



3755 OMEC CIRCLE # 2
 RANCHO CORDOVA
 CA, 95742

(916) 635-9898 PHONE
 (916) 635-3509 FAX

APPLICATION FOR EMPLOYMENT

Sierra Asphalt Inc. (the "Company") is an equal opportunity/affirmative action employer. All qualified applicants will be considered without regard to age, race, color, sex, religion, nation origin, marital status, ancestry, citizenship, veteran status, sexual orientation or preference, or physical or mental disability.

APPLICATION DATE

PERSONAL INFORMATION

FIRST NAME		LAST NAME	
STREET ADDRESS		CITY	STATE ZIP
HOME PHONE		CELL PHONE	
DRIVER'S LICENSE #	STATE	EXP	CLASS
REFERRED BY		SOCIAL SECURITY NUMBER	
ARE YOU AT LEAST 18 YEARS OLD		IF UNDER 18, DO YOU HAVE A WORK PERMIT	
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE USA		HAVE YOU APPLIED TO THIS COMPANY BEFORE	
WHAT IS THE HIGHEST LEVEL OF EDUCATION YOU HAVE COMPLETED (CHECK ONE)			
<input type="checkbox"/>	ELEMENTARY SCHOOL	<input type="checkbox"/>	MIDDLE SCHOOL
<input type="checkbox"/>	HIGH SCHOOL / GED	<input type="checkbox"/>	TRADE OR VOCATIONAL SCHOOL
<input type="checkbox"/>	SOME COLLEGE COURSES	<input type="checkbox"/>	COLLEGE DEGREE
PLEASE LIST ANY SPECIAL TRAINING, SKILLS, MILITARY EXPERIENCE, OR CERTIFICATES			
HAVE YOU EVER BEEN CONVICTED OF, PLEAD GUILTY TO, OR NO CONTEST TO A FELONY IF YES, PLEASE EXPLAIN			

EMPLOYMENT DESIRED

POSITION APPLIED FOR	
DATE YOU CAN START	HOURLY WAGE DESIRED



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EMPLOYMENT HISTORY BEGIN WITH MOST RECENT

EMPLOYED FROM MONTH / YEAR	EMPLOYED TO MONTH / YEAR	ENDING WAGE
JOB TITLE		JOB DUTIES
COMPANY NAME		COMPANY CITY
SUPERVISOR NAME		SUPERVISOR PHONE
MAY WE CONTACT THIS EMPLOYER	<input type="checkbox"/> YES	<input type="checkbox"/> NO
REASON FOR LEAVING		
EMPLOYED FROM MONTH / YEAR	EMPLOYED TO MONTH / YEAR	ENDING WAGE
JOB TITLE		JOB DUTIES
COMPANY NAME		COMPANY CITY
SUPERVISOR NAME		SUPERVISOR PHONE
MAY WE CONTACT THIS EMPLOYER	<input type="checkbox"/> YES	<input type="checkbox"/> NO
REASON FOR LEAVING		
EMPLOYED FROM MONTH / YEAR	EMPLOYED TO MONTH / YEAR	ENDING WAGE
JOB TITLE		JOB DUTIES
COMPANY NAME		COMPANY CITY
SUPERVISOR NAME		SUPERVISOR PHONE
MAY WE CONTACT THIS EMPLOYER	<input type="checkbox"/> YES	<input type="checkbox"/> NO
REASON FOR LEAVING		
EMPLOYED FROM MONTH / YEAR	EMPLOYED TO MONTH / YEAR	ENDING WAGE
JOB TITLE		JOB DUTIES
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MAY WE CONTACT THIS EMPLOYER	<input type="checkbox"/> YES	<input type="checkbox"/> NO
REASON FOR LEAVING		



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RELEVANT EXPERIENCE

DO YOU HAVE TWO OR MORE YEARS EXPERIENCE WORKING AS (CHECK ALL THAT APPLY)	
<input type="checkbox"/>	CONSTRUCTION LABORER
<input type="checkbox"/>	GRADE SETTER
<input type="checkbox"/>	GRADING EQUIPMENT OPERATOR
<input type="checkbox"/>	TRANSFER DRIVER
<input type="checkbox"/>	ASPHALT SHOVEL / RAKER
<input type="checkbox"/>	ASPHALT ROLLER
<input type="checkbox"/>	PAVER SCREED PERSON
<input type="checkbox"/>	PAVER OPERATOR
DO YOU CONSIDER YOURSELF HIGHLY SKILLED OPERATING ANY OF THE FOLLOWING TYPES OF EQUIPMENT (CHECK ALL THAT APPLY)	
<input type="checkbox"/>	SKIP LOADER
<input type="checkbox"/>	DOZER
<input type="checkbox"/>	MOTOR GRADER
<input type="checkbox"/>	BACKHOE
<input type="checkbox"/>	PAVING MACHINE
<input type="checkbox"/>	ASPHALT ROLLER
<input type="checkbox"/>	SKID STEER
<input type="checkbox"/>	LASER LEVEL

CERTIFICATION & AUTHORIZATION

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I hereby consent and agree that my driver's license information may be given to Sierra Asphalt Inc.'s insurance agent, Capitol Division of InterWest Insurance Services, Inc. A record will be obtained from the Department of Motor Vehicles for underwriting purposes for automobile insurance for Sierra Asphalt Inc. I hereby authorize Capitol Division of InterWest Insurance Services, Inc. to release my driving record to Sierra Asphalt Inc. Consent to be kept on record for five years after employment ceases.

I understand that nothing in this employment application, the granting of an interview, or my subsequent employment with the Company is intended to create an employment contract between myself and the Company under which my employment could be terminated only for cause. On the contrary, I understand and agree that, if hired, my employment will be terminable "at will" and may be terminated by me or the Company at any time and for any reason. I understand that no person has the authority to enter into any agreement contrary to the foregoing.

If employed, I understand I will be required to provide original documents verifying my identity and right to work in the United States under the Immigration Reform and Control Act of 1986. The documents provided will be used for completion of Form I-9.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act and other relevant Federal, State or Local laws.

Signed _____

Dated _____