Allegheny Construction Company, Inc.

2830 Nicholas Avenue · Roanoke, Virginia 24012 540-345-0817 phone · 540-345-0715 fax

APPLICATION FOR EMPLOYMENT

This application will be valid and held on file for 6 months from date of submission

Middle

Date Submitted

First

Street Address Hor	ne Telephone					
City, State, Zip Cel	Phone					
Position Desired Are you over 18 years of age? Socircle one Y N	ial Security #					
	Expected					
yes noIf yes, Month and Year Location Apart from absence for religious observance, are you available for full-time work?		no				
List other special training, experience or skills:						
Please answer these questions, supply explanations if you think they are	e needed:	circle	one			
Can you read, write and comprehend the English language?		Υ	N			
Graduated from High School. OR	earned a GED	Υ	N			
List equipment you are <u>experienced</u> in operating?						
Can you perform the following job functions on a regular or daily	<u>basis:</u>					
Standing or Walking for 8 or more hours?		Υ	N			
Lifting and Moving objects weighing 15 to 50 pounds for 8 or more hours?			N			
Sit in and operate jarring, vibrating, moving machinery for 8 or more hours?			N			
Drive an off-road dump truck/articulated truck for 8 or more hours?			N			
Perform Landscape related work; clearing, seeding etc. for 8 or more hours?			N			
Dig or shovel earth, dirt, or mud as necessary 8 or more hours?			N			
Lift, set-up and take-down heavy signs and/or sign stands?			N			
Can you tie rebar or reinforcing steel?		Υ	N			
Do you have a CDL (Commercial Driver's License)? Class		Υ	N			
Heavy construction sites can have unexpected events occur which mi effort or unusual actions (a flooded jobsite might require hand shoveli pick-up or an equipment operator might be asked to flag traffic if need	ng or trash/debris					
Are you willing to perform such extra efforts if required?			N			

Last Name

EMPLOYMENT HISTORY Start with your most recent employer								
	Company Name	Telephone #						
	Address	Employed (Month & Year)	From	То				
1	Name of Supervisor	Weekly pay	Start	Last				
	State Job Title and Describe Your Work	Reason for Leaving						
	Company Name	Telephone #						
	Address	Employed (Month & Year)	From	То				
2	Name of Supervisor	Weekly pay	Start	Last				
	State Job Title and Describe Your Work	Reason for Leaving						
	Company Name	Telephone #						
	Address	Employed (Month & Year)	From	То				
3	Name of Supervisor	Weekly pay	Start	Last				
	State Job Title and Describe Your Work	Reason for Leaving						
	Company Name	Telephone #						
	Address	Employed (Month & Year)	From	То				
4	Name of Supervisor	Weekly pay	Start	Last				
	State Job Title and Describe Your Work	Reason for Leaving						
Military Did you serve in the US Armed Forces? circle one Y N If "Y", What Branch? Describe any training received relevant to the position for which you are applying:								
	WAIVER Our company offers equal employment opportunities to all persons without regard to race, religion,							
Υοι	age, sex, national origin, or handicap. This application is not an employment offer. You may supply the names and phone numbers of anyone who would be a reference for you. By signing this							
application , you hereby authorize us to examine your background, contact previous employers and references you offered to disclose information about you. By signing this application you waive any rights to sue anyone								
who provides information to us as a result of our reference request. By signing this application, if you are hired,								
you agree that misrepresentations about anything on this application will be cause for dismissal even if discovered long after you have been employed. Agreed:								
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