

Aggregate Industries, Inc.
Northeast Region
1715 Broadway
Saugus, MA 01906



APPLICATION FOR EMPLOYMENT

Telephone (781) 941-7200
Fax (781) 941-7228

AN EQUAL OPPORTUNITY EMPLOYER

It is our intention that all qualified applicants be given equal opportunity. Selection decisions are based only on job related factors. We do not discriminate on the basis of race, color, religion, sexual orientation, status with regard to public assistance, national origin, sex, age, marital or veteran status, or disability protected by law or regulation. If hired, you must provide proof that you are eligible to work in the USA. You may also be asked to submit proof of age.

“Relative to polygraph or lie detector testing: Aggregate Industries, Inc. does not demand, nor ask, any employment applicant to submit to a polygraph test, or lie detector test, or any other honesty testing mechanism, as a condition of employment or continued employment. This is in accord with the laws of various states in which Aggregate maintains operations and with Aggregate’s own corporate philosophy. Two of the states in which Aggregate maintains operations require that the Company here provide you with specifically worded notices to this effect, that:

MARYLAND: “UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.”

MASSACHUSETTS: “IT IS UNLAWFUL IN MASSACHUSETTS TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.”

Each question must be fully and accurately answered. **No action can be taken on this application until all questions have been answered.** Use blank paper if you do not have enough room on this application. Please print, except for signature.

Last Name		First Name		M.I.	Today's Date
Street Address			Apt #		Social Security Number (Optional)
Street Address					Home Telephone Number
City		State	Zip Code		Cell Phone Number

Position Applied For:		Work Location:	Date Available:
Check the type of position you are seeking: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary			

Have you ever been employed by Aggregate Industries or our affiliates? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give dates of employment: From: To:	At what location:	What was your position?
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Are you subject to recall from a current lay off? <input type="checkbox"/> Yes <input type="checkbox"/> No
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“A felony conviction does not disqualify you from employment with Aggregate Industries, Inc., unless there exists a bona fide job function or responsibility necessitating a felony conviction-free record. Except in this limited area, Aggregate Industries, Inc. shall not deny you employment based solely on the existence of a felony conviction.” An applicant with an expunged, pardoned, or sealed, felony conviction is entitled to answer in the negative, and to check the box for “no”. An applicant for employment with a sealed record on file with the Massachusetts Commissioner of probation may answer “no record” with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. In addition, any applicant for employment may answer “no record” with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to superior court for criminal prosecution.”
Have you ever been convicted of a felony? ☐ Yes ☐ No or No Record. If yes, please explain:

If you are under the age of 18, can you furnish a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No

List any machines, equipment, languages, skills and/or additional training that you possess that may be related to the job for which you are applying:

EDUCATION	List Name & Address of Schools	Diploma/Degree/GED	Years Completed
High School or GED			
College or University			
Vocational/Technical			

EMPLOYMENT HISTORY (CONTINUED)

Please use this form if you need more space to cover your employment history for the past 10 years.

Name of Employer:		Position Held:	
Street Address:		Start Date:	End Date:
City:	State:	Zip Code:	Salary/Hourly Rate:
Supervisor's Name:	Telephone Number:		Reason for Leaving:

Name of Employer:		Position Held:	
Street Address:		Start Date:	End Date:
City:	State:	Zip Code:	Salary/Hourly Rate:
Supervisor's Name:	Telephone Number:		Reason for Leaving:

Name of Employer:		Position Held:	
Street Address:		Start Date:	End Date:
City:	State:	Zip Code:	Salary/Hourly Rate:
Supervisor's Name:	Telephone Number:		Reason for Leaving:

Name of Employer:		Position Held:	
Street Address:		Start Date:	End Date:
City:	State:	Zip Code:	Salary/Hourly Rate:
Supervisor's Name:	Telephone Number:		Reason for Leaving:

