### **Employment Application**

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

Coastal Asphalt, LLC

| PLEASE COMPLETE PAGES 1-5.                                                      |                    | DATE                       |                                                                                                                                           |                |  |  |  |
|---------------------------------------------------------------------------------|--------------------|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|----------------|--|--|--|
| Name                                                                            |                    |                            |                                                                                                                                           |                |  |  |  |
|                                                                                 | Last               | First                      | Middle                                                                                                                                    | Maiden         |  |  |  |
| Present address                                                                 | Sympto wold        |                            | idente during the past three year                                                                                                         |                |  |  |  |
| Number                                                                          |                    | Street                     | Street City State Zip                                                                                                                     |                |  |  |  |
| How long                                                                        |                    | Soc                        | Social Security No                                                                                                                        |                |  |  |  |
| Telephone ()                                                                    |                    |                            |                                                                                                                                           |                |  |  |  |
| If under 18, please list                                                        | age                | PaY C                      |                                                                                                                                           |                |  |  |  |
|                                                                                 |                    |                            | Days/hours available to work           No Pref         Thur           Mon         Fri           Tue         Sat           Wed         Sun | eri El Tenigno |  |  |  |
|                                                                                 |                    |                            |                                                                                                                                           |                |  |  |  |
| Employment desired                                                              | □FULL-TIME ONLY    | □PART-TIME C               | Can you work nights?                                                                                                                      | TIME           |  |  |  |
| Employment desired                                                              |                    | □PART-TIME C               |                                                                                                                                           | TIME           |  |  |  |
| Employment desired                                                              | □FULL-TIME ONLY    | □PART-TIME C               |                                                                                                                                           | TIME           |  |  |  |
| Employment desired When available for wor                                       | □FULL-TIME ONLY k? | LOCATION (Complete mailing | NUMBER OF YEARS                                                                                                                           | TIME MAJOR &   |  |  |  |
| Employment desired When available for wor TYPE OF SCHOOL High School            | □FULL-TIME ONLY k? | LOCATION (Complete mailing | NUMBER OF YEARS                                                                                                                           | TIME MAJOR &   |  |  |  |
| Employment desired When available for wor  TYPE OF SCHOOL  High School  College | □FULL-TIME ONLY k? | LOCATION (Complete mailing | NUMBER OF YEARS                                                                                                                           | TIME MAJOR &   |  |  |  |
| Employment desired When available for wor                                       | □FULL-TIME ONLY k? | LOCATION (Complete mailing | NUMBER OF YEARS                                                                                                                           | TIME  MAJOR &  |  |  |  |

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Coastal Asphalt, LLC

| DO YOU H                    | AVE A DRIV                  | ER'S LICENSE?                     | ☐ Yes      | □ No   |                    |                |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               |
|-----------------------------|-----------------------------|-----------------------------------|------------|--------|--------------------|----------------|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| What is you                 | ır means of t               | ransportation to wor              | k?         |        |                    | ****           | 3 7 15      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               |
|                             |                             |                                   |            | issue  |                    | □ Operator     | □ Comr      | mercial (CDL)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | □ Chauffeur   |
|                             |                             | dents during the past             |            | re?    |                    |                | How m       | any?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |               |
|                             |                             | ng violations during              |            |        | s?                 |                |             | any?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |               |
|                             |                             |                                   | Mi Securit | OFFIC  | E ONLY             |                | -           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | How long      |
| Typing                      | ☐ Yes<br>☐ No               | WPM                               |            | 10-key |                    | Word<br>Proces |             | □ Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | WPM           |
| Personal<br>Computer        | ☐ Yes<br>☐ No               | PC  Mac                           |            |        | Other<br>Skills    |                |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | najos nomas 1 |
| Company _<br>Address        |                             | OPULG OR PART                     |            | 180    | Company<br>Address | 1 3000040      | 3 70 3 30   | D bistized  Skiewrof e  Fixed to be a second to be | daliana restA |
| Use the spa<br>position for | ace below to<br>which you a | summarize any add<br>re applying. |            |        |                    | o describe you | ır full qua | lifications for th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | e specific    |
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|                             |                             |                                   |            |        |                    |                |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               |
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| Coastal | Aspna | lit, L | LL |

