

Coastal Road Repair

590 Bridgton Road

Westbrook, ME 04092

207-893-8923

### NON-CDL JOB APPLICATION



---COASTAL ROAD REPAIR---

#### APPLICANT INFORMATION

|                                |            |                         |            |
|--------------------------------|------------|-------------------------|------------|
| FIRST NAME & MIDDLE INITIAL    |            | LAST NAME               |            |
| SSN                            |            | DATE OF BIRTH           |            |
| STREET ADDRESS                 |            | CITY/STATE/ZIP CODE     |            |
| PHONE NUMBER                   |            | EMAIL ADDRESS           |            |
| Are you 18 or older?           | Yes or No: | Valid Driver's License? | Yes or No: |
| Are you a veteran?             | Yes or No: | If yes, which branch?   | Yes or No: |
| Convicted of felony?           | Yes or No: | If yes, please explain. |            |
| Position you are applying for? |            | Desired hourly rate.    |            |
| Date available to begin.       |            | Date of application.    |            |
| How did you hear about us?     |            |                         |            |

#### PREVIOUS EXPERIENCE

|                     |  |                 |           |
|---------------------|--|-----------------|-----------|
| EMPLOYER NAME 1     |  | START DATE      |           |
| SUPERVISOR NAME     |  | END DATE        |           |
| STREET ADDRESS      |  | PHONE NUMBER    |           |
| CITY/STATE/ZIP CODE |  | EMAIL ADDRESS   |           |
| POSITION HELD       |  | RATE OF PAY     |           |
| Reason for leaving? |  | May we contact? | Yes or No |
| EMPLOYER NAME 2     |  | START DATE      |           |
| SUPERVISOR NAME     |  | END DATE        |           |
| STREET ADDRESS      |  | PHONE NUMBER    |           |
| CITY/STATE/ZIP CODE |  | EMAIL ADDRESS   |           |
| POSITION HELD       |  | RATE OF PAY     |           |
| Reason for leaving? |  | May we contact? | Yes or No |

|                     |  |                 |           |
|---------------------|--|-----------------|-----------|
| EMPLOYER NAME 3     |  | START DATE      |           |
| SUPERVISOR NAME     |  | END DATE        |           |
| STREET ADDRESS      |  | PHONE NUMBER    |           |
| CITY/STATE/ZIP CODE |  | EMAIL ADDRESS   |           |
| POSITION HELD       |  | RATE OF PAY     |           |
| Reason for leaving? |  | May we contact? | Yes or No |

### EDUCATION AND / OR SPECIAL TRAINING OR SKILLS

| SCHOOL NAME                                                    | LOCATION | YEARS ATTENDED | MAJOR/DEGREE EARNED |
|----------------------------------------------------------------|----------|----------------|---------------------|
|                                                                |          |                |                     |
|                                                                |          |                |                     |
|                                                                |          |                |                     |
| PLEASE LIST ADDITIONAL EXPERIENCE, SPECIAL TRAINING, OR SKILLS |          |                |                     |
|                                                                |          |                |                     |

### REFERENCES

|      |  |              |  |
|------|--|--------------|--|
| NAME |  | PHONE NUMBER |  |
| NAME |  | PHONE NUMBER |  |
| NAME |  | PHONE NUMBER |  |

I certify that the information contained in this application is true and complete to the best of my knowledge.

|           |  |      |  |
|-----------|--|------|--|
| SIGNATURE |  | DATE |  |
|-----------|--|------|--|

### REQUEST FOR CHECK OF DRIVING RECORD

|                                                                                                                                                                                                                                                                                                                                                                                                   |  |               |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------|--|
| NAME                                                                                                                                                                                                                                                                                                                                                                                              |  | DATE OF BIRTH |  |
| LICENSE NUMBER                                                                                                                                                                                                                                                                                                                                                                                    |  | STATE         |  |
| <p>The reports may be procured by Coastal Road Repair, LLC and may include my driving record, an assessment of my insurability under the Company's insurance coverages or other consumer reports. By signing this disclosure, I hereby authorize the Company to procure such reports and additional reports about me from time to time, as it deems appropriate, to evaluate my insurability.</p> |  |               |  |
| PRINTED NAME                                                                                                                                                                                                                                                                                                                                                                                      |  |               |  |
| SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                         |  | DATE          |  |