



HIGHWAY REHABILITATION CORP.

Administrative Offices:
2258 Route 22
Brewster, NY 10509
Tel: (845) 278-9645
Fax: (845) 278-0747

Shop:
100 Stradtman St.
Cheektowaga, NY 14026
Tel: (716) 892-2211
Fax: (716) 892-2257

Date Received: _____

Personal Information			
Last Name	First Name	Middle Name	Today's Date
Street Address		City	State Zip Code
Home Phone: (____) _____ - _____		Are you a United States Citizen or legally eligible to work in the U. S.? ____ Yes ____ No <i>(if hired, you will be required to provide documentation that you are eligible to work in the U.S.)</i>	
Work Phone: (____) _____ - _____			
Mobile: (____) _____ - _____			
Email: _____			
Are you 18 or over? ____ Yes ____ No			
Title of Position Applying For			Date Available to Work
Have you been previously interviewed or employed by Highway Rehab. Corp.? ____ Yes ____ No If Yes, list date(s) and job title(s):			
Do you have any relatives currently working for Highway Rehab. Corp.? ____ Yes ____ No If Yes, list names and relationship to you:			
Are you employed now? ____ Yes ____ No If so, may we contact your present employer? ____ Yes ____ No			
Do you hold a valid drivers license? ____ Yes ____ No Type : _____			
Driver's License Number: _____		State Issued: _____	
Endorsement(s): Check all that apply ____ Hazardous Material ____ Tank ____ Double/triple trailers			

Education				
Name and Location		# Years Completed	Major Area of Study	Degree/Diploma
High School				
College				
Graduate School				
Technical or Certificate Programs				

Employment History		
Please provide the following information for your previous three employers, beginning with the most recent: (Please attach an additional page if necessary, do not use "see attached resume".)		
Employer:	Dates Employed:	Job Title:
	From_____ To_____	
Address:		
Telephone:	Job Duties:	
Weekly Pay Start: Finish:		
Reason for Leaving:		

Employer:	Dates Employed:	Job Title:
	From_____ To_____	
Address:		
Telephone:	Job Duties:	
Weekly Pay Start: Finish:		
Reason for Leaving:		

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Weekly Pay Start: Finish:		
Reason for Leaving:		

Describe your qualifications for the type of employment you are seeking: (Include skills, special training, etc.)

Have you completed the OSHA 10 hour construction training? _____

Please list any special awards, honors, scholarships, or offices held.

References				
Please list names of supervisors, managers, or others who can comment directly on your abilities:				
Name	Address	Phone #	Relationship/Occupation	Years Known

Highway Rehab. Corp. is an Equal Opportunity Employer. It is the policy of Highway Rehab. Corp. not to discriminate in employment matters on the basis of race, creed, color, age, marital status, national origin, sex, or status with regard to public assistance or disability.

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if employed, false statements on this application shall be considered sufficient cause of dismissal. You are hereby authorized to make investigation of my personal references.

Signature of Applicant

Date

MVR RELEASE CONSENT FORM

In conjunction with my potential employment at **Highway Rehabilitation Corp.** ("the company"), I _____ (applicant) consent to the release of my Motor Vehicle Records (MVR) to the company. I understand the company will use these records to evaluate my suitability to fulfill driving duties that may be related to the position for which I am applying. I also consent to the review, evaluation, and other use of any MVR I may have provided to the company. This consent is given in satisfaction of Public Law 18 USC 2721 et. Seq., "Federal Drivers Privacy Protection Act", and is intended to constitute "written consent" as required by this Act..

In addition, should my application be accepted for employment and/or upon my becoming an employee of **Highway Rehabilitation Corp** or as a condition of being assigned driving duties on behalf of the aforementioned, I further authorize any/all additional request for my motor Vehicle Report be submitted and reviewed as needed.

Signed (applicant) _____

Date: _____

Drivers' License Number: _____ State: _____