| HAVE YOU EVER BEEN IN THE ARMED                                                                                                            |                                                                                               |                                              |                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------------|
| ARE YOU NOW A MEMBER OF THE NA                                                                                                             |                                                                                               |                                              |                                                                |
| Specialty                                                                                                                                  | Date Entered                                                                                  | Discharge Date                               | e                                                              |
| Work Please list your work experience If you were self-employe                                                                             | perience for the <b>past five years</b> beginnied, give firm name. <b>Attach additional s</b> | ng with your most recent heets if necessary. | job held.                                                      |
| Name of employer<br>Address                                                                                                                | Name of last supervisor                                                                       | Employment dates                             | Pay or salary                                                  |
| City, State, Zip Code<br>Phone number                                                                                                      | porque ainsmoonevoe berneut to beau.                                                          | From                                         | Start                                                          |
|                                                                                                                                            |                                                                                               | То                                           | Final                                                          |
|                                                                                                                                            | Your last job title                                                                           |                                              |                                                                |
| Reason for leaving (be specific)                                                                                                           |                                                                                               |                                              |                                                                |
|                                                                                                                                            | skills used or learned, advancements or                                                       | promotions while you wo                      |                                                                |
| company.  Yanga in yoʻl asaab memyolom 3  Yanga in yoʻl asaab memyolom 3  Yanga in yoʻl asaab memyolom 3                                   | tast to small sounded.                                                                        |                                              | ame of employer<br>adress<br>by, State Zip Code<br>from manage |
| Name of employer Address                                                                                                                   |                                                                                               | Employment dates                             |                                                                |
| Name of employer Address City, State, Zip Code                                                                                             | Name of last                                                                                  |                                              | ame of employer<br>adress<br>by, State Zip Code<br>from manage |
| Name of employer Address City, State, Zip Code                                                                                             | Name of last supervisor                                                                       | Employment dates From To                     | Pay or salary Start                                            |
| Name of employer Address City, State, Zip Code Phone number                                                                                | Name of last supervisor                                                                       | Employment dates From To                     | Pay or salary Start                                            |
| company.                                                                                                                                   | Name of last supervisor  Your Last Job Ti                                                     | Employment dates From To                     | Pay or salary Start Final                                      |
| Name of employer Address City, State, Zip Code Phone number  Reason for leaving (be specific)  List the jobs you held, duties performed, s | Name of last supervisor  Your Last Job Ti                                                     | Employment dates From To                     | Pay or salary Start Final                                      |
| Name of employer Address City, State, Zip Code Phone number  Reason for leaving (be specific)  List the jobs you held, duties performed, s | Name of last supervisor  Your Last Job Tieskills used or learned, advancements or             | Employment dates From To                     | Pay or salary Start Final                                      |

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Did you complete this application yourself ☐ Yes ☐ No

If not, who did? \_\_\_

Coastal Asphalt, LLC

| Name of employer<br>Address                                       | Name of last supervisor     | Employment dates      | Pay or salary    |
|-------------------------------------------------------------------|-----------------------------|-----------------------|------------------|
| City, State, Zip Code<br>Phone number                             |                             | From                  | Start            |
| Priorie number                                                    |                             | То                    | Final            |
|                                                                   | Your last job title         |                       |                  |
| Reason for leaving (be specific)                                  | que                         |                       | toyongivio to an |
| List the jobs you held, duties performed, skills used or company. |                             | omotions while you wo | rked at this     |
|                                                                   |                             |                       |                  |
|                                                                   |                             |                       |                  |
|                                                                   |                             |                       |                  |
| Name of employer<br>Address                                       | Name of last supervisor     | Employment dates      | Pay or salar     |
| City, State, Zip Code<br>Phone number                             |                             | From                  | Start            |
|                                                                   |                             | То                    | Final            |
|                                                                   | Your last job title         |                       |                  |
| Reason for leaving (be specific)                                  | Misel<br>She                |                       | 2000 (COS)       |
| List the jobs you held, duties performed, skills used or company. | learned, advancements or pr | omotions while you wo | rked at this     |
|                                                                   |                             |                       |                  |
|                                                                   |                             |                       |                  |
|                                                                   |                             |                       |                  |

#### AGREEMENT (PLEASE READ CAREFULLY BEFORE SIGNING)

I certify that all the information on this application is accurate and complete to the best of my knowledge and understand that misleading or false statements will constitute sufficient cause for refusal of hire or termination of my employment.

I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship with Coastal Asphalt, LLC creates an actual or implied contract of employment. I understand that, if I accept employment with Coastal Asphalt, LLC, it will be on an at-will basis. This means that Coastal Asphalt, LLC or I have the right to terminate the employment relationship at any time, for any reason, with or without cause.

I agree to submit to drug and alcohol testing, if requested by Coastal Asphalt, LLC. I release Coastal Asphalt, LLC, and its employees, plus other persons or companies, from any and all liability arising out of or related in any way to such testing.

I authorize Coastal Asphalt, LLC to investigate information concerning my education, employment experiences and all other aspects of my background relevant to my proposed employment. I release Coastal Asphalt, LLC and its employees from all liability arising from such investigation.

| Signature of applicant | Date: |  |
|------------------------|-------|--|
|                        |       |  |

Coastal Asphalt, LLC is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with Coastal Asphalt, LLC depends solely on your qualifications.