

Just For Concrete, LLC

P.O. Box 247, 400 W. Richey, Artesia, NM 88210

Employment Application

NAME	LAST	FIRST	M.I.	SOCIAL SECURITY NO.
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APPLICATION INSTRUCTIONS

- IT IS IMPORTANT THAT YOU READ ALL INSTRUCTIONS CAREFULLY AND FILL OUT THIS APPLICATION ACCURATELY.
- IF TRANSCRIPTS OR SUPPLEMENTS ARE REQUIRED PLEASE SUPPLY THEM WITH YOUR APPLICATION.
- RESUMES WILL BE ACCEPTED ONLY AS A SUPPLEMENT TO THE APPLICATION AND MUST BE ACCOMPANIED BY THE COMPLETED APPLICATION.
- THE USE OF THIS FORM DOES NOT INDICATE THAT THERE ARE ANY POSITIONS OPEN AND DOES NOT IN ANY WAY OBLIGATE THE COMPANY.

SECTION A REFERRAL SOURCE

OUTSIDE RESOURCE	NEWSPAPER	EMPLOYEE REFERENCE	WALK IN	JOB ANNOUNCE
ف	ف	ف	ف	ف
BY WHOM:				

SECTION B VETERAN'S PREFERENCE

VETERAN'S PREFERENCE	NO	YES	IF "YES" YOU MUST SUBMIT WITH YOUR APPLICATION, DEPENDING ON THE BASIS FOR THE PREFERENCES AS SHOWN BELOW, A COPY OF YOUR DD214 OR VERIFICATION CERTIFICATE. PLEASE WRITE YOUR SOCIAL SECURITY NUMBER ON THE FORM SUBMITTED. IF YOU SUBMITTED THE APPROPRIATE FORM WITHIN THE LAST 12 MONTHS, YOU NEED NOT PROVIDE ANOTHER.
PLEASE CHECK (X) ONE OF THE FOLLOWING BOXES TO DESIGNATE THE BASIS FOR THE PREFERENCE:			
ف	U.S ACTIVE DUTY, SERVICE OF MORE THAN 180 DAYS WITH OTHER THAN DISHONORABLE DISCHARGE, SUBMIT DD214. DATES OF ACTIVE DUTY SERVICE		
ف	SERVICE-CONNECTED DISABILITY. SUBMIT VERIFICATION CERTIFICATE, AVAILABLE AT THE DEPARTMENT OF ECONOMIC SECURITY VETERAN AFFAIRS OFFICES.		
ف	SPOUSE OF VETERAN WHO IS MIA, POW, TOTALLY AND PERMANENTLY SERVICE-CONNECTED DISABLED, OR WHO DIED OF A SERVICE-CONNECTED DISABILITY. SUBMIT VERIFICATION CERTIFICATE, AVAILABLE AT THE DEPARTMENT OF ECONOMIC SECURITY VETERAN AFFAIRS OFFICES.		

SECTION C THIS INFORMATION IS VOLUNTARY

SEX	FEMALE	MALE	BIRTHDAY	MO	DA	YR
	ف	ف				
ف I	AMERICAN INDIAN OR ALASKAN NATIVE: A PERSON HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF NORTH AMERICA.					
ف A	ASIAN OR PACIFIC ISLANDER: A PERSON HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF THE FAR EAST, SOUTHEAST ASIA, THE INDIAN SUBCONTINENT, OR THE PACIFIC ISLANDS. THIS AREA INCLUDES, FOR EXAMPLE, CHINA, INDIA, JAPAN, KOREA, THE PHILIPPINE ISLANDS AND SAMOA					
ف B	BLACK (NOT OF HISPANIC ORIGIN): A PERSON HAVING ORIGINS IN ONE OF THE BLACK RACIAL GROUPS.					
ف H	HISPANIC: A PERSON FROM MEXICO, PUERTO RICO, CUBA, CENTRAL OR SOUTH AMERICA OR OTHER SPANISH CULTURE OR ORIGIN, REGARDLESS OF RACE					
ف W	WHITE (NOT OF HISPANIC ORIGIN): A PERSON HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF EUROPE, NORTH AFRICA, OR THE MIDDLE EAST.					

