



"Equal Opportunity Employer"

APPLICATION FOR EMPLOYMENT

TODAY'S DATE _____

FIRST NAME _____ MI _____ LAST NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ MOBILE PHONE _____

SSN _____ DATE OF BIRTH _____ ARE YOU OVER 18 YEARS OLD? _____

DO YOU HAVE TRANSPORTATION TO WORK? _____ DRIVER'S LICENSE NUMBER _____

POSITION(S) APPLYING FOR _____

DATE AVAILABLE FOR WORK _____ SALARY/WAGE REQUIRED _____

REFERRED BY _____

EQUIPMENT YOU CAN OPERATE _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____ IF YES, EXPLAIN _____

HAVE YOU EVER SERVED IN THE MILITARY? _____ IF YES, PLEASE GIVE DATES: FROM _____ TO _____

VETERAN CLASSIFICATION(S): CHECK THE APPROPRIATE LINE (optional) VETERAN _____ VIETNAM ERA VETERAN _____

OTHER VETERAN _____ SPECIAL DISABLED VETERAN _____

IN CASE OF EMERGENCY, NOTIFY _____

NAME

ADDRESS

PHONE NUMBER

ALT. PHONE NUMBER

TO BE READ AND SIGNED BY THE APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Date

Applicant's Signature

FOR ADDITIONAL EMPLOYMENT INFORMATION

All applications must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

(NOTE: LIST EMPLOYERS IN REVERSE ORDER STARTING WITH THE MOST RECENT. ADD ANOTHER SHEET IF NECESSARY.)

EMPLOYER NAME			DATE	
			FROM	TO
ADDRESS			MO	YEAR
			MO	YEAR
CITY	STATE	ZIP	POSITION HELD	
CONTACT PERSON			SALARY/WAGE	
PHONE NUMBER			REASON FOR LEAVING	

EMPLOYER NAME			DATE	
			FROM	TO
ADDRESS			MO	YEAR
			MO	YEAR
CITY	STATE	ZIP	POSITION HELD	
CONTACT PERSON			SALARY/WAGE	
PHONE NUMBER			REASON FOR LEAVING	

EMPLOYER NAME			DATE	
			FROM	TO
ADDRESS			MO	YEAR
			MO	YEAR
CITY	STATE	ZIP	POSITION HELD	
CONTACT PERSON			SALARY/WAGE	
PHONE NUMBER			REASON FOR LEAVING	

EMPLOYER NAME			DATE	
			FROM	TO
ADDRESS			MO	YEAR
			MO	YEAR
CITY	STATE	ZIP	POSITION HELD	
CONTACT PERSON			SALARY/WAGE	
PHONE NUMBER			REASON FOR LEAVING	

EMPLOYER NAME			DATE	
			FROM	TO
ADDRESS			MO	YEAR
			MO	YEAR
CITY	STATE	ZIP	POSITION HELD	
CONTACT PERSON			SALARY/WAGE	
PHONE NUMBER			REASON FOR LEAVING	

VOLUNTARY EEO SELF-IDENTIFICATION FORM

As employers/government contractors, we comply with government regulations pertaining to equal employment opportunity, affirmative action, veteran status and disabilities. We would appreciate you completing this form to help us comply with our reporting requirements however it is not required for employment.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

Please Print: Name _____ Date _____

Position(s) Applied For _____

Referral Sources: ☐ Advertisement ☐ Friend/Relative ☐ Walk-In ☐ Current Employee
 ☐ Employment Agency ☐ Company Website _____ Other

Gender (Check One): ☐ Male ☐ Female

Race/Ethnicity (Check One)

☐ Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

☐ White: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

☐ Black or African American: A person having origins in any of the Black racial groups of Africa.

☐ American Indian/Alaskan Native: A person having origins in any of the original peoples of North American and South American (including Central America), and who maintains tribal affiliation or community attachment.

☐ Asian: 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.

☐ Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ Two or More Races: All persons who identify with more than one of the above five races.

Veteran Status/Disability (check all that apply):

☐ Disabled Veteran: A person who is (a) A Veteran of the US military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veteran Affairs, or (b) A person who was discharged or released from active duty because of service connected disability.

☐ Recently Separated Veteran: Any veteran during the three-year period beginning on the date of such Veteran's discharge or release from active duty in the US military, ground, naval or air service.

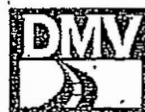
☐ Armed Forces Service Medal Veteran: Any Veteran who, while serving on active duty in the US military, ground, naval or air services, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

☐ Other Protected Veteran: A Veteran who served on active duty in the US military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized under laws administered by the Department of Defense.

☐ Individual with a Disability: A qualified person who (a) Has a physical or mental impairment which substantially limits one or more of such person's major life activities; (b) Has a record of such impairment; (c) Is regarded as having such an impairment.



NORTH CAROLINA
DIVISION OF MOTOR VEHICLES
DRIVER LICENSE SECTION



Driver Privacy Protection Act Authorization
To Disclose Personal Information Form DL-DPPA-2

I understand that personal information contained in my Motor Vehicle Record is protected by the federal Driver Privacy Protection Act and N.C. General Statute 20-43.1. I hereby authorize the release of my personal information to the person named below.

