



# REMAC INC.

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Freeman, Virginia 23856  
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## Employment Application

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Current Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Position Applied For: \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

Education Level (example: 8<sup>th</sup> grade, High school grauduate, 1 years college, college Graduate, etc.)

Military Service: YES NO Branch \_\_\_\_\_

Valid Driver's License YES / NO Expires: \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_

Do you have a commercial driver's License? YES / NO

When will you be available for work? \_\_\_\_\_ Do you have your own transportation? YES /NO

In case of emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Their Telephone #'s \_\_\_\_\_

List past and present employers:

COMPANY & ADDRESS COMPANY PHONE #	START DATE	END DATE	SALARY	SUPERVISOR	TYPE OF WORK DONE	REASON FOR LEAVING



## Drug Free Workplace Policy

With the exception of over the counter drugs such as aspirin or drugs prescribed by a physician, there shall be no drugs or alcohol on any job site. Alcohol and drug abuse cause an unacceptable level of safety hazard not only for the offending employee, but for others in the vicinity. Those found to be under the influence of drugs and/or alcohol will be immediately removed from the job site by the competent person and further disciplinary action will be taken by the Safety Director.

Employees taking prescription medication that reduces motor skills should report this to their supervisor for appropriate work assignment.

Chemical dependency is a devastating problem for not only the employee, but also the employee's family and co-workers. For obvious safety reasons, it cannot be tolerated in the workplace. Those with such a problem should seek professional help. The Safety Director will assist any employee in finding appropriate treatment should they voluntarily come forward.

I understand the above Drug Free Workplace Policy. If the Drug Free Workplace Policy is not adhered to and you are found to be under the influence of drugs and/or alcohol this will be grounds for immediate dismissal or other disciplinary action.

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

\_\_\_\_\_

First

MI

\_\_\_\_\_

Last

Signature: \_\_\_\_\_

List of Equipment operated or jobs performed such as Paver Operator, Sealcoating, Crackfilling, Asphalt Patching, Etc.

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

Have you ever been convicted of a felony or pleaded no contest to a felony, or a misdemeanor involving any violent act, use or possession of a weapon, or act of dishonesty for which the record has not been sealed or expunged?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain

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Do you have any personal conflicts that would prevent you from working out of town all week? (Example- Having to come home and see a Probation Officer every Wednesday, etc.)

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain

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Are you willing to release your criminal history?

Yes \_\_\_\_\_ No \_\_\_\_\_