AGGREGATE TECHNOLOGIES, INC.



Employment Application

Complete all pages and return to office or email to jobs@aggregatetechnologies.com

APPLICANT INFORMATION						
Last Name	First			Date		
Street Address			Apartment/	'Unit #		
City	State		ZIP			
Phone	E-mail Address					
Date Available Social Se	curity No.		Desired Salary			
Position Applied for						
Are you a citizen of the United States? YES \square	NO 🗌 If no,	are you authorized	to work in the U.	S.? YES NO		
Have you ever worked for this company? YES □ NO □ If so, when?						
Have you ever been convicted of a felony? YES	, explain					
EDUCATION High School	Address					
High School		7 5				
From To Did you graduate?	YES NO	Degree				
College	Address					
From To Did you graduate?	YES NO	Degree				
Other	Address					
From To Did you graduate?	YES NO	Degree				
REFERENCES						
Please list three professional references.						
Full Name		Relationship				
Company	Phone ()					
Address		1				
Full Name	Relationship					
Company	Phone ()					
Address						
Full Name		Relationship				
Company		Phone ()			
Address						

PREVIOUS EM	PLOYMENT						
Company			Phone ()				
Address			Supervisor				
Job Title	Job Title		Starting Salary	\$		Ending Salary \$	
Responsibilities							
From	To Reason for Leaving						
May we contact your previous supervisor for a reference?			NO 🗆				
Company			Phone ()				
Address			Supervisor				
Job Title			Starting Salary	\$		Ending Salary \$	
Responsibilities							
From	То	Reason for Leaving					
May we contact your previous supervisor for a reference? YES NO							
Company			Phone ()				
Address			Supervisor				
Job Title St		Starting Salary	\$	\$ Ending Salary \$			
Responsibilities							
From	То	Reason for Leaving	9				
May we contact your previous supervisor for a reference? YES NO							
MILITARY SERVICE							
Branch				From	То		
Rank at Discharge			Type of Discharge				
If other than honorable, explain							
DISCLAIMER AND SIGNATURE							
I certify that my answers are true and complete to the best of my knowledge.							
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.							
Signature				Date			

Aggregate Technologies, Inc.

CRIMINAL BACKGROUND CHECK AND MOTOR VEHICLE RECORD REQUEST AUTHORIZATION

Name of individual:
Date of Birth:
Driver's License Number:
Issue State:
Date:
Aggregate Technologies, Inc.
Check one ☐ May
OR
☐ May NOT be obtained by the party below requesting it
X
Signature of person for whom information will be obtained
X
Signature of person requesting information

I, the above named individual authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation and/or public agency may have. I authorize the full release of the information described above, without any reservation, throughout any duration of my employment at Aggregate Technologies, Inc. I hereby, release agents, officials, representatives, assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time, result to me, my heirs, family or associates because of compliance with this authorization. I certify that all information provided above is correct to the best of my knowledge. This authorization and consent shall be valid in original, fax, and/or copy form.