

SHELBY CRUSHED STONE, INC.
EAGLE HARBOR SAND & GRAVEL, INC.
CAMBRIA ASPHALT PRODUCTS, INC.

10830 BLAIR ROAD
MEDINA, NY 14103
585-798-4501 (FAX) 798-1451

Application for Employment

Date: _____

Name _____ Telephone () _____

Other Names Used _____

Address _____ How long at this address? _____

Social Security No. _____ Are you a U.S. Citizen? _____

Friends employed by Company _____ Relatives Employed by Company _____

Number of workdays lost due to Illness or Industrial injuries in the last two years _____

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED?

Yes No Explain _____

If Yes, what can be done to accommodate your limitations? _____

Motor Vehicle Operators License: Yes No Class: _____ License No. _____

State	Type	Exp. Date	Restrictions
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Have you ever been convicted of a felony? Yes No Explain _____

Position Desired _____ Starting Date _____ Salary Desired \$ _____ FT PT

Person to Notify in Emergency _____

Name	Address	Phone
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MILITARY SERVICE

Branch of Service: _____ Rank: _____ Dates: _____

Military Training or Experience: _____

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. Or Trade School				
Professional School				

PERSONAL REFERENCES**PLEASE LIST TWO REFERENCES OTHER THAN RELATIVES OR PREVIOUS EMPLOYERS**

Name	Address	Occupation	Phone

EMPLOYMENT

Employed by	Supervisor's Name	Rate of Pay
Address	Position	Dates:
Reason for Leaving:		

Employed by	Supervisor's Name	Rate of Pay
Address	Position	Dates:
Reason for Leaving:		

Employed by	Supervisor's Name	Rate of Pay
Address	Position	Dates:
Reason for Leaving:		

PRE-EMPLOYMENT STATEMENT:

I VOLUNTARILY GIVE SHELBY CRUSHED STONE, INC, EAGLE HARBOR SAND & GRAVEL, INC. & CAMBRIA ASPHALT PRODUCTS, INC. THE RIGHT TO MAKE A THOROUGH INVESTIGATION OF MY PAST EMPLOYEMENT AND ACTIVIES. I AGREE TO COOPERATE IN SUCH INVESTIGATION AND RELEASE FROM ALL LIABILITY OR RESPONSIBILITY ALL PERSONS AND COMPANIES SUPPLYING SUCH INFORMATION. I AGREE TO A PRE-EMPLOYMENT DRUG SCREEN. I CERTIFY THAT THE INFORMATION I HAVE GIVEN IN THIS APPLICATION IS TRUE. I REALIZE THAT ANY MISREPRESENTATION OF THE FACTS ON MY PART WIL BE GROUNDS FOR IMMEDIATE DISMISSAL.

Sign _____ Date: _____