



APPLICANT INFORMATION											
Last Nan	ne				First				M.I.	Date	
Street Address								Apartment/Unit #			
City	City				State				ZIP		
Phone					E-mail Address						
Date Ava	ilable				Desired Salary						
Position(s) Applied for											
Have you ever worked for this company? YES			NO   If so, when?								
Would yo	ou be willin	ng to travel?	•	YES 🗌	NO 🗆						
EDUCA	TION										
High School			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	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?	YES	NO 🗌			
Company				Phone			
Address				Supervisor			
Job Title							
Responsibilities	S						
From	То	Reason for Leaving					
May we contact your previous supervisor for a reference?							
				I			
Company			Phone				
Address				Supervisor			
Job Title							
Responsibilities							
From	То	Reason for Leaving					
May we contact your previous supervisor for a reference?							
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:

	STATE	LICENSE NO.	ТҮРЕ	EXPIRATION DATE
DDTVEDC LICENCEC				
DRIVERS LICENSES				

**Driving Experience** (if none, write note)

Class of Equipment	Type of Equipment	Da	Approximate number	
Class 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.

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 <a href="mailto:madilyn.smith@rawsonmaterials.com">madilyn.smith@rawsonmaterials.com</a>, in person at our Main Office location or by mail to:

**Rawson Manufacturing** 

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