

Haymes Brothers, Inc.
440 Hawkins Road
Chatham, VA 24531



For Office Use Only:
Title: _____
Rate: _____

Application for Employment
We Are An Equal Opportunity Employer

Date: _____

Personal Information:

Name: Last: _____ First: _____ Middle: _____

SSN: _____ Telephone: _____ Mobile: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Date You Can Start: _____ Position Applied For: _____ Salary Desired: _____

From what source did you learn about our company? _____

Have you ever been employed with this company before? Yes No Dates: _____

Have you ever applied with this company before? Yes No Dates: _____

Are you presently employed? Yes No

If yes, may we contact your employer? Yes No

Have you ever pled "Guilty" or "No Contest" to, or been convicted of a crime? Yes No

If yes, provide details and dates: _____

Please list any relatives that are employed by this company: _____

Drivers License Information:

Do you have a valid drivers license? Yes No State: _____ Expiration: _____ License Number: _____

If you have a CDL, please answer the following:

Date of last medical exam: _____ Date of last drug test: _____

Endorsements: _____ Class: _____ Restrictions: _____

Are you now, or have you ever been a member of the Armed Forces? Yes No

Previous Employment History (Last 3 Employers)

From	To	Name & Location	Position	Salary	Reason for Leaving

In case of emergency notify: _____ Phone: _____

I authorize investigations of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. I understand that my employment is for no definite period and employment is "at will" and may be terminated by employee or management at any time for any reason.

I understand and agree, as a condition of employment, I will be required to pass a drug and/or alcohol examination. I understand that two valid identifications are required at the time of employment.

I have read and understand the above statements.

Signed: _____ Date: _____

FAILURE TO ANSWER ALL QUESTIONS MAY ELIMINATE AN APPLICANT FOR CONSIDERATION FOR EMPLOMENT
Please Complete the Other Side of This Form

Will you travel if this job requires it?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have CPR Certification?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have First Aid Certification?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have experience flagging traffic?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If "Yes" is your certification card valid?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

I am applying for the following positions:

Position	Applied For		Months/Years Experience
Articulated Truck	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Carpenter	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Compactor (Roller)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Concrete Finisher	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Crane	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Dozer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Dump Truck	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Excavator	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Flagger	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Flat Bed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Fuel Truck	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Laborer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Loader	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Mechanic	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Motorgrader	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Oiler/Greaser	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Pipe Layer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Scraper (Pan)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Service Truck	<input type="checkbox"/> Yes	<input type="checkbox"/> No	