Study																	

# References

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

# Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. The applicant understands that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that affect is executed by the employer and employee in writing. 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 employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.