

Counts and Dobyys Inc.
APPLICATION FOR EMPLOYMENT
37 LeLand Road
Rustburg, Virginia 24588
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 Counts & Dobyys before? _____

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

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

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

Do you have a valid Driver's License? Yes No

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 (Counts and Dobyns), 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

Items 1 thru 11 were covered:

By Video _____

By Interview _____

- (1) Using Seat Belts
- (2) Using Hard Hats
- (3) Using Ear and Eye Protection
- (4) Work Safety Policy English
- (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
- (11) Substance Abuse Policy

Initials of Employer _____

Initials of Employee _____

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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 _____