



HIGHWAY REHABILITATION CORP.

Corporate/Maintenance Office

11061 Walden Ave

Alden NY 14004

(716) 892-1655

Date Received: _____

Personal Information			
Last Name	First Name	Middle Name	Today's Date
Street Address	City	State	Zip Code
Home Phone: () -		Are you a United States Citizen or legally eligible to work in the U. S.? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if hired, you will be required to provide documentation that you are eligible to work in the U.S.)</i>	
Work Phone: () -			
Mobile: () -			
Email: _____			
Are you 18 or over? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Title of Position Applying For			Date Available to Work
Have you been previously interviewed or employed by Highway Rehab. Corp.? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list date(s) and job title(s):			
Do you have any relatives currently working for Highway Rehab. Corp.? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list names and relationship to you:			
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you hold a valid drivers license? <input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____			
Driver's License Number: _____		State Issued: _____	
Endorsement(s): Check all that apply			
<input type="checkbox"/> Hazardous Material	<input type="checkbox"/> Tank	<input type="checkbox"/> Double/triple trailers	

Education					
Name and Location		# Years Completed	Major Area of Study	Degree/Diploma	
High School					
College					
Graduate School					
Technical or Certificate Programs					

Employment History Please provide the following information for your previous three employers, beginning with the most recent: (Please attach an additional page if necessary, do not use "see attached resume".)		
Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Weekly Pay Start: Finish:		
Reason for Leaving:		

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Address:		
Telephone:	Job Duties:	
Weekly Pay Start: Finish:		
Reason for Leaving:		

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Address:		
Telephone:	Job Duties:	
Weekly Pay Start: Finish:		
Reason for Leaving:		

Describe your qualifications for the type of employment you are seeking: (Include skills, special training, etc.)

Have you completed the OSHA 10 hour construction training? _____

Please list any special awards, honors, scholarships, or offices held.

References				
Please list names of supervisors, managers, or others who can comment directly on your abilities:				
Name	Address	Phone #	Relationship/Occupation	Years Known

It is the policy of the Highway Rehab. Corp. Personnel Office to provide accommodations in testing to individuals with disabilities and religious observers, and to provide for and promote equal opportunity in employment, compensation and other terms of employment without regard to age, race, color, gender, creed, religion, national origin, physical or mental disability, marital status, veteran status, disabled veteran status or status as a member of any other protected group or activity.

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if employed, false statements on this application shall be considered sufficient cause of dismissal. You are hereby authorized to make investigation of my personal references.

Signature of Applicant

Date

MVR RELEASE CONSENT FORM

In conjunction with my potential employment at **Highway Rehabilitation Corp.** ("the company"), I _____ (applicant) consent to the release of my Motor Vehicle Records (MVR) to the company. I understand the company will use these records to evaluate my suitability to fulfill driving duties that may be related to the position for which I am applying. I also consent to the review, evaluation, and other use of any MVR I may have provided to the company. This consent is given in satisfaction of Public Law 18 USC 2721 et. Seq., "Federal Drivers Privacy Protection Act", and is intended to constitute "written consent" as required by this Act..

In addition, should my application be accepted for employment and/or upon my becoming an employee of **Highway Rehabilitation Corp** or as a condition of being assigned driving duties on behalf of the aforementioned, I further authorize any/all additional request for my motor Vehicle Report be submitted and reviewed as needed.

Signed (applicant) _____

Date: _____

Drivers' License Number: _____ State: _____