

SPENCER PAVING COMPANY, INC.
185 Sabin Road - Spencer, NY 14883
607-589-4466

EMPLOYMENT HISTORY

All Driver Applicants must provide the following information for the preceding 3 years driving experience.
(NOTE: List employers in reverse order starting with the most recent)

Employer Name _____

Address _____
STREET CITY STATE ZIP

Contact Person _____ Phone Number (____) _____ Fax No (____) _____

Employed: From _____ to _____ Position Held: _____ Salary/Wage: _____

Reason for Leaving: _____

Employer Name _____

Address _____
STREET CITY STATE ZIP

Contact Person _____ Phone Number (____) _____ Fax No (____) _____

Employed: From _____ to _____ Position Held: _____ Salary/Wage: _____

Reason for Leaving: _____

Employer Name _____

Address _____
STREET CITY STATE ZIP

Contact Person _____ Phone Number (____) _____ Fax No (____) _____

Employed: From _____ to _____ Position Held: _____ Salary/Wage: _____

Reason for Leaving: _____

To Be Read and Signed by Driver-Applicant

This certifies that I completed this application, and that all entries and information are true and complete to the best of my knowledge.

I authorize Spencer Paving Company, Inc. to make such investigations and inquiries of my personal, employment, financial and medical history, and any other related matters, as may be necessary in arriving at an employment decision. I further authorize Spencer Paving Company, Inc. permission to secure an Abstract of Driving Record (MVR) from the state issuing my CDL, or shall furnish it upon request. I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with this application.

In the event of employment, I understand that false or misleading information given on this application, or interview (s), may result in immediate termination of employment. I understand also that I am required to abide by all rules, regulations and company policies of Spencer Paving Company, Inc. and those regulations applying to my position governed by the *Federal Motor Carrier's Safety Regulations*.

Date: _____ Applicant's Signature: _____