Name of Employer:		Position Held:	
Street Address:		Start Date:	End Date:
City:	State:	Zip Code:	Salary/Hourly Rate:
Supervisor's Name:	Telephone Number:		Reason for Leaving:

Name of Employer:		Position Held:	
Street Address:		Start Date:	End Date:
City:	State:	Zip Code:	Salary/Hourly Rate:
Supervisor's Name:	Telephone Number:		Reason for Leaving:

Name of Employer:		Position Held:	
Street Address:		Start Date:	End Date:
City:	State:	Zip Code:	Salary/Hourly Rate:
Supervisor's Name:	Telephone Number:		Reason for Leaving:

EMPLOYMENT HISTORY

List all employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm names and supply three business references. Include any verified work done on a voluntary basis. **Please note: DOT requires that you report all employment for the past 3 years whether or not you were employed as a commercial motor vehicle driver, and all employment for the past 10 years during which time you held any employment as a commercial motor vehicle driver..**

Name of Current Employer: (May we contact? [] Yes [] No)		Position Held:	
Street Address:		Start Date:	End Date:
City:	State:	Zip Code:	Salary/Hourly Rate:
Supervisor's Name:	Business Number:	Reason for Leaving:	

Name of Employer:		Position Held:	
Street Address:		Start Date:	End Date:
City:	State:	Zip Code:	Salary/Hourly Rate:
Supervisor's Name:	Business Number:	Reason for Leaving:	

Name of Employer:		Position Held:	
Street Address:		Start Date:	End Date:
City:	State:	Zip Code:	Salary/Hourly Rate:
Supervisor's Name:	Business Number:	Reason for Leaving:	

Name of Employer:		Position Held:	
Street Address:		Start Date:	End Date:
City:	State:	Zip Code:	Salary/Hourly Rate:
Supervisor's Name:	Business Number:	Reason for Leaving:	

Please list three references who are not relatives and their telephone numbers:		
Name of Reference	Relationship	Phone Number

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or misleading omission in certification may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize Aggregate Industries to make inquiries regarding my history and character of current and prior employers, schools, etc. and hereby release any person, school, current employer, past employer and organizations named in this application from any liability in responding to inquiries in connection with my application and release Aggregate Industries from all liability with respect to such inquiries.

I understand that if employed, subject to collective bargaining agreement stating otherwise, I will be an employee "at will" and may terminate my employment at any time with or without cause or notice and that Aggregate Industries also has that right. I also understand that no representative of Aggregate Industries, other than the President, has the authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, and that such agreement must be signed by the President and the employee. If I am employed, I agree to abide by the policies, rules and procedures of Aggregate Industries and any changes thereto.

I have read, understand, and by my signature consent to these statements.

Signature

Date

THE U.S. DEPARTMENT OF TRANSPORTATION REQUIRES APPLICANTS COMPLETE THIS FORM FOR ALL POSITIONS REQUIRING A COMMERCIAL DRIVER'S LICENSE (CDL) UNDER 49 CFR Sec. 391.21 (b)(2) & (b) (9).

PLEASE USE ADDITIONAL SHEETS IF MORE SPACE IS REQUIRED

Last Name:	First Name:	Middle Initial:	Date of Birth:
Social Security Number:		Do you have a valid driver's license: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been denied a license, permit or privilege to operate a motor vehicle?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has any license, permit, or privilege ever been suspended or revoked to operate a motor vehicle in the past 3 years?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If you answered yes to either question please provide a statement setting forth in detail the facts and circumstances of any denial, suspension or revocation of any license, permit, or privilege to operate a motor vehicle:			

List all unexpired driver's licenses/permit numbers with expiration dates.

Driver's License Number	State of Issue	CDL Endorsement	Expiration Date

List all addresses of residence for the past three years.

Street Address	City	State	Zip Code	Years

Driving Experience: Please list the types of motor vehicles you have operated, the length of time operated and the approximate number of miles driven in these vehicles.

