

# JACK L. MASSIE

C O N T R A C T O R , I N C .

3900 COKES LANE  
WILLIAMSBURG, VA 23188  
PH: 757-250-3010 or 757-566-8643  
Fax: 757-250-3002

## APPLICATION FOR EMPLOYMENT

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

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

S.S.# \_\_\_\_\_ PHONE # \_\_\_\_\_ NICKNAME: \_\_\_\_\_

ARE YOU 18 YRS OR OLDER? YES\_\_\_ NO\_\_\_ POSITION DESIRED: \_\_\_\_\_

THE FOLLOWING PERSON HAS RECOMMENDED ME FOR WORK AT JLMCI. \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

(Radio, Newspaper, Website, Friend, etc.)

### \*\*\*\*\* NOTICE \*\*\*\*\*

Jack L. Massie Contractor, Inc. is an equal employment opportunity employer. Employment and advancement with Jack L. Massie Contractor, Inc. is determined by a person's qualifications and abilities without regard to race, age, religion, sex, pregnancy, national origin, disability, genetic information, or veteran status.

Jack L. Massie Contractor, Inc. has enacted a substance abuse/contraband policy which strictly prohibits the following:

Illegal and unauthorized drugs and substances, look-alikes, synthetic drugs, alcoholic beverages, drug paraphernalia, legally prescribed drugs in excess of reasonable dosage requirements, contraband, stolen property, firearms, weapons, ammunition, explosives and other hazardous substances or articles on any of Jack L. Massie Contractor, Inc's vehicles, equipment, properties, jobsites, work areas, and work locations. Persons or employees found to be using or in possession or concealment of any of the above-mentioned unauthorized items will not be allowed on company premises.

All persons, their vehicles and personal property are subject to search (including urine drug screening and blood sampling) and inspection before entering, while on, or departing the premises, properties, jobsites, workplace or work locations of Jack L. Massie Contractor, Inc.

All persons seeking employment at Jack L. Massie Contractor, Inc. must successfully pass a pre-employment drug screen. The results of this test are confidential.

**A RECENT DRIVING RECORD MUST BE SUBMITTED WITH YOUR APPLICATION**

**PERSONAL**

Have you been employed by JLMCI before? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If "yes", state when & reason for leaving:

Are you eligible to work in the U.S.? \_\_\_\_\_ Yes \_\_\_\_\_ No

Will you work weekends or holidays if required? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been convicted of a felony or misdemeanor? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If "yes", please explain:

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

NOTE: A prior conviction will not necessarily bar you from employment; however the type of conviction and when it occurred will be considered.

**AS PART OF THE SELECTION PROCESS....**

I hereby authorize you to contact my present or past employers and academic institutions attended for purposes of verifying information indicated herein. \_\_\_\_\_ Yes \_\_\_\_\_ No

If you are offered a position which requires a post-offer pre-employment physical examination, do you agree to undergo such an examination? \_\_\_\_\_ Yes \_\_\_\_\_ No

**EDUCATION**

Circle highest grade completed: 6 7 8 9 10 11 12

College: \_\_\_\_\_

Trade or business school: \_\_\_\_\_

**MEDICAL**

In case of an emergency, please contact:

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

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

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

## WORK EXPERIENCE

List each company for whom you have worked. Start with your present or most recent job and work backward.  
Note: this section must be completed

<b>Employer:</b> _____ <b>Person to Contact:</b> _____ _____ (PHONE NUMBER) <b>Company Address</b> <b>Street:</b> _____ <b>City, State:</b> _____ <b>Phone:</b> _____ <b>Date of Employment:</b> <b>From:</b> _____ <b>To:</b> _____	<b>Job Title:</b> _____ <b>Duties:</b> _____ _____ _____ <b>Reason for Leaving:</b> _____ _____ <b>Salary: Starting \$</b> _____ <b>Per</b> _____ <b>Final \$</b> _____ <b>Per</b> _____
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<b>Employer:</b> _____ <b>Person to Contact:</b> _____ _____ (PHONE NUMBER) <b>Company Address</b> <b>Street:</b> _____ <b>City, State:</b> _____ <b>Phone:</b> _____ <b>Date of Employment:</b> <b>From:</b> _____ <b>To:</b> _____	<b>Job Title:</b> _____ <b>Duties:</b> _____ _____ _____ <b>Reason for Leaving:</b> _____ _____ <b>Salary: Starting \$</b> _____ <b>Per</b> _____ <b>Final \$</b> _____ <b>Per</b> _____
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<b>Employer:</b> _____ <b>Person to Contact:</b> _____ _____ (PHONE NUMBER) <b>Company Address</b> <b>Street:</b> _____ <b>City, State:</b> _____ <b>Phone:</b> _____ <b>Date of Employment:</b> <b>From:</b> _____ <b>To:</b> _____	<b>Job Title:</b> _____ <b>Duties:</b> _____ _____ _____ <b>Reason for Leaving:</b> _____ _____ <b>Salary: Starting \$</b> _____ <b>Per</b> _____ <b>Final \$</b> _____ <b>Per</b> _____
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## DRIVING EXPERIENCE

**List all driver's licenses held in the past 3 years:**

State	License Number	Class	Endorsement	Expiration

**In the past three years have you ever been convicted of any of the following:**

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_
- B. Has any license, permit or privilege ever been suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_
- C. Have you ever been disqualified for violations of the federal motor carrier regulations? Yes \_\_\_\_\_ No \_\_\_\_\_
- D. Reckless driving, or driving to endanger? Yes \_\_\_\_\_ No \_\_\_\_\_
- E. Failure to stop at scene of accident in which you were involved? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered "yes" to any of the above questions, briefly explain. (Include where & when)

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**Accident Review for the last 3 years**

List all accidents for the past 3 years, starting with the most recent and work backwards.

