

**Port Aggregates, Inc.**  
314 North Main Street  
Jennings, Louisiana 70546  
337-824-7625

## **DOT Application for Employment**

We are an equal opportunity employer, dedicated to a policy of non- discrimination in employment on any basis including race, color, age, sex, religion, disability or national origin.

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### **Personal Information**

Name \_\_\_\_\_ Date \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ (As instructed by CFR 391.21b)

Dr. License Number \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

3 yrs. Residency \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Referred by \_\_\_\_\_

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### **Employment Desired**

Position \_\_\_\_\_ Date you can start \_\_\_\_\_

Are you employed now? Yes \_\_\_ No \_\_\_ If so, may we contact your employer? \_\_\_\_\_

Have you applied here before? \_\_\_\_\_ Are you over 18 years old? \_\_\_\_\_

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### **Education**

High School \_\_\_\_\_

Years completed \_\_\_\_\_ Diploma/ Degree \_\_\_\_\_

College/ University/ Technical \_\_\_\_\_

Years completed \_\_\_\_\_ Diploma/ Degree \_\_\_\_\_

Course of Study \_\_\_\_\_

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## General

Describe any Specialized Training, Apprenticeship, or job related skills:

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**References** List below three persons not related to you, whom you have known at least one year.

<i>Name</i>	<i>Address</i>	<i>Position</i>	<i>Years Acquainted</i>
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

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## Employment History/ Previous Employers (minimum 5 years)

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Salary \_\_\_\_\_

Date of Employment From \_\_\_\_\_ To \_\_\_\_\_

Supervisor \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Principal Duties \_\_\_\_\_ Vehicle Operated \_\_\_\_\_

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Company Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Salary \_\_\_\_\_

Date of Employment From \_\_\_\_\_ To \_\_\_\_\_

Supervisor \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Principal Duties \_\_\_\_\_ Vehicle Operated \_\_\_\_\_

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Company Name \_\_\_\_\_

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Telephone Number \_\_\_\_\_ Salary \_\_\_\_\_

Date of Employment From \_\_\_\_\_ To \_\_\_\_\_

Supervisor \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Principal Duties \_\_\_\_\_ Vehicle Operated \_\_\_\_\_

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Company Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Salary \_\_\_\_\_

Date of Employment From \_\_\_\_\_ To \_\_\_\_\_

Supervisor \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Principal Duties \_\_\_\_\_ Vehicle Operated \_\_\_\_\_

If you are to be hired by the company, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.

## Authorization

I certify the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Company.

I understand that any employment is conditioned on a background check. I authorize the Company to thoroughly investigate all statements contained in my application or resume, including obtaining my motor vehicle records, criminal records, credit records, or any other necessary information pertinent to the company. I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employers and all references listed above from any and all claims, demands or liabilities arising out of such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during my interview is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the company. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing.

If I am offered employment, I agree to submit to a medical examination or drug test before starting work. If employed, I also agree to submit to a medical examiner or drug test at any deemed appropriate time by the company and as permitted by law. I consent to such examinations and tests and I request that the examining disclose to the company the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by the Company's Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the Company to hire. If hired, I agree to abide by all Company work rules, policies and procedures. The Company retains the right to revise its policies or procedures, in whole or in part at any time.

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