



APPLICATION FOR EMPLOYMENT

Table Rock Asphalt Construction Company, Inc. and/or Southwest Materials, Inc.
310 North Commercial Street, Branson, MO 65616

NOTICE: TRAC REQUIRES A DRUG SCREEN BEFORE EMPLOYMENT

NAME: FIRST MIDDLE LAST DATE OF BIRTH

MAILING ADDRESS: CITY STATE ZIP

SOCIAL SECURITY NUMBER TELEPHONE NUMBER

DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO

WHAT STATE IS YOUR LICENSE ISSUED FROM? WHAT CLASS LICENSE DO YOU HAVE?

HAVE YOU HAD ANY TRAFFIC VIOLATIONS IN THE LAST 3 YEARS? YES NO

HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE?

HAS ANY LICENSE, PERMIT, OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED? YES NO

IF THE ANSWER TO EITHER OF THE ABOVE IS YES, PLEASE EXPLAIN:

PLEASE CHECK THE JOB CLASSIFICATIONS YOU ARE EXPERIENCED IN:

- LABORER MIXER DRIVER DUMP TRUCK DRIVER
LOADER OPERATOR MOTOR GRADER CRANE OPERATOR
ROLLER OPERATOR PAVING MACHINE DISTRIBUTOR OPERATOR
OTHER

WHAT POSITION ARE YOU INTERESTED IN?

EMPLOYMENT RECORD

LAST EMPLOYER: PHONE

ADDRESS:

POSITION HELD: FROM TO

REASON FOR LEAVING: SALARY

SECOND LAST EMPLOYER: _____ PHONE _____

ADDRESS: _____

POSITION HELD: _____ FROM _____ TO _____

REASON FOR LEAVING: _____ SALARY _____

THIRD LAST EMPLOYER: _____ PHONE _____

ADDRESS: _____

POSITION HELD: _____ FROM _____ TO _____

REASON FOR LEAVING: _____ SALARY _____

FOURTH LAST EMPLOYER: _____ PHONE _____

ADDRESS: _____

POSITION HELD: _____ FROM _____ TO _____

REASON FOR LEAVING: _____ SALARY _____

HIGHEST SCHOOL GRADE COMPLETED: _____ WHERE: _____

ARE YOU RELATED OR AQUAINTED WITH ANY PRESENT EMPLOYEE? ____ YES ____ NO

IF SO, WHO? _____

HAVE YOU EVER HAD A BACK INJURY? ____ YES ____ NO HERNIA? ____ YES ____ NO

HAVE YOU EVER DRAWN COMPENSATION FOR JOB INJURIES? ____ YES ____ NO

IF YES, LIST DATE AND TYPE OF INJURY, AND LENGTH OF DISABILITY: _____

DO YOU HAVE ANY MEDICAL CONDITION THAT WILL PREVENT YOU FROM PERFORMING THE WORK THAT

YOU ARE APPLYING FOR? ____ YES ____ NO IF YES, PLEASE EXPLAIN: _____

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.

DATE: _____ APPLICANT'S SIGNATURE: _____

FOR OFFICE USE ONLY

Background Check Release Form for Table Rock Asphalt Construction Co., Inc.

I _____ release Table Rock Asphalt Construction Co., Inc. (TRAC Materials, Inc.), Paragon Investigations LLC and Employee Screening Services to conduct a comprehensive employee background check. I release them to make any inquiries with my current and previous employers or others, who may have knowledge of me, or with consumer credit, investigative, or other private or governmental agencies. I understand and am aware that I must provide my date of birth to help verify and complete the employee background check and that my date of birth and age will not effect the hiring process or decision. I authorize any such person or agency (i.e. Paragon Investigations LLC and Employee Screening Services) to give you any information concerning my personal record, including but not limited to an assessment of my job performance, verification of my social security number, verification of residence, verify employment history, verify education and references, driving record, civil records, criminal records, sex offenders list, credit history and or any other information they may have personal or otherwise. I or anyone related or associated to me release and indemnify Table Rock Asphalt Construction Co., Inc. (TRAC Materials, Inc.) and all parties that they may use (i.e. Paragon Investigations LLC and Employee Screening Services) in obtaining this information from any and all liability, claims or damages that may directly or indirectly result at anytime from furnishing this information. I also am aware that this release form is and will be valid in its original form, faxed copy or email and scanned copy.

This form must be filled out in its entirety and as legible as possible for the background check to be ordered

Social Security Number: _____

Driver License Number: _____ State of Issuance: _____

Date of Birth: _____ State: _____

(Ms. Mrs. Mr. Miss.) Full Name: _____ (Include Jr., Sr.)

Maiden Name or Alias: _____

Current Address: _____

Previous Address: _____

Do you have a criminal history yes or no? _____

If yes please explain: _____

License, Certification, or Registration Information: _____

May we contact your employer and references: _____

Locations of Residency the past five years. Most recent first.

State: _____ County: _____

State: _____ County: _____

State: _____ County: _____

State: _____ County: _____

After reading this above statement I _____ certify that I have read, fully understand, and accept all terms of this agreement and that any untruthfulness or omissions may be grounds for termination or grounds to not extend an offer of employment and that the information set out by me in this application is true and correct.

Signature of applicant: _____ Date: _____

Requested by: _____ Date: _____

Is this position for: (Circle one) Employment or Volunteer

This Employer Participates in E-Verify



This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this employer is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants or to re-verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9.

In order to determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo screening tool to match the photograph appearing on some permanent resident and employment authorization cards with the official U.S. Citizenship and Immigration Services' (USCIS) photograph.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or

citizenship status, please call the Office of Special Counsel at 1-800-255-7688 (TDD: 1-800-237-2515).

NOTICE:

Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.

Employment Verification.  Done.

For more information on E-Verify, please contact DHS at:

1-888-464-4218



E-VERIFY IS A SERVICE OF DHS AND SSA