Attach separate sheet of paper if more space is needed

Date	Nature of Accident (Head-On, Rear-End, Overturn, etc.)	Fatalities	Injuries

**Traffic Convictions and Forfeitures for the last 3 years**

Do not include parking violations

Location	Date	Charge	Penalty

The preceding information is true and reflects my driving record over the past 3 years. I will drive safely at all times and abide by all company safe driving rules. I will report any on or off-the-job moving violation or any vehicle accident or incident to Jack L. Massie Contractor, Inc. I hereby agree to face disciplinary action if I do not comply with the above requirements.

\_\_\_\_\_  
 APPLICANT'S SIGNATURE

<b>REQUEST FOR COMPANY DRIVING POSITION</b>				
<b>***This additional section to be completed only by applicants for driving positions***</b>				
Class of Equipment	Type of Equipment (van, truck, flat, etc.)	Dates		Approximate Total Miles
		To	From	
<b>Straight Truck</b>				
<b>Tractor &amp; Semi-Trailer</b>				
<b>Twin Trailers</b>				
<b>Other</b>				
List states operated in during the last 5 years: _____ _____				
List special courses that will help you as a driver: _____ _____				
List driving awards held and the organization that presented the awards: _____ _____				
The preceding information is true and reflects my driving record over the past 3 years. I will drive safely at all times and abide by all company safe driving rules. I will report any on or off-the-job moving violation or any vehicle accident or incident to Jack L. Massie Contractor, Inc. I hereby agree to face disciplinary action if I do not comply with the above requirements.				
_____ APPLICANT'S SIGNATURE				

**CERTIFICATION**

By signing this application below, I hereby authorize you to perform or have performed an independent investigation to verify the contents of this application. I acknowledge that this investigation may contain information as to my character, reputation, personal characteristics, and mode of living, and I further understand that I have certain rights to a copy of such report under applicable federal law. \_\_\_\_\_

Applicant's initials

I certify that I have given true, accurate, and complete information on this application to the best of my knowledge, and with the understanding that such information will be relied upon in considering my application for employment and that any deliberate falsification, misstatement or omission will be grounds for and can result in the termination of my employment, regardless of when they are uncovered by the company. \_\_\_\_\_

Applicant's initials

I authorize all law enforcement, credit, education institutions, employers, friends, neighbors and business acquaintances to furnish the company, or a third party, a complete history of my record including (but not limited to) my character, habits and ability to perform job functions. I hereby authorize you to contact the appropriate authorities for information on criminal convictions. I further release any of the above institutions and JLMCI from any liability for supplying information; however, in response to a request in accord with this application does not apply to any intentional misrepresentations. \_\_\_\_\_

Applicant's initials

I understand that JLMCI has a no-solicitation policy which 1.) Prohibits non-employees from soliciting employees on the job site for any reason, at any time, 2.) That prohibits employees from soliciting each other for any reason, during working hours, in working areas and 3.) That prohibits the distribution of literature in working areas during working hours. The bottom line is that working time and working areas are for working. \_\_\_\_\_

Applicant's initials

I further agree that the company shall have the right, if and when my employment is terminated, to furnish future employers or those seeking information concerning me with information upon their request regarding my work records and rate of pay. \_\_\_\_\_

Applicant's initials

By submission of this application, I further agree that any employment resulting will be at-will and not for any definite term or period and may be terminated by JLMCI at any time for any reason not otherwise prohibited by law. \_\_\_\_\_

Applicant's initials

I further understand this application is valid for 30 days from the filing date and if further consideration is desired, I must reapply. \_\_\_\_\_

Applicant's initials

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

## REFERENCES

1) Name: \_\_\_\_\_

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

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

2) Name: \_\_\_\_\_

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

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

3) Name: \_\_\_\_\_

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

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

**\*\*\*FOR OFFICE USE ONLY\*\*\***

**INTERVIEWER'S NOTES**

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**COMPLETE AT TIME OF HIRE**

Date of Hire: \_\_\_\_\_ Date to Report: \_\_\_\_\_

Position: \_\_\_\_\_ Department: \_\_\_\_\_ Rate: \_\_\_\_\_

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## ADDITIONAL APPLICANT DATA

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, pregnancy, national origin, age, marital or veteran status, medical condition or disability, genetic information, or any other legally protected status.

Government agencies at times require periodic reports on the sex, ethnicity, disability, veteran and other protected status of applicants. The information obtained in this portion of the application will not be used for any illegal discriminatory purposes. If you feel uncomfortable answering any portion of this additional applicant data, please do not complete such portion. Again, this data is for analysis and affirmation action requirements only.

This data is for periodic government reporting and will be kept in a confidential file. **Please note failure to complete this portion of the application will in no way effect your consideration for employment. Your cooperation is voluntary.**

(Please Print)

**Name:** \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Last First Middle area code

**Address:** \_\_\_\_\_  
Number Street City State Zip Code

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

**Position(s) applied for:** \_\_\_\_\_

**Referral Source:** \_\_\_Advertisement \_\_\_Friend \_\_\_Relative \_\_\_Walk-in  
\_\_\_Employment Agency \_\_\_Other

**Check One:** \_\_\_Male \_\_\_Female

**Check One:** \_\_\_White \_\_\_Black \_\_\_Hispanic \_\_\_American Indian/Alaskan Native  
\_\_\_Asian/Pacific Islander \_\_\_Pacific Islander \_\_\_Other (2 or more)

**Birth Date:** \_\_\_\_\_

**Check if any of the following are applicable:**

\_\_\_ Disabled Veteran \_\_\_ Recently Separated Veteran

\_\_\_ Armed Forces Service Medal Veteran \_\_\_ Disabled Armed Forces Service Medal Veteran