



EMPLOYMENT APPLICATION FOR US HOURLY POSITIONS

Please Print Clearly!

DATE: _____ **POSITION APPLIED FOR:** _____

TITLE: _____ Dr. Miss Mr. Mrs. Ms. (please circle appropriate response)

FIRST NAME: _____

MIDDLE NAME: _____

LAST NAME: _____

SUFFIX: _____ N/A II III Jr. Sr. (please circle appropriate response)

ADDRESS LINE 1: _____

LINE 2: _____

CITY: _____

STATE: _____

ZIP CODE: _____

COUNTRY: _____ USA

SSN: _____ - -

HOME PHONE: _____

May we contact you at your business location? Yes No

BUSINESS PHONE: _____ If yes, please provide business phone:

EDUCATION

PLEASE CIRCLE HIGHEST GRADE COMPLETED:	ELEMENTARY								HIGH SCHOOL				COLLEGE							
	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8
NAME & LOCATION OF SCHOOL	NO. OF YEARS ATTENDED								DIPLOMA OR DEGREE				MAJOR							
OTHER (CORRESPONDENCE SCHOOLS, ETC.)																				

MILITARY SERVICE (EXCLUDE SERVICE FOR ANY COUNTRY OTHER THAN THE U.S.)

Have you served in the U.S. Military? Yes No Branch of Service? _____ Were you Dishonorably Discharged? Yes No

Do you have military training requirements that would affect your ability to accept any work offered? Yes No If yes, please explain. _____

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PLEASE INITIAL _____



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PERSONAL DATA

(PLEASE PRINT AND FILL OUT CAREFULLY AND COMPLETELY)

Applicant Name: _____

Are you under 18 years of age? Yes No

Other names used or under which you have worked or attended school? _____

Have you ever worked for Lafarge North America Inc. or any of its subsidiaries before: Yes No
Where? _____ When? _____

Do you have any relatives employed by Lafarge North America Inc. (may result in disqualification for certain positions)?
 Yes No Where? _____

Do you drive? (Licenses will be checked) Yes No

Driver's license number: _____ State Issued: _____ Expiration Date: _____

Have you ever had your driver's license suspended? Yes No | Revoked? Yes No | Restricted? Yes No

If yes to any, please explain. _____

Were you involved in an accident as a driver within the past 5 years? Yes No. If yes, explain details. _____

Have you had any traffic conviction or forfeitures for the past 5 years? Yes No Location/Date: _____

Charge & Penalty: _____

Have you ever been fired or asked to resign from a job? Yes No

Have you ever been convicted of a felony (including guilty plea, verdict or other finding of guilt regardless of whether a sentence was imposed)? Yes No

If yes, please explain in detail (conviction not automatic disqualification) _____

ADDITIONAL EXPERIENCE

Do you have any experience operating industrial equipment?

- | | | |
|---|---|--------------------------------|
| <input type="checkbox"/> Truck, Dump | <input type="checkbox"/> Crane, Mobile | <input type="checkbox"/> Other |
| <input type="checkbox"/> Forklift | <input type="checkbox"/> Power Equipment | Please list _____ |
| <input type="checkbox"/> Front End Loader | <input type="checkbox"/> Truck, Semi-trailer | _____ |
| <input type="checkbox"/> Bulldozer | <input type="checkbox"/> Concrete Ready-mix Truck | |

- | | | |
|-------------------------------------|---|--|
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Mining Skills | <input type="checkbox"/> Instrument Technician |
| <input type="checkbox"/> Mechanical | <input type="checkbox"/> Laboratory Technician | <input type="checkbox"/> Other |
| <input type="checkbox"/> Welding | <input type="checkbox"/> Sheet Metal Fabricator | Please list _____ |
| <input type="checkbox"/> Machinist | <input type="checkbox"/> Pipefitter | _____ |

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BUSINESS EXPERIENCE (BEGIN WITH PRESENT OR LAST JOB)

APPLICANT NAME: _____

FROM Mo./Yr.	TO Mo./Yr.	NAME AND ADDRESS OF COMPANY	TYPE OF BUSINESS	LAST POSITION HELD

Monthly Salary	Start \$	End \$	Reason for terminating or considering change
Number of employees in organization	Number Supervised	Name & Title of your Immediate Supervisor	
Basic Duties of Job			

FROM Mo./Yr.	TO Mo./Yr.	NAME AND ADDRESS OF COMPANY	TYPE OF BUSINESS	LAST POSITION HELD

Monthly Salary	Start \$	End \$	Reason for terminating or considering change
Number of employees in organization	Number Supervised	Name & Title of your Immediate Supervisor	
Basic Duties of Job			

FROM Mo./Yr.	TO Mo./Yr.	NAME AND ADDRESS OF COMPANY	TYPE OF BUSINESS	LAST POSITION HELD

Monthly Salary	Start \$	End \$	Reason for terminating or considering change
Number of employees in organization	Number Supervised	Name & Title of your Immediate Supervisor	
Basic Duties of Job			

Attach supplemental sheets if necessary to describe more completely basic function and principle activities of each job listed above or other business experience not shown on this form. Attach a copy of a prepared resume if you have one available. Resume is not a substitute for fully completing Application Form.

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REFERENCES WHO ARE FAMILIAR WITH YOUR SKILLS (OTHER THAN RELATIVES)

NAME	ADDRESS	TELEPHONE NO.	OCCUPATION
NAME	ADDRESS	TELEPHONE NO.	OCCUPATION
NAME	ADDRESS	TELEPHONE NO.	OCCUPATION
NAME	ADDRESS	TELEPHONE NO.	OCCUPATION

PRE-EMPLOYMENT STATEMENT

I understand that my filling out this application does not obligate Lafarge North America to offer me employment.

I certify that the statements set forth in my application for employment are true, correct and complete. I further understand and agree that any misrepresentations, omissions or false statements on this application shall be considered sufficient cause for immediate discharge. I authorize Lafarge North America to investigate any of the information contained on this application, including the examination of past employment records, references and other facts stated on the application.

I understand that any offer of employment would be contingent upon my providing Lafarge North America with acceptable documents to establish identity and employment eligibility in compliance with law.

If extended a job offer, I consent to have my employment contingent upon successful completion of a medical examination (which may include a drug and/or alcohol test) if required by Lafarge North America. I also consent to participate in future background checks and medical examinations (including drug and alcohol testing) that Lafarge North America may, to the extent permitted by law, require.

I agree to wear or use protective clothing or devices as required and to fully comply with all relevant safety rules. If hired, I agree to conform with all rules and regulations.

I further agree and understand that either Lafarge North America or I may terminate employment and compensation at any time, with or without cause, and with or without notice. I further understand that no one other than the Chief Executive Officer of Lafarge North America has 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 any such agreement must be in writing.

Applicant's Name: _____

Applicant's Signature: _____ Date: _____