



APPLICATION FOR EMPLOYMENT

Telephone (803) 254-4350
 Fax (803) 343-2408

AN EQUAL OPPORTUNITY EMPLOYER

It is our intention that all qualified applicants be given equal opportunity. Selection decisions are based only on job related factors. We do not discriminate on the basis of race, color, religion, sexual orientation, status with regard to public assistance, national origin, sex, age, marital or veteran status, or disability protected by law or regulation. If hired, you must provide proof that you are eligible to work in the USA. You may also be asked to submit proof of age.

"Relative to polygraph or lie detector testing: Aggregate Industries, Inc. does not demand, nor ask, any employment applicant to submit to a polygraph test, or lie detector test, or any other honesty testing mechanism, as a condition of employment or continued employment. This is in accord with the laws of various states in which Aggregate maintains operations and with Aggregate's own corporate philosophy. Two of the states in which Aggregate maintains operations require that the Company here provide you with specifically worded notices to this effect, that:

MARYLAND: "UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100."

MASSACHUSETTS: "IT IS UNLAWFUL IN MASSACHUSETTS TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY."

Each question must be fully and accurately answered. **No action can be taken on this application until all questions have been answered.** Use blank paper if you do not have enough room on this application. Please print, except for signature.

Last Name		First Name		Middle Name	Today's Date
Street Address				Apt #	Social Security Number (Optional)
Street Address					Home Telephone Number
City		State	Zip Code	Cell Phone Number	

Position Applied For:	Work Location:	Date Available:
Check the type of position you are seeking: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary		

Have you ever been employed by Aggregate Industries or our affiliates? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give dates of employment: From: _____ To: _____	At what location?	What was your position?
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Are you subject to recall from a current lay off? Yes No

"A felony conviction does not disqualify you from employment with Aggregate Industries, Inc., unless there exists a bona fide job function or responsibility necessitating a felony conviction-free record. Except in this limited area, Aggregate Industries, Inc. shall not deny you employment based solely on the existence of a felony conviction." An applicant with an expunged, pardoned, or sealed, felony conviction is entitled to answer in the negative, and to check the box for "no". An applicant for employment with a sealed record on file with the Massachusetts Commissioner of probation may answer "no record" with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. In addition, any applicant for employment may answer "no record" with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to superior court for criminal prosecution."
 Have you ever been convicted of a felony? Yes No or No Record. If yes, please explain:

If you are under the age of 18, can you furnish a work permit? Yes No

List any machines, equipment, languages, skills and/or additional training that you possess that may be related to the job for which you are applying:

EDUCATION	List Name & Address of Schools	Diploma/Degree/GED	Years Completed
High School or GED			
College or University			
Vocational/Technical			

EMPLOYMENT HISTORY (CONTINUED)

Please use this form if you need more space to cover your employment history for the past 10 years.

Name of Employer:		Position Held:	
Street Address:		Start Date:	End Date:
City:	State:	Zip Code:	Salary/Hourly Rate:
Supervisor's Name:	Telephone Number:	Reason for Leaving:	

Name of Employer:		Position Held:	
Street Address:		Start Date:	End Date:
City:	State:	Zip Code:	Salary/Hourly Rate:
Supervisor's Name:	Telephone Number:	Reason for Leaving:	

Name of Employer:		Position Held:	
Street Address:		Start Date:	End Date:
City:	State:	Zip Code:	Salary/Hourly Rate:
Supervisor's Name:	Telephone Number:	Reason for Leaving:	

Name of Employer:		Position Held:	
Street Address:		Start Date:	End Date:
City:	State:	Zip Code:	Salary/Hourly Rate:
Supervisor's Name:	Telephone Number:	Reason for Leaving:	

Name of Employer:		Position Held:	
Street Address:		Start Date:	End Date:
City:	State:	Zip Code:	Salary/Hourly Rate:
Supervisor's Name:	Telephone Number:	Reason for Leaving:	

Name of Employer:		Position Held:	
Street Address:		Start Date:	End Date:
City:	State:	Zip Code:	Salary/Hourly Rate:
Supervisor's Name:	Telephone Number:	Reason for Leaving:	

Name of Employer:		Position Held:	
Street Address:		Start Date:	End Date:
City:	State:	Zip Code:	Salary/Hourly Rate:
Supervisor's Name:	Telephone Number:	Reason for Leaving:	

