



## APPLICATION FOR EMPLOYMENT

Sinnott Blacktop, LLC and Sinnott Group, Inc. maintains a proactive Substance Abuse Testing Program. All employees will be subject to Pre-Employment, Random, Return to Work, and/or Post Accident Drug Testing. In addition, all Sinnott Blacktop, LLC and Sinnott Group, Inc. employees must be available to work April 15-November 15.

Last Name:		First Name:		Middle Name:		Cell or Home Phone Number:	
Street Address:		City/State:		Zip Code:		Emergency Contact Number:	
E-Mail Address:				Do you have a Union Affiliation:			
Have you ever worked for Sinnott Blacktop, LLC or Sinnott Group, Inc. before: (If yes, when/where?)				If yes, where: Dates of employment: Supervisor's Name:			
If hired, can you provide evidence of legal eligibility to work in the U.S.?				Any offer of employment is conditioned upon completing form I-9 and providing the appropriate documents for identity and work authorization.			
Position Desired:		Wage/Salary Desired:		Full Time: Part Time:			
Date you can begin work:		Are you 18 years of age or older:		If under 18 years of age, you will be required to submit a birth certificate or work certificate as required by state or federal law.			
Name of high school attended:		City & State:		Graduate:	GED:		
Name of college or technical school:		City & State:		Graduate:	Degree:	Major:	
Are you presently enrolled in school:		If yes, give name & address of school and expected degree date:					
List any job-related skills or accomplishments, including military service:							
<b>- Your Availability For Work -</b>							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							
Total hours per week you are available to work:			Do you have any special requests or needs for a work schedule:				
<b>- Provide Three References (Not Relatives) Who We May Contact -</b>							
Name and Occupation:		How do you know them, and for how long:				Phone Number:	



## Where did you work?

Please tell us about where you worked beginning with your most recent employer.

May we contact current employers before you are offered a position: _____ (Yes or No) If No, state reason:	
Name of Employer:	Job Title: Duties:
Address:	Dates of Employment: From: _____ To: _____
City, State:	Hourly pay or salary: Starting pay: _____ Ending pay: _____
Supervisor:	Reason for Leaving:
Telephone:	
Name of Employer:	Job Title: Duties:
Address:	Dates of Employment: From: _____ To: _____
City, State:	Hourly pay or salary: Starting pay: _____ Ending pay: _____
Supervisor:	Reason for Leaving:
Telephone:	
Name of Employer:	Job Title: Duties:
Address:	Dates of Employment: From: _____ To: _____
City, State:	Hourly pay or salary: Starting pay: _____ Ending pay: _____
Supervisor:	Reason for Leaving:
Telephone:	

As an applicant, I understand that any misrepresentation by me on this application will be sufficient cause for cancellation of any consideration for employment and /or separation from employment. I give Sinnott Blacktop, LLC and/or Sinnott Group, Inc. the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability, Sinnott Blacktop, LLC, and Sinnott Group, Inc. and its representative's for seeking such information and all other persons, corporations, and organizations for furnishing such information. Sinnott Blacktop, LLC and Sinnott Group, Inc. is an Equal Opportunity Employer and does not discriminate on the basis of race, color, creed, religion, ancestry, age, national origin, marital status or sexual orientation, gender, disability, social or economic status, or veteran status.

This application will remain on file for six (6) months. At the conclusion of six (6) months, if I have not been contacted by Sinnott Blacktop, LLC or Sinnott Group, Inc. it will be necessary for me to complete a new application. If employed, I understand that my employment is "at-will" and can be terminated at any time by Sinnott Blacktop, LLC or Sinnott Group, Inc. or myself at any time with or without cause and without prior notice. I understand the Vice-President and/or the President of Sinnott Blacktop, LLC or Sinnott Group, Inc. have the authority to make any assurances to the contrary.

If hired, I agree to abide by all the rules and policies of Sinnott Blacktop, LLC and/or Sinnott Group, Inc. My signature below indicates my understanding and agreement to the above provisions.

Applicant's Signature: \_\_\_\_\_

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

Sinnott Blacktop, LLC