EMPLOYMENT APPLICATION

Please complete the entire application.

1. Employer Information

Employer: Paving Professionals, Inc.

Address: 815 Purser Drive

City/State/ZIP: Raleigh, North Carolina 27603

Telephone: 919-900-8020



It is the policy of Paving Professionals, Inc. to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

2.	Applicant Information	ı				
Applic	ant Full Name:					
	A d due a a .					
City/St	tate/ZIP:					
	er of years at this addre					
		Evening phone:				
		Email Address				
Driver'	's License (State/Numb	er):				
	License:					
DOB_						
3.	Emergency Contact					
	Who should be contacted if you are involved in an emergency?					
	Contact Name:					
	Relationship to you:					
	Daytime phone:	Evening phone:				
4.	Job Position Applied 1	For:				
	Full or Part Time?		_			
5.	Salary Desired:	\$ per				
6.	Have you applied to our company previously? Yes No					

7.	Are you at le	east 18 years old?_	Yes	No				
8.	How will yo	ou get to work? _						
9.	If applicable	e, are you available	to work overtime	e?	Yes	No		
10.	If you are of	If you are offered employment, when would you be available to begin work?						
11.		If hired, are you able to submit proof that you are legally eligible for employment in the United States? Yes No						
12.	Applicant's S	Applicant's Skills						
expe	erience, and circ	may be useful for the ele the number which or ability, while five	ch corresponds to	your abil	lity for	number of years of each particular skill.		
-	Skill		Experience			Rating 1 2 3 4 5 1 2 3 4 5		
13.	Applicant E	mployment History	I					
and any appl	military service gaps in employi ication. Please) which you have hent. If additional	neld, beginning w space is needed, nation for each fo	ith the mocontinue or continue	ost rece on the b	cluding self-employment nt, and list and explain pack page of this Incomplete employment		
Emp	oloyer Name:							
-	ervisor Name:							
	ress: /State/ZIP:							
•	Duties:							
	son for Leaving							
		ent (Month/Year):_				_		
Curi	rent Pay Per Ho	ur				_		
Emp	oloyer Name:							
_	ervisor Name:							
	ress:							
•	/State/ZIP:							
	Duties:							
	son for Leaving							
Dale	es of Employme	ent (Month/Year):_				_		

Employer Name:						
Supervisor Name:						
Address:						
City/State/ZIP:						
Job Duties:						
Reason for Leaving:						
Dates of Employment (Month/Year):						
Employer Name:						
Supervisor Name:						
Address:						
City/State/ZIP:						
Job Duties:						
Reason for Leaving:						
Dates of Employment (Month/Year):						
14. Applicant's Education and Training						
College/University Name and Address						
Did you receive a degree? Yes No If yes, degree(s) received:						
High School/GED Name and Address						
Did you receive a degree? Yes No						
Other Training (graduate, technical, vocational):						
Do you have any OSHA certifications, CPR certifications or other construction training certificates. If so please list all below.						
Awards, Honors, Special Achievements:						
Military Service: Yes No Branch: Specialized Training:						
~P						

15. References

Addres City/St Telepho	as: one: onship:	
Addres City/Sta Telepho	es:	
	Please provide any other information that you believe should be considered whether you are bound by any agreement with any current employer:	, including

List any two non-relatives who would be willing to provide a reference for you.

CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Paving Professionals, Inc. to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education. With my signature below, I hereby authorize the Company to contact all prior employers listed on this application for purposes of discussing my job duties, responsibilities, attendance and performance. The prior employers listed on this application are authorized to answer any and all questions the Company may have regarding my prior employment. I agree to indemnify and hold harmless all prior employers identified on this job application from any and all claims which arise out of the answering of any and all questions by the Company regarding my prior employment.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its President, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Paving Professionals, Inc., except in a specific written contract of employment signed on behalf of the organization by its President, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE AB AGREE TO ITS TERMS.	OVE CERTIFICATION AND I UNDERSTAND AND
APPI ICANT SIGNATURE	DATE