

PRINT NAME: _____
TODAY'S DATE: _____

NON-DRIVERS APPLICATION FOR EMPLOYMENT

**To be considered for employment opportunities,
your application must be completed in its
entirety.**

Qualified applicants will be considered active for 3-months from date of application



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All qualified applicants are considered regardless of race, color, sex, age, national origin, religion disability or any other protected status in accordance with state, federal and local law.

EQUAL OPPORTUNITY EMPLOYER

BACKGROUND INFORMATION

Name _____
Last First Middle

Last **4 digits** of SS No. _____ Email Address: _____

List your addresses of residency for the past 3 years.

Current Address _____
Street City
_____ Phone _____ How Long? _____
State Zip Code (include area code)

Previous Addresses _____ How Long? _____
Street City State Zip Code
_____ How Long? _____
Street City State Zip Code

Are you legally eligible for employment in the United States? Yes No
[Documentation verifying eligibility will be required within three days of hire.]

EMPLOYMENT DESIRED

Position _____ Date Available: _____

Salary desired _____

Are you currently employed? _____ If so, may we contact your current employer? _____

Have you ever applied to this Company or any VCNA affiliated Company before? _____

Where? _____ When? _____

Have you ever worked for this Company or any VCNA affiliated Company before? _____

Where? _____ When? _____

REFERRED BY: _____

Supplement to Employment Application for Non-CDL Equipment Operators, Quarry, Yard or Material Handling Personnel

DRIVER EXPERIENCE AND QUALIFICATIONS

DRIVER LICENSES

State	License No.	Class	Expiration Date

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
- B. Has any license, permit or privilege ever been suspended, revoked or canceled? Yes No
- C. Have you ever been convicted of driving under the influence of alcohol or drugs or any related offense?
 Yes No
- D. Have you ever had any non-DUI traffic convictions in the past 3 years? Yes No
- E. Have you been involved in any Motor Vehicle accidents in the past 3 years? Yes No

If the answer to either A, B, C, D or E is YES, please set forth in detail the acts, circumstances, and dates of such denial, revocation, suspension, conviction or accident:

EQUIPMENT EXPERIENCE IF NONE, WRITE NONE

Class of Equipment	Type of Equipment (Front/Rear Load, Tank, Flat, etc.)	Dates From - To	Approx. No. of Miles (Total)
End Loader		—	
Forklift		—	
Conveyor System		—	
Dump Truck		—	
Cranes		—	
Construction and/or off-road vehicle, (i.e., Track vehicle)		—	
Other		—	

Are you 18 years of age or over? Yes No

EDUCATION

	Name and Location of School	# of Years Attended	Did you Graduate?	Subjects Major/Minor	Type of Degree
High School					
Trade, Business or Correspondence School					
College					
Graduate School					
Certificate School					

Please include any other information you think would be helpful to us in considering you for employment such as additional training, special courses, work experience, activities, accomplishments, etc. (Exclude all information which indicates your membership in any of the protected groups listed on the front page of this application.)

WORK EXPERIENCE

Please list all employment for the last **TEN** years. *Begin with the most recent.*

1. Employer Name _____ From _____ to _____

Address _____ Telephone _____

Type of Business _____ Your Position _____

Immediate Supervisor _____ Supervisor Position _____

Person we may contact to verify employment _____

Work performed

Current/Last Salary _____

Reason for Leaving _____



2. Employer Name _____ From _____ to _____

Address _____ Telephone _____

Type of Business _____ Your Position _____

Immediate Supervisor _____ Supervisor Position _____

Person we may contact to verify employment _____

Work performed

_____ Current/Last Salary _____

Reason for Leaving

3. Employer Name _____ From _____ to _____

Address _____ Telephone _____

Type of Business _____ Your Position _____

Immediate Supervisor _____ Supervisor Position _____

Person we may contact to verify employment _____

Work performed

_____ Current/Last Salary _____

Reason for Leaving

(Attach sheet if more space is needed)

I understand in filling out this application that VCNA is in no way obligated to offer me employment. I certify that the facts set forth in my application for employment are true, correct and complete. I agree that any misrepresentation or false statement of this application shall be considered grounds for rejecting this application, rescinding a tentative job offer or immediate discharge if discovered after hire. I authorize VCNA to investigate any of the information contained on this application, including the examination of past employment records, references and other facts stated on the application. I waive any rights which I may have to receive written notice from any former employer listed on this application regarding the release to VCNA of any information concerning any disciplinary action taken against me by said former employers. I understand that I may be required to successfully complete a post-offer medical examination as a condition of employment, including drug and alcohol testing, and I agree to take such examination.

Except for employees covered by collective bargaining agreements, if hired, I agree and understand that either VCNA or myself, may terminate my employment and compensation at any time, with or without cause, and with or without notice. I further understand that no one employed by VCNA other than the president of VCNA by a specific written contract (naming the particular individual and signed by both the president and the individual) has authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. I also recognize and accept the right of VCNA to unilaterally modify, amend, or eliminate any policies, handbooks, rules or procedures in its sole discretion at any time.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant Name (Print)

Applicant Signature

Date of Application

NOTIFICATION AND RELEASE

1. The information contained in this application is true to the best of my knowledge and belief and I understand that any misrepresentation or false statement by me in connection with the application or any related documents which is deemed material by VCNA shall result in VCNA not employing me or, if employed, terminating my employment.
2. I understand and agree that all information furnished in this application and all attachments may be verified by VCNA or its authorized representative. I hereby authorized all individuals and organizations named or referred to in this application and any law enforcement organization to give VCNA all information relative to such verification and hereby release such individuals, organizations, and VCNA from any and all liability for any claim or damage resulting there from.
3. I hereby acknowledge that I have been informed by VCNA that VCNA may seek to obtain a consumer report and/or an investigative report that will include personal information regarding me, including but not limited to educational history, work references and criminal convictions, in order to assist VCNA in making certain employment decisions. I further acknowledge notification by VCNA that reports may be provided to VCNA by other firms sub-contracted for that purpose.
4. I, my heirs, assigns and legal representatives, hereby release and fully discharge VCNA its affiliated companies and the respective officers, director, shareholders, employees, agents of each, including subcontractors from any and all claims, monetary or otherwise, that I may have against VCNA arising out of the making or use of either a consumer report or an investigative consumer report.

PLEASE PRINT THE FOLLOWING:

First Name:

Middle Name:

Last Name:

Maiden Name:

***Date of Birth**

***Social Security Number**

***Driver's License:**

State:

Street Address

Applicant Signature

City

County

Today's Date

State

Zip Code

VCNA Representative

**Required for background verification only*