



**United Materials, LLC**  
**APPLICATION FOR EMPLOYMENT**

It is the policy of United Materials LLC to provide equal employment opportunity to all applicants and employees without regard to any federal, state, or local law with legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

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

Present Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 (Street, City, State, Zip)

Other names you have used (i.e. Maiden Name): \_\_\_\_\_

Date Available to Begin: \_\_\_\_\_  Full Time  Part Time Referred By: \_\_\_\_\_

Have you been employed by United Materials before? \_\_\_\_\_ If so, when? \_\_\_\_\_

If a job is offered, will you be able to provide verification of your legal right to work in the United States?  Yes  No

Are you at least 18 years of age?  Yes  No

**EDUCATION:**

|                               | Name of School<br>City and State | Highest Grade<br>Completed<br>(circle) | Did you graduate?<br>(circle) | Degree |
|-------------------------------|----------------------------------|--|-------------------------------|--------|
| High School                   |                                  | 1 2 3 4                                | Yes No                        |        |
| College                       |                                  | 1 2 3 4                                | Yes No                        |        |
| Graduate School               |                                  | 1 2 3 4                                | Yes No                        |        |
| Technical, Business, or Other |                                  | 1 2 3 4                                | Yes No                        |        |
| Certifications / Licenses:    |                                  |  |                               |        |

Please use this space to discuss special skills, talents or attributes which you have acquired that may assist you in the performance of the job for which you are applying:

\_\_\_\_\_  
 \_\_\_\_\_

**EMPLOYMENT HISTORY:**

Start with your present or most recent position. Military experience may be included. Please provide explanation for any gaps in employment history. Attach additional pages if necessary.

Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Dates Employed: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Wages: Start \_\_\_\_\_ Final \_\_\_\_\_

Job Title/Duties: \_\_\_\_\_  
 \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
 \_\_\_\_\_

**Company:** \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Dates Employed: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Wages: Start \_\_\_\_\_ Final \_\_\_\_\_

Job Title/Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Company:** \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Dates Employed: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Wages: Start \_\_\_\_\_ Final \_\_\_\_\_

Job Title/Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Company:** \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Dates Employed: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Wages: Start \_\_\_\_\_ Final \_\_\_\_\_

Job Title/Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact your present employer?  Yes  No

Have you ever been fired or asked to resign by an employer?  Yes  No If yes, please explain: \_\_\_\_\_

**EQUIPMENT OPERATION EXPERIENCE:**

| Type of Equipment<br>(Truck, Forklift, Hi-Lift, etc.) | Operation Dates |    | Locations of Operation | Estimated Miles/Hours | Safety Awards |
|---|-----------------|----|------------------------|-----------------------|---------------|
|   | From            | To |                        |                       |               |
|   |                 |    |                        |                       |               |
|   |                 |    |                        |                       |               |
|   |                 |    |                        |                       |               |
|   |                 |    |                        |                       |               |

**REFERENCES:**

Provide the names of three persons, not related to you, whom you have known at least one year.

| Name     | Address | Phone# | Relationship | Years Known |
|----------|---------|--------|--------------|-------------|
| 1. _____ |         |        |              |             |
| 2. _____ |         |        |              |             |
| 3. _____ |         |        |              |             |

**APPLICANT'S CERTIFICATION:**

I certify that the information given herein and on any attachments to the Application for Employment, is true and complete to the best of my knowledge. I authorize the employer to investigate any information, including my employment history, educational background, credit history, driver's license/driving record, and record of criminal convictions that it believes is relevant to my Application for Employment. My former employers, educational institutions, and references may provide information that they may have about me in response to inquiry from the employer. I understand that false or misleading information given in my Application for Employment, on any attachments to the Application for Employment, or during interviews may result in a refusal to hire, or termination in the event of employment.

If driving is an essential function of the position, I understand that as a condition of employment, I am required to possess a valid driver's license and to abide by all federal, state, and local laws, rules and regulations.

I understand that I shall be required to provide documentation establishing my legal authorization for employment prior to commencing work. I understand that if employed, my employment will be at-will and that both United Materials and I may terminate my employment at any time, for any reason, with or without cause or notice. The employer is an Equal Opportunity Employer, and shall treat all employees and all applicants for employment equally and fairly based upon job related qualifications and in accordance with all applicable local, state and federal laws.

I further understand that in the event I receive an offer of employment, I will be required to submit to a post-offer drug and alcohol test. The offer of employment will be revoked, or employment will be terminated, in the event of a positive test result.

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

\_\_\_\_\_  
Date

|   |
|---|
| <p><b>FOR OFFICE USE ONLY</b><br/> <b>Division applying for:</b></p> <p><input type="checkbox"/> Concrete Location _____</p> <p><input type="checkbox"/> Frey Sand &amp; Gravel</p> <p><input type="checkbox"/> Scranton's Thruway Builder Supplies</p> <p><input type="checkbox"/> Administrative / Corporate Office</p> |
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**FAIR CREDIT REPORTING ACT: DISCLOSURE/AUTHORIZATION FOR MVR REVIEW**

In accordance with the provisions of section 604(b) (2) (A) of the Fair Credit Reporting Act (FCRA) (Title II, Subtitle D, Chapter I, Public Law 104-208) you are hereby informed that a consumer report about you may be ordered and used for employment purposes. (Under the provisions of the Act, a driving record is considered a consumer report when used for employment purposes.)

I acknowledge the receipt of the above disclosure and authorize my employer or its designated agent to obtain a Motor Vehicle Record report. This authorization is valid as long as I am an employee or employee candidate and may only be rescinded in writing. This authorization, however, is not valid for the state of Washington.

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PRINT – APPLICANT’S NAME

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DRIVER’S LICENSE NUMBER

STATE OF LICENSING

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APPLICANT’S SIGNATURE

DATE