

APPLICATION FOR EMPLOYMENT

SOLICITUD DE EMPLEO

EQUAL OPPORTUNITY EMPLOYER
IGUALDAD DE OPORTUNIDADES EN
EL EMPLEO

PERSONAL INFORMATION / INFORMACIÓN PERSONAL

DATE / FECHA _____

NAME (LAST NAME FIRST) / NOMBRE (APPELLIDO PRIMERO)		SOCIAL SECURITY NO. / N° DE SEGURO SOCIAL	
PRESENT ADDRESS / DIRECCIÓN ACTUAL	CITY / CIUDAD	STATE / ESTADO	ZIP CODE / CÓDIGO POSTAL
PERMANENT ADDRESS / DIRECCIÓN PERMANENTE	CITY / CIUDAD	STATE / ESTADO	ZIP CODE / CÓDIGO POSTAL
PHONE NO. / TELÉFONO ()	REFERRED BY / RECOMENDADO POR		

EMPLOYMENT DESIRED / EMPLEO DESEADO

POSITION / PUESTO	DATE YOU CAN START FECHA QUE PUEDE EMPEZAR	SALARY DESIRED / SALARIO DESEADO
ARE YOU EMPLOYED NOW? ¿TRABAJA ACTUALMENTE?	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.A.? ¿ESTÁ AUTORIZADO PARA TRABAJAR LEGALMENTE EN EE.UU.?	
EVER APPLIED TO THIS COMPANY BEFORE? ¿A POSTULADO A ESTA COMPA—ÍA ANTES?	WHERE? / ¿DÓNDE?	WHEN? / ¿CUÁNDO?

EDUCATION / EDUCACIÓN

NAME & LOCATION OF SCHOOL / NOMBRE Y LUGAR DE LA ESCUELA	YEARS ATTENDED A—OS QUE ASISTIÓ	DID YOU GRADUATE? SE GRADUÓ?	SUBJECTS STUDIED RAMOS ESTUDIADOS
HIGH SCHOOL ESCUELA SECUNDARIA			
COLLEGE UNIVERSIDAD			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL ESCUELA DE OFICIOS, NEGOCIOS O POR CORRESPONDENCIA			

GENERAL INFORMATION / INFORMACIÓN GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK / ESTUDIO ESPECIAL O TRABAJO DE INVESTIGACIÓN	
SPECIAL TRAINING / CAPACITACIÓN ESPECIAL	
SPECIAL SKILLS / APTITUDES ESPECIALES	
U.S. MILITARY SERVICE / SERVICIO MILITAR (EE.UU.)	RANK / RANGO

FORMER EMPLOYERS / EMPLEADORES ANTERIORES BEGIN WITH MOST RECENT EMPLOYER / EMPIECE POR EL MÁS RECIENTE

DATE, MONTH AND YEAR FECHA, MES Y A—O	NAME & ADDRESS OF EMPLOYER NOMBRE Y DIRECCIÓN DEL EMPLEADOR	SALARY SALARIO	POSITION PUESTO	REASON FOR LEAVING RAZÓN DE SALIDA
FROM DESDE				
TO HASTA				
FROM DESDE				
TO HASTA				
FROM DESDE				
TO HASTA				
FROM DESDE				
TO HASTA				

REFERENCES / REFERENCIAS

GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.
 DÉ EL NOMBRE DE TRES PERSONAS QUE NO SEAN SUS PARIENTES, Y A QUIENES CONOZCA AL MENOS UN AÑO

NAME / NOMBRE	PHONE / TELÉFONO	BUSINESS / PROFESIÓN	YEARS KNOWN A—OS QUE LO CONOCE

AUTHORIZATION / AUTORIZACIÓN

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

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.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

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."

"Certifico que los datos contenidos en esta solicitud son a mi mejor saber y entender verdaderos y completos, y entiendo que si me emplean, las declaraciones falsas contenidas en esta solicitud serán causal de despido.

Autorizo que se indaguen todos los datos, las referencias y los empleadores contenidos en esta solicitud, con el fin de recabar información relativa a mis empleos anteriores, y toda la información pertinente, personal o de cualquier otro tipo, que los mismos pudieran aportar, y libero a la compañía de cualquier responsabilidad por cualquier daño que pudiera resultar por la utilización de dicha información.

También entiendo y acepto que ningún representante de la compañía está facultado para hacer un contrato por algún período determinado, ni para hacer un contrato contrario a lo precedente, a menos que el mismo sea por escrito y firmado por un representante autorizado de la compañía.

Esta denegación no permite la divulgación ni el uso de información médica o relacionada con discapacidades, tal como lo establece la ADA (Ley de Estadounidenses con Discapacidades) y otras leyes federales y estatales pertinentes."

DATE / FECHA _____ SIGNATURE / FIRMA _____

**DO NOT WRITE BELOW THIS LINE
 NO ESCRIBA DEBAJO DE ESTA LÍNEA**

INTERVIEWED BY _____ DATE _____

REMARKS

HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES

APPROVED: 1. _____ 2. _____ 3. _____
 EMPLOYMENT MANAGER DEPARTMENT HEAD GENERAL MANAGER

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Reference Checking Consent and Authorization Form

A.C. Miller Concrete Products, Inc.

Disclosure

Please read the information on this form carefully and completely.

I have applied for employment with A.C. Miller Concrete Products, Inc. and have provided information about my previous employment. I authorize A.C. Miller Concrete Products, Inc. to conduct a reference check with my present and/or previous employer(s). I understand that reference information may include, but not limited to, verbal and written inquiries of information about my employment performance, professional demeanor, rehire potential, dates of employment, salary and employment history.

My signature below authorizes my former or current employers and references to release information regarding my employment record with their organizations and to provide any additional information that maybe necessary for my application for employment with A.C. Miller Concrete Products, Inc., whether the information is positive or negative. I knowingly and voluntarily release all former and current employers, references and A.C. Miller Concrete Products, Inc. from any and all liability arising from their giving or receiving information about my employment history, academic credentials and suitability for employment with A. C. Miller Concrete Products, Inc.

This form may be photocopied or reproduced as a facsimile, and these copies will be as effective as a release or consent as the original which I sign.

Name: _____

(Print)

Signature: _____

Date: _____