Print your full name as it appears on your driver license

Your signature (MUST BE SIGNED)

Your N.C. driver license number, SSN or ITIN & date of birth

Date signed

Person to receive information:

Mailing address:

Fees: Certified Complete History - \$11

Uncertified Complete History - \$8

Uncertified Limited History - \$8

Circle one of the above to indicate the type of MVR to be released. Make checks payable to "NCDMV".

Mail this form and fees to: NCDMV, Driver License Records, 3113 Mail Service Center, Raleigh, NC 27699, please allow 10 business days processing time, this does not include US Postal service delivery time to or from the DMV.

Form DL-DPPA-2, Revised Oct 2005

Previous editions are obsolete, DO NOT USE

"Equal Opportunity Employer"

CONTRACTOR'S EEO/AA POLICY STATEMENT

Note: The EEO/AA Policy statement must be posted at company offices and all job sites.

It is the policy of Highland Paving Co, LLC to assure that applicants are employed, and that employees are treated during employment, without regard to their race, religion, sex, color, national origin, age or disability. Such action shall include employment, upgrading, demotion, or transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship, pre-apprenticeship, and/or on-the-job training.

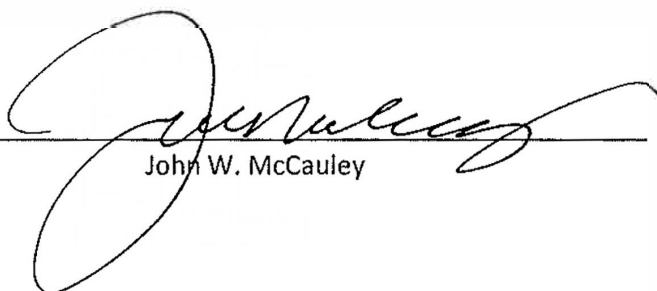
Highland Paving Co, LLC will take affirmative action to ensure that the EEO/AA Policy is implemented with particular regard to: advertising, application procedures, compensation, demotion, employment, fringe benefits, job assignment, job classification, layoff, leave, promotion, recruitment, rehire, social activities, termination, transfer, upgrade, working conditions and selection for training to include apprenticeship, pre-apprenticeship and on-the-job training.

Highland Paving Co, LLC will continue to make it understood to the employment sources/agencies with which it deals, and in employment opportunity announcements/ads, the above mentioned EEO/AA Policy and that all of the company's employment decisions are based on individual merit only.

All current employees of Highland Paving Co, LLC are requested to encourage qualified disabled persons, minorities, females, special disabled veterans, and Vietnam Era veterans to apply for employment, on-the-job training or for union apprenticeship. It is the policy of Highland Paving Co, LLC to satisfy reasonable special accommodations for qualified disabled individuals. It is the policy of Highland Paving Co, LLC that all company activities, facilities and job sites are non-segregated. Separate or single-user toilet and changing facilities are provided for privacy between genders. Disabled parking spaces may be assigned to accommodate accessibility needs.

It is the policy of Highland Paving Co, LLC to ensure and maintain a working environment free of coercion, harassment and intimidation at all job sites, and in all facilities at which employees are assigned to work. Any violation of the policy should be immediately reported to your supervisor or the Company EEO Officer identified below:

John W. McCauley
(910) 824-0996
2031 Middle Rd
Eastover NC 28312



John W. McCauley

4/20/18

Date

**HIGHLAND PAVING CO., LLC
DISCRIMINATION COMPLAINT PROCEDURE**

Individuals desiring to submit a discrimination complaint are requested to follow the procedure below. If the employee feels for any reason that they do not want to make contact with their supervisor or if that person is not available to register the complaint with, the employee should then feel free to contact the EEO Officer. Discrimination complaints may be submitted verbally or in writing.

Step 1:

Contact your immediate supervisor. If you are uncomfortable contacting your immediate supervisor or you do not get satisfactory results at this level within ten working days, or desire to take the complaint further then,

Step 2:

Contact the EEO Officer, John W. McCauley, at
(910) 485-5790 (910) 824-0996
2031 Middle Rd Eastover, NC 28312

If you do not get satisfactory results with the company within ten working days, or desire to take the complaint further then,

Step 3:

Contact one of the following agencies:

U. S. Department of Labor
Equal Employment Opportunity Commission
Charlotte District Office
129 West Trade Street, Suite 400
Charlotte, NC 28202
Phone: 800-669-4000
Fax: 704-954-6410 and 704-344-6734
TTY: 800-669-6820

Federal Highway Administration
Division Office
310 New Bern Avenue, Suite 410
Raleigh, NC 27601-1418
Phone: 919-856-4336 ext. 126
Fax: 919-856-4353

U. S. Department of Labor
Equal Employment Opportunity Commission
Raleigh Area Office
1309 Annapolis Drive
Raleigh, NC 27608-2129
Phone: 800-669-4000
Fax: 919-856-4151
TTY: 800-669-6820

North Carolina Department of Transportation
Office of Civil Rights
1511 Mail Service Center
Raleigh, NC 27699-1511
Phone: 919-508-1830
Toll Free: 800-522-0453
Fax: 919-508-1814

U. S. Department of Labor
Equal Employment Opportunity Commission
Greensboro Local Office
2303 W. Meadowview Road, Suite 201
Greensboro, NC 27407
Phone: 800-669-4000
Fax: 336-547-4032
TTY: 800-669-6820