

620 Phillips Dr * Beavercreek, OH 45434 Ph# 937-426-5461 * Fax# 937-426-0659 Website: <u>www.phillipscompanies.com</u> EEO Employer

** APPLICANTS MUST PASS A PHYSICAL AND DRUG TEST WITH OUR DOCTORS ** Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of non-job related medical conditions or handicap.

Position	ı(s) Appli	ed For:			
Date of	Applicat	ion:			
	Are you	looking for:	Full time	Part-time	Temporary
	Date av	ailable to work:			
	Are you	on layoff or subject to recall:	Yes / No		
	Do you	have a current DOT health card?	Yes / No		
	Have you applied before? If yes, give date: Have you been employed here before?		Yes / No	Date: Date:	_
			Yes / No		
	How die	l you learn about us?		Advertisement	
			Employme	ent Agency	Other
	Were yo	ou referred to us by a current Phillip	s employee? Yes	s / No Who	
	Person a	& phone # to contact in case of emer	rgency:		
			· ·		
PERS	SONA	L INFORMATION			
I LIN					
NAME					
		First Name Middle	e Initial	Last Name	
ADDRE	ESS	Street Address			
		Street Address			
		City	State		Zip Code
TELEPI	HONE		SOCIAL SECU	IRITY #:	
I LLLII			Soonie seoo		
COMM	ERCIAL	DRIVER'S LICENSE? YES /	NO	If yes, give number:	
	State			_	
	Expirati	on Date		_	
	Class			_	
	Number	of points on your license		_	
	Do you	have a license in another state?	Yes / No	If yes, give state:	
Give na	me, addro	ess and phone number of two (2) ref	ferences who are	not related to you and	are not former employers.
1					
2					

• Are you prevented from lawfully becoming employed in this country because of visa or immigration status? Yes / No (Proof of citizenship/immigration status is required upon employment)

• Have you been convicted of a felony within the last 7 years? Yes / No If yes, please explain:

EMPLOYMENT EXPERIENCE

Start with your present or most recent job. Account for all time periods including military service, unemployment, and volunteer activities. Exclude organizational names which indicate race, color, religion, creed, sex or national origin.

EMPLOYER:				PHONE:	
ADDRESS:	Street Address		City	State	· · · · · · · · · · · · · · · · · · ·
DATE(S): POSITION: DUTIES:	From	То			
PAY:	Starting	Ending			
	Are you presently employed here? May we contact this employer?		Yes / No Yes / No		
EMPLOYER:				PHONE:	
ADDRESS:	Street Address		City	State	
DATE(S): POSITION: DUTIES:	From	То			
PAY:	Starting	Ending			
	May we contact this employer?		Yes / No		
EMPLOYER:				PHONE:	
ADDRESS:	Street Address		City	State	<u> </u>
DATE(S): POSITION:	From	То			
DUTIES: PAY:	Starting	Ending			
		2	Yes / No		
EMPLOYER:				PHONE:	
ADDRESS:	Street Address		City	State	······
DATE(S): POSITION: DUTIES:	From	То			
PAY:	Starting	Ending			
	May we contact this employer?		Yes / No		

SPECIALIZED SKILLS

- _____ Single Axle Dump Trucks
- Tandem Axle Dump Trucks
- Ready Mix Trucks
- Tractor Trailers
- Flat Bed Trucks
- Tanker Trucks

Backhoe Loaders
Track Type Tractors
Track Type Loaders
Hydraulic Excavators
Wheel Scrapers

Motor Graders

Check Skills/Equipment Operated

- Wheel Loaders Vibratory Rollers
- Vibratory Compactors
- _____ Air Compressors
- Lasers
- Welders

_ Typewriter PC Fax

Calculator

Other

ADDITIONAL INFORMATION

Please state any additional information you feel may be helpful to us in considering your application.

EDUCATION

	Name & Address of School	Years	Diploma or
High School		Completed	Degree
ingn School			
College			
Graduate/Professional			
Other (i.e. Military)			

FOR OFFICE USE ONLY

STARTING D	ATE	WAGE	POSITION	
CDL: Y/N		CDL CLASS _		
\$	RAISE BY	DAYS		

DATE:

DEAR PROSPECTIVE OR CURRENT EMPLOYEE:

Consumer reports may be obtained as part of *Phillips Companies* evaluation of your job application/employment. The reports may be procured by Montgomery Insurance & Investments Agency Inc. and may include your driving record, for an assessment of your insurability under *Phillips Companies* insurance coverage, or other consumer reports. By signing this disclosure you hereby authorize *Phillips Companies* to procure such reports and additional reports about you from time to time, as it deems appropriate, to evaluate your insurability or for other permissible purposes. This disclosure also allows *Phillips Companies* to receive a copy of the aforementioned reports from Montgomery Insurance & Investments Agency, Inc.

Sincerely,

Phillips Companies

Signature of Applicant/Employee

Printed Name of Applicant/Employee

Applicant/Employee's Social Security Number

Signature of Company Official

Printed Name of Company Official

Applicant/Employee's Date of Birth

Applicant/Employee's Driver License Number

FOR OFFICE USE ONLY

_Approved, no restriction

__Not Approved, reason _____

CC: Montgomery Insurance & Investments Agency, Inc.

EMPLOYMENT DATA RECORD

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this section is required by Equal Employment Opportunity Company (EEOC) guidelines. This data will be kept in a confidential file and is not considered as part of your application for employment.

This portion of the application is not required, voluntary only.

Disabled Veteran Handicapped

Birthdate:

Government agencies at times require periodic reports on the sex, ethnic, handicap, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action program.

Circle One:	Male	Female	
Circle One:	White Black	Hispanic American Indian/Alaskan	Asian/Pacific Islander Other
Check If Any Of T	e	11	
	Vietna	m Veteran	