



HEARTLAND
ASPHALT, INC.

2601 South Federal Ave.
Mason City, IA 50401
Phone (641) 424-1733
Fax (641) 424-0334

APPLICATION FOR EMPLOYMENT

Please note that the following three questions are VOLUNTARY and for Iowa Department of Transportation statistical purposes only.

Sex: Male _____ Female _____

Racial Origin: _____ *White - origins in Europe, North Africa, or Middle East*
_____ *Asian - origins in Far East, Se Asia, India or Pacific Islands*
_____ *Black - origins in Africa*
_____ *Hispanic-Mexican, Puerto Rican, Cuban, Central or South American*
_____ *American Indian - origins in North America, to include Alaska*

REFERRAL SOURCE: *Globe Gazette* *Job Service of Iowa* *Walk-in*
 Employee (Employee Name: _____)
 Other. Please name source: _____.



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APPLICATION FOR EMPLOYMENT

If you need help filling out this application form for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

1. Please read "APPLICANT NOTE" below.
2. If more space is needed to complete any questions, use the other side of this application.
3. Print clearly.
4. The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.
5. This application is current for only 6 months. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.
6. I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representatives of the employer has the authority to make any assurances to the contrary.
7. I understand it is the company's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.

TODAY'S DATE: _____

NAME: _____
Last First Middle

SOCIAL SECURITY NUMBER: _____

HOME TELEPHONE: _____

WORK TELEPHONE: _____

CURRENT ADDRESS: _____
Street

City State Zip

PRIOR ADDRESS: _____
Street

City State Zip

APPLICANT NOTE

This application form is intended or used in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completed and accurately.

Please do not fill out any part of this section you believe to be non-job related.

False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills and for the presence of drugs in your body will be required prior to employment. After an offer of employment, and prior to reporting to work, you are required to submit to a medical review. Depending on the needs of the job, you will be required to complete a medical history form and be required to be examined by a medical professional designated by the Company.

AVAILABILITY For which position are you applying? _____

Date available? _____ What category would you prefer? Full-Time Part-Time Temporary Labor Pool

For which schedules are you available? Weekdays Weekends Evenings Nights Overtime Other

JOB RELATED SKILLS NOTE: DO NOT fill out any part of this section you believe to be non-job related.

Yes No If the job requires, do you have the appropriate valid drivers license?

Class C (car) Class B (CDL) Class A (CDL & air brakes)
 Other Endorsements _____

Name on license: _____ DL# _____ State _____

Yes No Have you had any moving violations? Please describe. _____
Please list any other skills, licenses or certificates that may be job-related or that you feel would be of value to this job or company. _____

Yes No Have you been given a job description or have the requirements of the job been explained to you?

Yes No Do you understand these requirements?

Yes No Can you perform the requirements of this job with or without reasonable accommodation?

List languages in which you are fluent? _____

SECURITY List states and counties of residence for the past seven years. _____

Yes No Have you used any names or social security numbers other than given above? If so, please list in comments below.

Yes No Have you been convicted of, or served time for a felony in the past seven years? If so, please describe in the boxes below. (In accordance with company policy, this information will be reviewed for job relatedness and time since last conviction.)

INCIDENT	CITY/STATE	CHARGE
1. _____	_____	_____
2. _____	_____	_____

COMMENTS _____

REFERENCES Include only individuals familiar with your work ability. DO NOT include relatives.

Name	Address/Telephone	Years Known/Relationship
1. _____	_____	_____
2. _____	_____	_____

EDUCATION If your school records are under a different name than above, please enter that name: _____

Name	City/State	Graduate	Title of Degree
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
HIGH SCHOOL	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
COLLEGE	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
OTHER	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

PREVIOUS EMPLOYERS

PLEASE NOTE: DO NOT FILL OUT ANY PART OF THIS SECTION YOU BELIEVE TO BE NON-JOB RELATED. Since we will make every effort to contact previous employers to verify your qualifications, the *correct telephone numbers of past employers is critical.* Ask for telephone book or call information if needed.

MOST RECENT EMPLOYER Yes No Are you currently working for this employer?
 Yes No If yes, may we contact?

_____ Company Name		_____ City	_____ State	Phone: () _____ Fax: () _____
From: _____ Dates Employed	To: _____ Dates Employed	_____ Job Title		
_____ Duties				
Salary	Per	(Hour, Week, Month)	Reason for Leaving	

SECOND MOST RECENT EMPLOYER

_____ Company Name		_____ City	_____ State	Phone: () _____ Fax: () _____
From: _____ Dates Employed	To: _____ Dates Employed	_____ Job Title		
_____ Duties				
Salary	Per	(Hour, Week, Month)	Reason for Leaving	

THIRD MOST RECENT EMPLOYER

_____ Company Name		_____ City	_____ State	Phone: () _____ Fax: () _____
From: _____ Dates Employed	To: _____ Dates Employed	_____ Job Title		
_____ Duties				
Salary	Per	(Hour, Week, Month)	Reason for Leaving	

CERTIFICATION AND RELEASE

I certify that I understand and have read, or someone has read to me, the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, or misrepresentations of facts in this application may result in rejection of my application or discharge at any time during my employment. I authorize Heartland Asphalt, Inc. and/or its agents, including consumer reporting bureaus, to verify any of this information. I authorize all former employers, persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment. I understand that a pre-employment physical may be required and submit to this pre-employment physical.

_____ Signature	_____ Date
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