



S.L. WILLIAMSON COMPANY, INC.
1230 RIVER ROAD
CHARLOTTESVILLE, VA 22901
(434) 295-6137 (FAX) 977-7852
info@slwilliamson.com

Application For Employment

Equal Opportunity Employer

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, disability, genetic information or any other status protected by law or regulation. S.L. Williamson Company is a **DRUG FREE** work environment. All positions require pre-employment drug testing.

...

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for signature at end of the application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preference or discrimination based upon non-job related information.

Date: _____

Personal Information

Name _____ Telephone No. _____

Driver's License Number _____ Issuing State _____ Expiration Date _____

Current Address _____
Street City State Zip

Are you 18 years of age or older? Yes No
(If you are hired, you may be required to submit proof of age.)

If hired, you will be required to furnish proof of your eligibility to work in the U.S.

Position Applying For

Position _____ Are you seeking: _____ Full-Time _____ Summer Internship

Date Available for work _____ Desired Salary _____

Ever applied for this company before? Yes No If yes, When? _____

Are you a former employee? Yes No If yes, when? _____

Are you currently employed? Yes No Name of employer _____

If Yes, may we contact your present employer? Yes No If no, please explain _____

If employed, do you expect to be engaged in any additional business or employment outside of your job?

Yes No If yes, give details _____

For Driving Jobs Only:

Do you have a valid VA Drivers License? Yes No

Do you have a Commercial Drivers License (CDL)? Yes No

If yes, State of Issue _____ Drivers License No. _____ Restrictions _____

- Class: A Endorsements: Passenger
 B Double Trailer
 C Tank Vehicle
 Hazardous Materials
 Air Brakes

Driving Experience

- Mixer Truck Dump & Pup Trailer Tractor/Doubles
 Dump Truck Tractor/Semi-Trailer Combination # of Axles _____
 Skid Steer Broom/Sweeper Backhoe Other _____

Education

	Name and Location	# of Years Completed	Diploma/ Degree/ Certificate	Subject(s) Studied
High School				
Jr. College/ College University				
Business/ Trade School				
Other				

Skills

- | | | |
|--|---|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Asphalt Paver | <input type="checkbox"/> Driving (Truck) |
| <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> Asphalt Plant | <input type="checkbox"/> Grader |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Asphalt Roller | <input type="checkbox"/> Iron Work |
| <input type="checkbox"/> Management | <input type="checkbox"/> Carpentry | <input type="checkbox"/> Laborer |
| <input type="checkbox"/> Purchasing | <input type="checkbox"/> Cement Finishing | <input type="checkbox"/> Loaders |
| <input type="checkbox"/> Quality Control | <input type="checkbox"/> Cranes | <input type="checkbox"/> Mechanic |
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Crushers | <input type="checkbox"/> Vehicle Body Work |
| <input type="checkbox"/> Receptionist | <input type="checkbox"/> Electrical | <input type="checkbox"/> Welding |
| <input type="checkbox"/> Sales | <input type="checkbox"/> Dispatching | <input type="checkbox"/> Other _____ |

List off-highway equipment you can operate _____

Have you had any Specific Job Training? _____

Previous Employment

Date Month/Year	Name and Address of Employer (List most recent employer first)	Job Title and Duties	Reason for Leaving
From ___ / ___ To ___ / ___	Company Name _____ Address _____ Phone _____ Supervisor _____		
From ___ / ___ To ___ / ___	Company Name _____ Address _____ Phone _____ Supervisor _____		
From ___ / ___ To ___ / ___	Company Name _____ Address _____ Phone _____ Supervisor _____		
From ___ / ___ To ___ / ___	Company Name _____ Address _____ Phone _____ Supervisor _____		

References

(Excluding relatives and past employers)

Name	Address	Phone #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature _____ Date _____

This application for employment will remain active for a limited time. Ask the organization's representative for details.