



APPLICANT INFORMATION											
Last Nan	ne				First				M.I.	Date	
Street Address								Apartment/Unit #			
City					State				ZIP		
Phone					E-mail Address						
Date Available			Desired	Desired Salary							
Position(s) Applied for											
Have you	ı ever wor	ked for this	company?	YES	NO 🗆	NO If so, when?					
Would yo	ou be willin	ng to travel?	•	YES 🗌	NO 🗆						
EDUCA	TION										
High Sch	ool				Address						
Did you graduate? YES □ NO □ Degree											
College					Address						
Did you graduate? YES ☐ NO ☐ Degree											
Other			Address								
Did you	graduate?	YES 🗆	NO 🗆	Degree							
State any professional information you feel may be helpful to us in considering your application:											
What types of equipment have you had experience operating?											
REFERENCES											
Please list three professional references.											
Full Nam	e					R	elationship				
Company	,					P	hone				
Address											
Full Nam	е					R	elationship				



Company				Phone				
Address								
Full Name				Relationship				
Company				Phone				
Address								
PREVIOUS	EMPLOYMENT							
Company				Phone				
Address				Supervisor				
Job Title				1				
Responsibilities								
From	То	Reason for Leaving						
May we contac	ct your previous supervi	sor for a reference?	NO 🗌					
Company				Phone				
Address				Supervisor				
Job Title								
Responsibilities	S							
From	То	Reason for Leaving						
May we contac	ct your previous supervi	sor for a reference?	NO 🗆					
Company				Phone				
Address				Supervisor				
Job Title								
Responsibilities	S							
From	То	Reason for Leaving						
May we contac	ct your previous supervi	sor for a reference?	YES	NO 🗆				
MILITARY S	SERVICE							
Branch					From To			
Rank at Discharge					Type of Discharge			
If other than honorable, explain								



EXPERIENCE & QUALIFICATIONS - DRIVER

If you are applying for a position that requires a CDL, please fill out the section below:

DRIVERS LICENSES	STATE	LICENSE NO.	ТҮРЕ	EXPIRATION DATE

Driving Experience (if none, write note)

Class of Equipment	Type of Equipment	Da	Approximate number	
Class of Equipment	Type of Equipment	From	То	of miles
Straight Truck				
Tractor & Semi-Trailer				

List states operated in for the last 5 years:
Show special courses or training that will help you as a driver:
Which safe driving awards do you hold and from whom:

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquires of my personal employment and other related matters as may be necessary in arriving at an employment decision.

I hereby release employers, schools and other persons from liability in responding to inquiries and releasing information regarding my application.

If this application leads to employment I understand that I am required to submit to a pre-employment drug screening. If I fail a pre-employment drug screening I understand that I am not eligible to reapply for any positions with Rawson Manufacturing/DB Cotton for 6 months after the results of the drug screening are received by Rawson Manufacturing/DB Cotton.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Da	ate
Signature		d

Applicants are considered for all positions without regard to race, color, religion, creed, gender, age, marital or veteran status, sexual orientation, the presence of medical condition or disability or any other legally protected status.

This application may be submitted via email to tracy.lefebvre@rawsonmaterials.com, in person at our Main Office location or by mail to:

Rawson Manufacturing

Attn: Human Resources 58 Pomfret Street, Suite 4101 Putnam, CT 06260