EMPLOYMENT HISTORY

List all employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm names and supply three business references. Include any verified work done on a voluntary basis. **Please note: DOT requires that you report all employment for the past 3 years whether or not you were employed as a commercial motor vehicle driver, and all employment for the past 10 years during which time you held any employment as a commercial motor vehicle driver.**

Name of Current Employer: (May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No)		Position Held:	
Street Address:		Start Date:	End Date:
City:	State:	Zip Code:	Salary/Hourly Rate:
Supervisor's Name:	Business Number:	Reason for Leaving:	

Name of Employer:		Position Held:	
Street Address:		Start Date:	End Date:
City:	State:	Zip Code:	Salary/Hourly Rate:
Supervisor's Name:	Business Number:	Reason for Leaving:	

Name of Employer:		Position Held:	
Street Address:		Start Date:	End Date:
City:	State:	Zip Code:	Salary/Hourly Rate:
Supervisor's Name:	Business Number:	Reason for Leaving:	

Name of Employer:		Position Held:	
Street Address:		Start Date:	End Date:
City:	State:	Zip Code:	Salary/Hourly Rate:
Supervisor's Name:	Business Number:	Reason for Leaving:	

Please list three references who are not relatives and their telephone numbers:		
Name of Reference	Relationship	Phone Number

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 misleading omission in certification may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize Aggregate Industries to make inquiries regarding my history and character of current and prior employers, schools, etc. and hereby release any person, school, current employer, past employer and organizations named in this application from any liability in responding to inquiries in connection with my application and release Aggregate Industries from all liability with respect to such inquiries.

I understand that if employed, subject to collective bargaining agreement stating otherwise, I will be an employee "at will" and may terminate my employment at any time with or without cause or notice and that Aggregate Industries also has that right. I also understand that no representative of Aggregate Industries, other than the President, has the authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, and that such agreement must be signed by the President and the employee. If I am employed, I agree to abide by the policies, rules and procedures of Aggregate Industries and any changes thereto.

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

Signature

Date

THE U.S. DEPARTMENT OF TRANSPORTATION REQUIRES APPLICANTS COMPLETE THIS FORM FOR ALL POSITIONS REQUIRING A COMMERCIAL DRIVER'S LICENSE (CDL) UNDER 49 CFR Sec. 391.21 (b)(2) & (b) (9).

PLEASE USE ADDITIONAL SHEETS IF MORE SPACE IS REQUIRED

Last Name:	First Name:	Middle Initial:	Date of Birth:
Social Security Number:		Do you have a valid driver's license: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been denied a license, permit or privilege to operate a motor vehicle?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has any license, permit, or privilege ever been suspended or revoked to operate a motor vehicle in the past 3 years?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If you answered yes to either question please provide a statement setting forth in detail the facts and circumstances of any denial, suspension or revocation of any license, permit, or privilege to operate a motor vehicle:			

List all unexpired driver's licenses/permit numbers with expiration dates.

Driver's License Number	State of Issue	CDL Endorsement	Expiration Date

List all addresses of residence for the past three years.

Street Address	City	State	Zip Code	Years

Driving Experience: Please list the types of motor vehicles you have operated, the length of time operated and the approximate number of miles driven in these vehicles.

Class of Equipment	Number of Miles Driven	Begin Date	End Date
Ready Mix Truck			
Dump Truck			
Low Boy			
Water Truck or Fuel Truck			
Sweeper Truck			
Other:			

List all motor vehicle accidents in which you were involved in the last three years, including the date of the accident, a brief description of each accident, and any resulting injuries or fatalities. Attach additional sheets if needed.

Date of Accident	Nature of Accident (Indicate if it was head-on, rear-end, upset, roll-over, T-bone, etc.)	Number of Fatalities	Number of Injuries

List all violations of motor vehicle laws/ordinances, other than parking violations, where you were convicted or forfeited bond or collateral during the past three years.

Date of Violation	Location	Charge(s)	Penalty

I certify that this application was completed by me and that all information in it is true and complete to the best of my knowledge.

SIGNATURE: _____ **DATE:** _____

REFERRAL SOURCE INFORMATION

COMPLETION OF THIS FORM IS VOLUNTARY AND IN NO WAY AFFECTS THE DECISION REGARDING YOUR APPLICATION FOR EMPLOYMENT. THIS FORM IS CONFIDENTIAL AND WILL BE USED TO BETTER DETERMINE HOW WE MAY SOURCE QUALIFIED APPLICANTS IN THE FUTURE

Please indicate the title of the position for which you are applying:

How did you hear about this position? (Check all boxes that apply).