SECTION D POSITION FOR WHICH YOU ARE APPLYING

POSITION APPLIED FOR:

SECTION E APPLICANT INFORMATION

NAME LAST	FIRST	M.I.	SOCIAL SECURITY NO.
STREET ADDRESS & APT/SPACE NO.			
CITY	STATE	ZIP CODE	
HOME PHONE (AREA CODE)		WORK PHONE (AREA CODE)	
ARE YOU A U.S. CITIZEN?	NO	YES	
	ف	ف	
IF YOU ARE NOT A U.S. CITIZEN, ARE YOU ELIGIBLE TO BE EMPLOYED UNDER A VISA OR ENTRY PERMIT?	NO	YES	PERMIT TYPE AND/OR VISA NUMBER
	ف	ف	
HAVE YOU BEEN KNOWN TO SCHOOLS/EMPLOYERS/REFERANCES BY ANOTHER NAME? IF YES.	OTHER NAMES USED:		
HAVE YOU EVER BEEN CONVICTED OF A FELONY? OF A MISDEMEANOR INVOLVING MORAL TURPITUDE? IF "YES" EXPLAIN BELOW THE OFFENSE, DATE AND LOCATION. CONVICTIONS ARE EVALUATED IN RELATION TO THE POSITION APPLIED FOR.			
NO	YES		
ف	ف		
ARE ANY OF YOUR RELATIVES BY BLOOD OR MARRIAGE EMPLOYED BY JUST FOR CONCRETE, LLC?	NO	YES	IF YES, LIST NAME(S) BELOW
	ف	ف	
IF PRESENTLY EMPLOYED, MAY WE CONTACT YOUR EMPLOYER?	NO	YES	
	ف	ف	

SECTION F - THIS SECTION IS OPTIONAL

DO YOU FLUENTLY SPEAK ANY LANGUAGE OTHER THAN ENGLISH?	NO	YES
	ف	ف
IF YES, PLEASE SPECIFIC:		
IF YOU POSSESS A VALID DRIVER'S LICENSE, ENTER THE APPROPRIATE CLASS, STATE, AND NUMBER.		
CLASS	STATE	NO.
FOR FORMER (WITHIN TWO YEARS) JUST FOR CONCRETE, LLC	REINSTATEMENT?	REEMPLOYMENT?
EMPLOYEES ONLY. ARE YOU APPLYING FOR (CHECK APPROPRIATE BOX)	ف	ف

SECTION G AVILABILITY (CHECK ALL BOXES THAT APPLY)

INDICATE THE TYPES OF APPOINTMENTS YOU WILL ACCEPT	PERMANENT	TEMPORARY	BY POSITION	LIMITED (6 TO 36 MONTHS)	OFFICE WORK
	ف	ف	ف	ف	ف
WILL YOU ACCEPT FULL-TIME PART-TIME TEMPORARY WORK?	ف	ف	ف		
WILL YOU ACCEPT A JOB THAT REQUIRES YOU TO WORK WEEKENDS OR HOLIDAYS?	NO	YES			
	ف	ف			
CONSIDERABLE OUT-OF TOWN TRAVEL IS REQUIRED, WOULD YOU BE WILLING AND ABLE TO TRAVEL INCLUDING OVER NIGHT STAYS?	NO	YES			
	ف	ف			

SECTION H COMMENTS & ADDITIONAL INFORMATION

USE THE SPACE BELOW TO LIST PROFESSIONAL SOCIETY MEMBERSHIPS, JOB-RELATED LICENSES, REGISTRATIONS, CERTIFICATES, WITH THEIR NUMBERS, AND EXPIRATION DATES. PROVIDE ADDITIONAL COMMENTS OR INFORMATION THAT WOULD BE OF ASSISTANCE IN CONSIDERING YOU FOR THIS POSITION:

SECTION I WORK HISTORY (LIST MOST CURRENT TO OLDEST – MOST RECENT JOB FIRST)

