

ENGLISH

APPLICATION FOR EMPLOYMENT

P.O. Box P-7000
Lynchburg, Virginia 24505
Equal Opportunity Employer

Please PRINT all information

Applicants are considered without regard to race, color, religion, sex, age, national origin, disability, marital or veteran status, or any other legally protected status.

Application good for 30 days

Job applied for (be specific): _____

Date : _____

Name (Print or Type)		
Last	First	Middle Initial
Address (Street Name and Number)		Telephone Number
City	State	Zip Code
Military Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, what era or campaign _____		

Are you over the age of 18? _____ If age 18 or 19, a copy of birth certificate must accompany this application.

Have you ever worked for English before? _____

If so, when and where? _____ Who was your supervisor? _____

If applying for clerk or timekeeper, list relatives working for English and where they work: _____

Do you have a reliable and reasonable means of transportation to work? _____

PERSON TO BE NOTIFIED IN CASE OF AN EMERGENCY:

Name: _____ Relationship: _____ Telephone: _____

Address: _____

LAST THREE (3) EMPLOYERS:

	1	2	3
From / To:	_____	_____	_____
Name, Address:	_____	_____	_____
Telephone:	_____	_____	_____
Wage:	_____	_____	_____
Supervisor:	_____	_____	_____
Position Held:	_____	_____	_____
Reason for Leaving:	_____	_____	_____

If you are applying for a position as a truck driver, complete the following:

Driver's License Number: _____ State of Issue: _____ Expiration Date: _____

Check (4): Operator Commercial Chauffeur

DOT Qualified: Yes No (If yes, attach DMV record to date.)

Have you had any accidents in the past three years? _____ How many accidents? _____

Have you had any moving violations in the past three years? _____ How many? _____

Highest Level of Education Achieved:

Grade _____ High School _____ College _____ Degree _____

CONDITIONS OF APPLICATION AND AUTHORIZATION

I understand that the Company may request a police and/or credit report about me and that I have the right to request that the Company disclose completely and accurately to me the content of those reports. I further understand that any offer of employment by the Company is contingent upon my passing any required physical examinations (including a drug and/or alcohol screening). By signing below, I certify that all statements made by me on this application are true and complete to the best of my knowledge and that any misrepresentations or omissions may be cause for rejection of this application or subsequent dismissal, if hired. I hereby release the Company from any and all liability of whatever kind and nature which, at any time, could result from obtaining and making an employment decision based upon such information. I understand and agree that, if I am employed, my employment will be on an at-will basis and that my employment may be terminated at any time by me or the Company with or without prior notice.

I hereby authorize my previous employers to furnish the Company with any information it may have concerning me which is on record or otherwise, and do hereby release my previous employers and all individuals connected therewith, including the Company (English), from any and all liability whatsoever that might otherwise be incurred in furnishing such information.

I hereby acknowledge that I have read and understand each of the above statements.

Witness: _____ Signature of Applicant: _____
Date: _____

Are you legally authorized to work in the United States? Yes No

===== **Do not write below this line. For company use only.** =====

Employee Information Bulletin given to employee	Initials of Employer	Initials of Employee
Items 1 thru 10 were covered:	_____	_____
(1) Using Seat Belts	_____	_____
(2) Using Hard Hats	_____	_____
By Video _____ (3) Using Ear and Eye Protection	_____	_____
(4) Work Safety Policy English	_____	_____
By Interview _____ (5) Proper Shoes and Clothing	_____	_____
(6) No Jewelry – Long Hair	_____	_____
(7) E.E.O. Policy (Minority/Female)	_____	_____
(8) Grievance and Discharge Procedure	_____	_____
(9) Training (OJT) Opportunities	_____	_____
(10) Hazard Communications	_____	_____

You are requested to withhold from my pay the following amount(s) for the indicated item(s):

_____ Yes	_____ No	Hard Hat	\$4.00
_____ Yes	_____ No	Safety Glasses	\$3.00
_____ Yes	_____ No	Hard Toe Work Boots	Price less \$18.00

Superintendent _____ Employee Signature _____
Date _____ Printed Name _____

BEFORE SUBMITTING THIS APPLICATION TO THE HOME OFFICE FOR PROCESSING

Complete, staple together in the order indicated, and attach to this application:

- Federal and State Tax Forms
- I-9 Form documents (copy of 2 forms of ID)
- Birth Certificate, if age 18 or 19
- Substance Abuse Policy Statement
- ID Form
- Job Description
- Driver Qualification File, if employee is applying for on road truck driver position (submit separately, do not staple to others)
- Motor Vehicle Authorization Form (if applicable)
- Overnight Accommodations (if applicable)

Date of Employment _____ Job Title _____ Job Number _____ Rate of Pay _____

Signature of person authorizing employment _____

Form I-9, Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen or national of the United States
- A lawful permanent resident (Alien #) A _____
- An alien authorized to work until _____
(Alien # or Admission #)

Employee's Signature	Date (month/day/year)
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Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

Document Title: _____	Document #: _____	Expiration Date (if any): _____
I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.		
Signature of Employer or Authorized Representative	Date (month/day/year)	

LISTS OF ACCEPTABLE DOCUMENTS

LIST A Documents that Establish Both Identity and Employment Eligibility	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Eligibility
OR	AND	
1. U.S. Passport (unexpired or expired)	1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address	1. U.S. Social Security card issued by the Social Security Administration <i>(other than a card stating it is not valid for employment)</i>
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address	2. Certification of Birth Abroad issued by the Department of State <i>(Form FS-545 or Form DS-1350)</i>
3. An unexpired foreign passport with a temporary I-551 stamp	3. School ID card with a photograph	3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. An unexpired Employment Authorization Document that contains a photograph (Form I-766, I-688, I-688A, I-688B)	4. Voter's registration card	4. Native American tribal document
	5. U.S. Military card or draft record	5. U.S. Citizen ID Card <i>(Form I-197)</i>
5. An unexpired foreign passport with an unexpired Arrival-Departure Record, Form I-94, bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, if that status authorizes the alien to work for the employer	6. Military dependent's ID card	6. ID Card for use of Resident Citizen in the United States <i>(Form I-179)</i>
	7. U.S. Coast Guard Merchant Mariner Card	
	8. Native American tribal document	7. Unexpired employment authorization document issued by DHS <i>(other than those listed under List A)</i>
	9. Driver's license issued by a Canadian government authority	
	For persons under age 18 who are unable to present a document listed above:	
	10. School record or report card	
	11. Clinic, doctor or hospital record	
	12. Day-care or nursery school record	

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)