

Authorization and Release

Pleasants Companies LLC

24024 Frederick Rd., Clarksburg, MD 20871 (301) 428-0800

Pleasants Companies LLC <input type="checkbox"/>	Pleasants Construction Inc <input type="checkbox"/>
Pleasants Paving <input type="checkbox"/>	Pleasants Development LLC <input type="checkbox"/>
C & D Recovery I and II LLC <input type="checkbox"/>	Environmental Alternatives Inc <input type="checkbox"/>
Ritchie Land Reclamation LLC <input type="checkbox"/>	Tolson & Associates LLC <input type="checkbox"/>

IMPORTANT: PLEASE READ & COMPLETE THIS FORM BEFORE FILLING OUT THE ATTACHED APPLICATION

HIRE DATE: _____
WAGE RATE: _____
TITLE: _____

APPROVED BY: _____

POLICY:

It is the policy of this company to conduct a thorough background investigation of all employees or prospective employee applicants. This background investigation will normally include the following: Stores Protective Association Files, Court Records, Credit Records, School/Education Records, Employment Records, and Personal/Business References.

APPLICATION INSTRUCTIONS

Completeness and accuracy is important in filling out your Employment Application. Failure to reveal prior employment or furnishing any false or misleading information will be grounds for not hiring you or for termination after hire. Frankness and honesty during your interview are equally important.

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that "consumer reports" and "investigative consumer reports" verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations, company policy and/or other government regulations.

AUTHORIZATION AND RELEASE

In connection with my being considered for employment, I give the company indicated above the right to investigate my background at any time. I authorize and request all persons, companies and organizations, including credit bureaus, schools, and law enforcement agencies, to furnish any information about me requested by this company. I release from liability any person, company, or organization furnishing such information and release this company from liability arising from any employment decision which is based in whole or in part upon such information.

Signature: _____ Date: _____
Print Name: _____ Social Security #: _____
Street Address: _____ City _____ State _____ Zip _____

Driver's License: State _____ Number _____ Class _____
Maiden Name or Other Name by Which Known: _____

Applicant Assisted by Translator/Preparer: (Name) _____
(Address, Phone Number) _____

APPLICATION FOR EMPLOYMENT

Pleasants Companies LLC
 24024 Frederick Rd., Clarksburg, MD 20871 (301) 428-0800

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In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.
Please Answer ALL Questions, if applicable. Please Print.

Date of Application / /

General Information

Last Name	First Name	M.I.	Home Number
Social Security Number	E-mail	Other Number	

How Did You Hear About Position? Please list who or source.	Hourly Wage/Salary Desired:
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Position(s) Desired

Position(s)	Years of Exp. You Have For Desired Position(s)
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Is there a reason you might be unable to perform the functions of the job for which you have requested [as described in the job description]? If yes, explain if desired.

Have You Ever Been Bonded (If Applicable to Position(s) You Are Applying For)

Have you ever been bonded?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Please List name of Bonding Company	

Addresses For The Past Three (3) Years

Address(Number and Street)	City	State	Zip Code	How Long?

Employment Eligibility

Do you have the legal right to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you over the age of 18?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you are under 18, Can you provide proof of age?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you worked for this company before?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have worked worked for this company before, please list where?	Dates: From	Position	Wage	Reason For Leaving
	To			

Are you employed now? If not, how long since leaving your last employment?	
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Education & Military Experience	
Are you a high school graduate or have you completed a high school learning equivalency exam (GED)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Put a circle on highest grade completed	8 9 10 11 12 13 14 15 16
Last School Attended (Name and City/State)	
Have You Served in the U.S. Armed Forces?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you have served, What Branch and Please List Enlistment/Discharge Dates	

Work Experiences For the Last Three (3) Years (List Most Recent First). Attach a page, if necessary.

Employer #1		Work Dates	Last Position Held
Company Name	Address	From	Reason For Leaving
Address		M. Yr.	
City	ST	To	Reason For Leaving
Phone Number	Zip Code	M. Yr.	
Employer #2		Work Dates	Last Position Held
Company Name	Address	From	Reason For Leaving
Address		M. Yr.	
City	ST	To	Reason For Leaving
Phone Number	Zip Code	M. Yr.	
Employer #3		Work Dates	Last Position Held
Company Name	Address	From	Reason For Leaving
Address		M. Yr.	
City	ST	To	Reason For Leaving
Phone Number	Zip Code	M. Yr.	
Employer #4		Work Dates	Last Position Held
Company Name	Address	From	Reason For Leaving
Address		M. Yr.	
City	ST	To	Reason For Leaving
Phone Number	Zip Code	M. Yr.	

Experience & Qualifications – Driver, If Applicable

Driver Licenses	State	License Number	License Class/Type	Expiration Date

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Has any license, permit or privilege ever been suspended or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No

IF YOU ANSWERED YES TO A or B, EXPLAIN HERE AND ATTACH STATEMENT GIVING DETAILS

List all the states you have held Driver's Licenses in the last 5 years.					
Accident Record For The Last (3) Three Years (Attach Sheet if More Space is Needed). If NONE, Write NONE.					
Dates (Please list most recent first)	Nature of Accident (Head-On, Rear-End, Upset, Etc.)	Fatalities	Injuries		
Traffic Convictions & Forfeitures For the Last (3) Three Years (Other Than Parking Violations), If NONE, Write NONE.					
Dates	Type				
Experience & Qualifications – Mobile Equipment, If Applicable					
Equipment	Check if you have Exp.	Yrs. Of Exp.	Equipment	Check if you have Exp.	Yrs. Of Exp.
Aerial/Scissor Lift			Loader – Track/Rubber Tire		
Articulated Hauler/End Dump			Motor Grader		
Asphalt Paving Machine			Skid Steer Loader		
Backhoe			Vibratory Compactor		
Dozer (Track-Type)			Wheel Tractor Scraper (Pan)		
Excavator (&/or with Quick Coupler)			Wheel Tractor Soil/Landfill Compactor		
Forklift			Other:		
Gradall					
Experience & Qualifications – Maintenance, If Applicable					
Equipment	Check if you have Exp.	Yrs. Of Exp.	Equipment	Check if you have Exp.	Yrs. Of Exp.
Body Repair Work/Painting			Electric Welder		
Diesel Injection Sys Svc/Rebuild			Oxyacetylene Welder		
Differential Rebuilding			Magnetic Crack Tester		
Electrical & Ignition Repair			Sheet Metal/Fabrication		
Engine/Engine Component Rebuild			Vacuum/Air Brakes		
Frame/Axle Straightening Equipmt			Wheel/Tire Balancing Machine		
A/C System Charge/Repair			Hydraulic Pump/Cylinders Rebuild		
Transmission Repair/Rebuild			Other:		
List Courses/Training For Maintenance Work:					
Experience & Qualifications – Administration/Clerical, If Applicable					
Equipment *Indicate Words per Min.	Check if you have Exp.	Yrs. Of Exp.	Equipment	Check if you have Exp.	Yrs. Of Exp.
Shorthand*			Claims		
Keyboarding*			Personal Computer		
Accounting/Billing			Dispatcher		
Calculator			Computer Programs:		
Cashier			Other:		
List Courses/Training For Office Work:					
Experiences & Qualification - Other					
Show any trucking, transportation, or other experience that may help in your work for this company					
List any courses/training, special equipment or technical materials not shown elsewhere on this application					

TO BE READ AND SIGNED BY 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.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company

Date

Applicant's Signature