FROM (MO/YR)	TO (MO/YR)	JOB TITLE	TYPE OF BUSINESS		
HRS/WK	STARTING SALARY	FINAL SALARY	EMPLOYER'S NAME		
EMPLOYER'S STREET ADDRESS & PO BOX, IF ANY		CITY	STATE	ZIP CODE	
NO. OF EMPLOYEES SUPERVISED	SUPERVISOR'S NAME		SUPERVISOR'S TITLE	SUPERVISOR'S PHONE	
REASON FOR LEAVING:					
DESCRIPTION OF DUTIES:					
FROM (MO/YR)	TO (MO/YR)	JOB TITLE	TYPE OF BUSINESS		
HRS/WK	STARTING SALARY	FINAL SALARY	EMPLOYER'S NAME		
EMPLOYER'S STREET ADDRESS & PO BOX, IF ANY		CITY	STATE	ZIP CODE	
NO. OF EMPLOYEES SUPERVISED	SUPERVISOR'S NAME		SUPERVISOR'S TITLE	SUPERVISOR'S PHONE	
REASON FOR LEAVING:					
DESCRIPTION OF DUTIES:					

FROM (MO/YR)	TO (MO/YR)	JOB TITLE	TYPE OF BUSINESS		
HRS/WK	STARTING SALARY	FINAL SALARY	EMPLOYER'S NAME		
EMPLOYER'S STREET ADDRESS & PO BOX, IF ANY		CITY	STATE	ZIP CODE	
NO. OF EMPLOYEES SUPERVISED	SUPERVISOR'S NAME		SUPERVISOR'S TITLE	SUPERVISOR'S PHONE	
REASON FOR LEAVING:					
DESCRIPTION OF DUTIES:					
FROM (MO/YR)	TO (MO/YR)	JOB TITLE	TYPE OF BUSINESS		
HRS/WK	STARTING SALARY	FINAL SALARY	EMPLOYER'S NAME		
EMPLOYER'S STREET ADDRESS & PO BOX, IF ANY		CITY	STATE	ZIP CODE	
NO. OF EMPLOYEES SUPERVISED	SUPERVISOR'S NAME		SUPERVISOR'S TITLE	SUPERVISOR'S PHONE	
REASON FOR LEAVING:					
DESCRIPTION OF DUTIES:					

SECTION J EDUCATION & TRAINING (LIST OLDEST TO MOST CURRENT- MOST RECENT AS LAST ITEM)

HIGH SCHOOL	CITY/STATE	DIPLOMA/GED			
COLLEGES, UNIVERSITIES, TRADE OR BUSINESS SCHOOLS, CERTIFICATES	CITY/STATE (LIST CAMPUS ATTENDED)	DEGREE/DIPLOMA	SEM HRS EARNED	QTR HRS EARNED	MAJOR AREA OF STUDY
A					
B					
C					

SECTION K EMERGENCY NOTIFICATION

Please indicate person to be contacted in case of an emergency

Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Telephone(home) _____ (work) _____

SECTION L DRUG TEST

I UNDERSTAND THAT IT WILL BE NECESSARY TO SUCCESSFULLY PASS A DRUG SCREEN TEST.

_____ INITIALS

SECTION M STATEMENT OF CERTIFICATION - APPLICANT SIGNATURE

BY SIGNING THIS APPLICATION, I CERTIFY UNDER PENALTY OF LAW THAT THE INFORMATION PROVIDED ANYWHERE IN THIS APPLICATION IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I ALSO ACKNOWLEDGE THAT SHOULD INVESTIGATION AT ANY TIME DISCLOSE ANY MISREPRESENTATION OR FALSIFICATION, MY APPLICATION MAY BE REJECTED, MY NAME MAY BE REMOVED FROM FURTHER CONSIDERATION, AND I MAY BE DISQUALIFIED FROM FUTURE EXAMINATION AND/OR TERMINATED FROM EMPLOYMENT. I ALSO AUTHORIZE JUST FOR CONCRETE, LLC TO MAKE ALL NECESSARY AND APPROPRIATE INVESTIGATIONS ALLOWABLE BY LAW TO VERIFY THE INFORMATION PROVIDED.

SIGNATURE:

MONTH	DAY	YEAR

COMMENTS: