



# WEAVER BROS. CONSTRUCTION CO., INC.

1629 RT. 3A  
BOW, NH 03304  
T: (603) 228-8631  
F: (603) 228-5375

E: jobs@wbcc.biz

## Application for Employment

Employee Name: \_\_\_\_\_

	_____	_____	_____
	_____	_____	_____

Address: \_\_\_\_\_

	_____	_____	_____
	_____	_____	_____

Mailing Address \_\_\_\_\_

If Different \_\_\_\_\_

	_____	_____	_____
	_____	_____	_____

Contact Numbers: \_\_\_\_\_

	_____	_____	_____
	_____	_____	_____

### PREVIOUS THREE YEARS RESIDENCY

_____	_____	_____	# of Years _____
Street	City	State/Zip Code	
_____	_____	_____	# of Years _____
Street	City	State/Zip Code	
_____	_____	_____	# of Years _____
Street	City	State/Zip Code	

Position Applying for: \_\_\_\_\_ Salary Desired: \_\_\_\_\_ Date Avail.: \_\_\_\_\_

If hired, can you provide proof that you are eligible to work in the United States? YES NO

If hired, can you provide proof that you are over 18 years of age? YES NO

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? YES NO

Have you ever been arrested for or convicted of a crime that has not been annulled by a court? YES NO

If "Yes", explain: \_\_\_\_\_  
(An answer of "Yes" will not necessarily bar you from employment; all circumstances will be considered)

Have you applied to this company before: \_\_\_\_\_ Where/When? \_\_\_\_\_

How did you hear about our company? Newspaper Ad Radio Ad Website Referral \_\_\_\_\_

Are you able to perform the duties or essential job functions of the position being sought? YES NO

If no, what are the specific limitations of such employment? \_\_\_\_\_

Is there some type of accommodation(s) that would enable you to perform the functions of the job? \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

List any skills/training/achievements as they pertain to the position you are applying for:

## Education and Skills

Education: School Name/Type      School Address      Major/Degree      Graduate? Yes No      Graduation Date


**References:** (Please list professional references before personal references.)

Name:	Address:	Phone:	Relationship:

**FOR TRUCK DRIVER APPLICANTS ONLY:**

**LICENSE INFORMATION**

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES FROM TO	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK			
TRACTOR AND SEMI-TRAILER			
TRACTOR – TWO TRAILERS			
OTHER			

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)**

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS

**TRAFFIC CONVICTIONS AND FOREFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)**

DATE CONVICTED (month/year)	VIOLATION	STATE OF VIOLATION	PENALTY (forfeited bond, collateral and/or points)

## Employment History

**Employment History:** (Please list most recent employer first. Attach additional pages as needed.)

Company Name:	Street Address:		
City:	State:	Zip:	Phone:
Supervisor Name:			
Supervisor Title:	Starting Salary:	Ending Salary:	
Position:	Start Date:	End Date:	
Responsibilities:			
Reason for Leaving:			

**Following Three Questions for Truck Driver Applicants ONLY:**

Any gaps in employment and/or unemployment must be explained. Include dates (month/year) and reason: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?	YES	NO
Was the previous job position designated as a safety sensitive function in any D.O.T. regulated mode, subject to alcohol and controlled substances testing requirements as per 49 CFR Part 40?	YES	NO

Company Name:	Street Address:		
City:	State:	Zip:	Phone:
Supervisor Name:			
Supervisor Title:	Starting Salary:	Ending Salary:	
Position:	Start Date:	End Date:	
Responsibilities:			
Reason for Leaving:			

**Following Three Questions for Truck Driver Applicants ONLY:**

Any gaps in employment and/or unemployment must be explained. Include dates (month/year) and reason: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?	YES	NO
Was the previous job position designated as a safety sensitive function in any D.O.T. regulated mode, subject to alcohol and controlled substances testing requirements as per 49 CFR Part 40?	YES	NO

Company Name:	Street Address:		
City:	State:	Zip:	Phone:
Supervisor Name:			
Supervisor Title:	Starting Salary:	Ending Salary:	
Position:	Start Date:	End Date:	
Responsibilities:			
Reason for Leaving:			

**Following Three Questions for Truck Driver Applicants ONLY:**

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Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?	YES	NO
Was the previous job position designated as a safety sensitive function in any D.O.T. regulated mode, subject to alcohol and controlled substances testing requirements as per 49 CFR Part 40?	YES	NO

## Employment Application – Disclaimer & Signature (For all applicants)

Please read the following statements carefully; they constitute the conditions under which you might be employed by this company.

I authorize you to make investigations and inquiries regarding my personal or medical history or other related matters as may be necessary in arriving at an employment decision. Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended. I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in dismissal/discharge. I also understand that I am required to abide by all rules and regulations of Weaver Bros. Const. Co., Inc. in the event that I am hired.

I further understand that information I provide regarding current and/or previous employers may be used, and that those employers will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have right to (a) review information provided by current/previous employers; (b) have errors in the information corrected by previous employers and require those previous employers to re-send the corrected information to this prospective employer; and (c) have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Federal and State law prohibit discrimination; this company does not discriminate in hiring and employment on the basis of race, color, religion, national origin, sex, age, marital status, or disability. We are an EEO and Affirmative Action Employer.

This certifies that I have completed this application and that all entered information is true and complete to the best of my knowledge.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

-----THIS SECTION FOR USE BY WEAVER BROS.-----

APPLICATION REVIEWED BY: \_\_\_\_\_

REFERENCES WERE CONTACTED – NOTES: \_\_\_\_\_

\_\_\_\_\_

INTERVIEW SCHEDULED FOR: \_\_\_\_\_

NOTES: \_\_\_\_\_

\_\_\_\_\_

APPLICANT NOTIFED OF HIRE/NON-HIRE ON: \_\_\_\_\_ START DATE: \_\_\_\_\_