Class of Equipment	Number of Miles Driven	Begin Date	End Date
Ready Mix Truck			
Dump Truck			
Low Boy			
Water Truck or Fuel Truck			
Sweeper Truck			
Other:			

List all motor vehicle accidents in which you were involved in the last three years, including the date of the accident, a brief description of each accident, and any resulting injuries or fatalities. Attach additional sheets if needed.

Date of Accident	Nature of Accident (Indicate if it was head-on, rear-end, upset, roll-over, T-bone, etc.)	Number of Fatalities	Number of Injuries

List all violations of motor vehicle laws/ordinances, other than parking violations, where you were convicted or forfeited bond or collateral during the past three years.

Date of Violation	Location	Charge(s)	Penalty

I certify that this application was completed by me and that all information in it is true and complete to the best of my knowledge.

SIGNATURE:

DATE:

REFERRAL SOURCE INFORMATION

COMPLETION OF THIS FORM IS VOLUNTARY AND IN NO WAY AFFECTS THE DECISION REGARDING YOUR APPLICATION FOR EMPLOYMENT. THIS FORM IS CONFIDENTIAL AND WILL BE USED TO BETTER DETERMINE HOW WE MAY SOURCE QUALIFIED APPLICANTS IN THE FUTURE

Please indicate the title of the position for which you are applying:

How did you hear about this position? (Check all boxes that apply).

☐ Aggregate Industries' Website

☐ Other Website

Name of Site: _____

☐ Apprenticeship Program

Name of Program: _____

☐ College/University Recruitment

Name of College/University: _____

☐ Employee Referral Program

Name of the Employee who referred you: _____

☐ Employment Agency (which one?)

☐ Friend or Relative

Name of Friend or Relative: _____

Do they work for Aggregate Industries? ☐ Yes ☐ No

Are they a former company employee? ☐ Yes ☐ No

☐ Job Fair / Open House

☐ Job Services (State Unemployment Office)

☐ Labor Union (which one?)

☐ Newspaper Advertisement (which paper?)

☐ Radio (which station?)

☐ Television (which station?)

☐ Trade Journal (which journal?)

☐ Walk-In

☐ Other

OUTREACH PROGRAMS

☐ Disabled Recruitment

Name of Agency/Program: _____

☐ Minority Recruitment

Name of Agency/Program: _____

☐ Women Recruitment

Name of Agency/Program: _____



AFFIRMATIVE ACTION VOLUNTARY SELF-IDENTIFICATION

It is the policy of this organization to provide equal employment opportunity to all qualified applicants for employment without regard to race, color, religion, sexual orientation, status with regard to public assistance, national origin, sex, age, marital or veteran status, or disability. As an affirmative action employer under E.O. 11246 we invite applicants to identify themselves as indicated below.

COMPLETION OF THIS FORM IS VOLUNTARY AND IN NO WAY AFFECTS THE DECISION REGARDING YOUR APPLICATION FOR EMPLOYMENT. THIS FORM IS CONFIDENTIAL AND WILL BE MAINTAINED SEPARATELY FROM YOUR APPLICATION FORM.

Please print all responses below:

Name:	Date:
Position Applied for:	

Check All that Apply	Category	Description
	Hispanic or Latino	A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
	White (not Hispanic or Latino)	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
	Black or African American (not Hispanic or Latino)	A person having origins in any of the black racial groups of Africa.
	Native Hawaiian or Pacific Islander (not Hispanic or Latino)	A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
	Asian (not Hispanic or Latino)	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
	American Indian or Alaskan Native (not Hispanic or Latino)	A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
	Two or More Races (not Hispanic or Latino)	All persons who identify with more than one of the above five races.

