



APPLICATION FOR EMPLOYMENT

1457 N. 1823 Rd.
Lawrence, KS 66044
Phone: 785-856-4590
Fax: 785-856-4594

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

(PLEASE PRINT)

Date of Application _____

Position applied for _____

Social Security No. _____

Name _____
Last First Middle

Date of Birth _____

Present Address _____
Number/Street

City State Zip

Permanent Address _____
Number/Street

City State Zip

Telephone No. _____

Referred By _____

Have you applied for work or worked at our Company before? Yes No If yes, when, what position, and reason for leaving? _____

Are you employed now? Yes No Date you can start _____ Desired Salary _____

Are you legally authorized to work in the U.S.A. (Proof of citizenship or immigration status will be required upon employment) Yes No

IF YOU WISH TO BE CONSIDERED FOR POSITIONS THAT REQUIRE DRIVING A COMPANY VEHICLE, PLEASE ANSWER THESE QUESTIONS:

Do you have a current, valid and unrestricted driver's license(s)? Yes No

CDL Class/Endorsements _____ Medical Card Expiration Date _____

Have you received DWI, DUI or other driving violations within the last two years? Yes No If yes, explain: _____

Has your driver's license ever been revoked or denied? Yes No If yes, explain: _____

Education

	Name & Location of School	Years Attended	Did You Graduate?	Subject Studied
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

Have you ever been convicted of, plead guilty/no contest to a crime? Yes No If yes, explain: _____

(A conviction record will not necessarily exclude you from consideration. This information will be used only for job-related purposes and only to the extent permitted by law.)

Employment Experience

Start with your present or last job

***List all types of experience and equipment operated.** Indicate the nature of the work performed and the number of years or months experienced or operated.

Employer Name	Telephone	Dates Employed	
		From	To
Address			
Job Title/Position	Supervisor	Hourly Rate/Salary	
		Starting	Final
Reason for Leaving			
*Work performed and equipment operated			

Employer Name	Telephone	Dates Employed	
		From	To
Address			
Job Title/Position	Supervisor	Hourly Rate/Salary	
		Starting	Final
Reason for Leaving			
*Work performed and equipment operated			

Employer Name	Telephone	Dates Employed	
		From	To
Address			
Job Title/Position	Supervisor	Hourly Rate/Salary	
		Starting	Final
Reason for Leaving			
*Work performed and equipment operated			

Employer Name	Telephone	Dates Employed	
		From	To
Address			
Job Title/Position	Supervisor	Hourly Rate/Salary	
		Starting	Final
Reason for Leaving			
*Work performed and equipment operated			

References

Give the names of three persons not related to you, whom you have known at least one year and are not previous employers whom we may contact.

NAME	PHONE	HOW KNOWN	YEARS KNOWN

COMMENTS: _____

APPLICANTS STATEMENT: PLEASE READ AND SIGN

By my signature below, I certify that the information provided in this employment application (and any related information provided by me) is true and complete, and I understand that any false or misleading information or significant omissions may disqualify me from further consideration for employment, and may lead to my dismissal from employment, if discovered at a later date, no matter how long I have been employed.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

I UNDERSTAND THAT THIS APPLICATION DOES NOT CREATE A CONTRACT OF EMPLOYMENT. I UNDERSTAND THAT, IF HIRED, I AM OBLIGED TO COMPLY WITH ANY AND ALL CURRENT AND SUBSEQUENTLY ADOPTED SUNLOWER PAVING, INC. POLICIES, AND THAT SUNFLOWER PAVING, INC. DOES NOT OFFER CONTRACTS, PROMISES OR REPRESENTATIONS RELATED TO EMPLOYMENT. I UNDERSTAND AND AGREE THAT, IF HIRED, **MY EMPLOYMENT IS FOR NO DEFINITE PERIOD OF TIME, AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF WAGES OR SALARY, BE TERMINATED AT ANY TIME FOR ANY REASON, WITH OR WITHOUT CAUSE, NOTICE OR PRIOR WARNING OR DISCIPLINE.** I UNDERSTAND THAT **NO PERSON IS AUTHORIZED TO CHANGE ANY OF THE TERMS MENTIONED IN THIS EMPLOYMENT APPLICATION.**

Applicants Signature _____

Date _____