

Employment Application



APPLICANT INFORMATION									
Last Name			First			M.I.		Date	
Street Address					Apartment/Unit #				
City				State		ZIP			
Phone			E-mail Address						
Date Available			Desired Salary						
Position(s) Applied for									
Have you ever worked for this company?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?				
Would you be willing to travel?			YES <input type="checkbox"/>	NO <input type="checkbox"/>					
EDUCATION									
High School				Address					
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree						
College				Address					
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree						
Other				Address					
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree						
State any professional information you feel may be helpful to us in considering your application:									
What types, models, and sizes of equipment have you had experience operating?									

REFERENCES			
<i>Please list three professional references.</i>			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	

Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

PREVIOUS EMPLOYMENT

Company		Phone	
Address			
Job Title			
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company		Phone	
Address			
Job Title			
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company		Phone	
Address			
Job Title			
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY 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.	TYPE	EXPIRATION DATE

Driving Experience *(if none, write note)*

Class of Equipment	Type of Equipment	Dates		Approximate number of miles
		From	To	
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 Materials for 6 months after the results of the drug screening are received by Rawson Materials.

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

Signature

Date

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

Mailing Address: 58 Pomfret Street, Suite 4101, Putnam, CT 06260
 Shop Address: 99 Canal Street, Putnam, CT 06260
 HR Phone Number: (860) 481-7254 | www.rawsonmfg.com