Aggregate Industries' Website

Other Website

Name of Site: _____

Apprenticeship Program

Name of Program: _____

College/University Recruitment

Name of College/University: _____

Employee Referral Program

Name of the Employee who referred you: _____

Employment Agency (which one?)

Friend or Relative

Name of Friend or Relative: _____

Do they work for Aggregate Industries? Yes No

Are they a former company employee? Yes No

Job Fair / Open House

Job Services (State Unemployment Office)

Labor Union (which one?)

Newspaper Advertisement (which paper?)

Radio (which station?)

Television (which station?)

Trade Journal (which journal?)

Walk-In

Other

OUTREACH PROGRAMS

Disabled Recruitment

Name of Agency/Program: _____

Minority Recruitment

Name of Agency/Program: _____

Women Recruitment

Name of Agency/Program: _____

AGGREGATE INDUSTRIES

AFFIRMATIVE ACTION VOLUNTARY SELF-IDENTIFICATION

It is the policy of this organization to provide equal employment opportunity to all qualified applicants for employment without regard to race, color, religion, sexual orientation, status with regard to public assistance, national origin, sex, age, marital or veteran status, or disability. As an affirmative action employer under E.O. 11246 we invite applicants to identify themselves as indicated below.

COMPLETION OF THIS FORM IS VOLUNTARY AND IN NO WAY AFFECTS THE DECISION REGARDING YOUR APPLICATION FOR EMPLOYMENT. THIS FORM IS CONFIDENTIAL AND WILL BE MAINTAINED SEPARATELY FROM YOUR APPLICATION FORM.

Please print all responses below:

Name:	Date:
Position Applied for:	

Check All that Apply	Category	Description
<input type="checkbox"/>	Hispanic or Latino	A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
<input type="checkbox"/>	White (not Hispanic or Latino)	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
<input type="checkbox"/>	Black or African American (not Hispanic or Latino)	A person having origins in any of the black racial groups of Africa.
<input type="checkbox"/>	Native Hawaiian or Pacific Islander (not Hispanic or Latino)	A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/>	Asian (not Hispanic or Latino)	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
<input type="checkbox"/>	American Indian or Alaskan Native (not Hispanic or Latino)	A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
<input type="checkbox"/>	Two or More Races (not Hispanic or Latino)	All persons who identify with more than one of the above five races.

SEX:	<input type="checkbox"/> Male <input style="margin-left: 100px;" type="checkbox"/> Female
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APPLICANT SIGNATURE:	DATE:
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NOTICE, AUTHORIZATION, AND RELEASE FOR THE PROCUREMENT OF A CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT

I, the undersigned consumer, do hereby authorize AGGREGATE INDUSTRIES by and through its independent contractor, Noble Diagnostics, Inc., to procure a consumer report and/or investigative consumer report on me. I understand that this authorization and release shall be valid for subsequent consumer and/or investigative consumer reports during my period of employment with AGGREGATE INDUSTRIES for the purpose of investigating any incidents of workplace misconduct or criminal activity for which I am alleged to have been involved during my employment.

These above-mentioned reports may include, but are not limited to, information as to my character, general reputation, and personal characteristics, discerned through employment and education verifications (to include GPA); personal references; personal interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number trace; present and former addresses; criminal and civil history/records; any other public record.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to AGGREGATE INDUSTRIES by and through Noble Diagnostics, Inc., including, but not limited to any and all courts, public agencies, law enforcement agencies and credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report of which I am the subject upon my written request to Noble Diagnostics, Inc., if such is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681et. seq.

Signature: _____

Date: _____

IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY

Printed Name: _____

First

Middle

Last

Other Names Used (alias, maiden, nickname) _____ YEARS USED _____

Current Address: _____

Street /P.O. Box

City

State

Zip Code

County

Dates

Former Address: _____

Street /P.O. Box

City

State

Zip Code

County

Dates

Social Security Number: _____ Daytime Telephone Number: _____

Driver's License Number: _____ State of Issuance: _____ *Date of Birth: _____ *Gender _____

*Date of Birth is being requested in order to obtain accurate retrieval of records.

California, Minnesota & Oklahoma Applicants Only: Please check here to have a copy of your consumer report sent directly to you by Trans Union at the address listed above.

This information will enable us to properly identify you in the event we find adverse information during the course of our background search.