SEX:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
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APPLICANT SIGNATURE:	DATE:
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NOTIFICATION AND RELEASE

Account Manager: Jason Ford

Aggregate Industries (____17244-Asphalt) (____17245-Concrete) (____17246-Stone)
(____17247-Recycling)

Northeast Region

The information contained in my application for employment with Aggregate Industries (hereinafter, "The Company") is true to the best of my knowledge and belief. I understand that any misrepresentation or false statement made by me in connection with the application or any related documents which is deemed material by The Company shall result in The Company not employing me or, if employed, terminating my employment. I understand and agree that all information furnished in my application and all attachments may be verified by The Company or its authorized representative. I hereby authorize all individuals and organizations named or referred to in my application and any law enforcement organization to give The Company all information relative to such verification and hereby release such individuals, organizations, and The Company from any and all liability for any claim or damage resulting therefrom. I hereby acknowledge that I have been informed by The Company that The Company may seek to obtain a consumer report and/or investigative report that will include personal information regarding me, including but not limited to, educational history, work references, driving record, drug testing and criminal convictions or arrest records if allowed, in order to assist The Company in making certain employment decisions. I further acknowledge notification by The Company that reports may be provided to The Company by other firms subcontracted for that purpose. I, my heirs, assigns and legal representatives, hereby release and fully discharge The Company, its parent and affiliated companies and the respective officers, directors, shareholders, employees, agents of each, including subcontractors, from any and all claims, monetary or otherwise, that I may have against The Company, its parent, affiliates or subcontractors, arising out of the making, or use of, either a consumer report and/or investigative report, including any errors or omissions contained or omitted from such reports or investigations. The Company agrees to inform you if an employment decision has been influenced by information contained in a consumer report, made at our request by Castle Branch Inc.. You may obtain a free copy of the report within sixty days by calling Castle Branch Inc. collect @ 1-888-520-0520. The Company will make available to you "A Summary of Your Rights Under The Fair Credit Reporting Act."

List all names that you have used during the last seven- (7) years (including married, maiden, and aliases): Please Print

Name (First, Middle, Last): _____ Date of Birth (Mo./Day/Yr.) _____ / _____ / _____

Maiden Name or "AKA" (First, Middle, Last): _____ Dates Used (Mo./Day/Yr.) from _____ / _____ / _____ to _____ / _____ / _____

Social Security # _____ - _____ - _____ Driver's License # _____ State _____

Current and previous address(es). PROVIDE ALL ADDRESSES FOR PREVIOUS 7 YEARS. (Use extra page if necessary)

Street	From:
City, State, Zip, County	To:
Street	From:
City, State, Zip, County	To:
Street	From:
City, State, Zip, County	To:
Applicant Signature	Signature required Date:

For Employer Use Only: Please mark (x) the searches to be conducted.

Contact: Carla Shattuck Phone: 781-941-7200	Email: carla.shattuck@aggregate.com Fax:
Package A (non-dot) Employment Verification (previous 3 employers or 5 years of Employers—whichever is greater) Residence History Statewide Criminal History-all states of residence past 7 years Social Security Verification Package B (dot) Employment Verification(all employers past 10 years) Residence History Statewide Criminal History-all states of residence past 7 years Social Security Verification DOT Drug and Alcohol Verification	Other Searches <input type="checkbox"/> Additional Employment Verification (# _____ employers) <input type="checkbox"/> Motor Vehicle Records (State: _____) <input type="checkbox"/> Workers Compensation (State: _____) <input type="checkbox"/> Reference Verifications (# _____ references) <input type="checkbox"/> Education Verification <input type="checkbox"/> Federal Bankruptcy Records <input type="checkbox"/> Professional License Verification <input type="checkbox"/> Credit Report – Employment <input type="checkbox"/> Federal Civil – Nationwide <input type="checkbox"/> Federal Criminal – Nationwide <input type="checkbox"/> Sexual Offenders Index Check (State: _____) <input type="checkbox"/> County Criminal – County of Residence <input type="checkbox"/> Parole & Probation Records (State: _____) <input type="checkbox"/> Drug Test 5 Panel (MRO included)

Fax to: (910) 815-3881 or call (910) 815-3880 to speak with an Account Manager