

Ohio Valley Asphalt, LLC.

Application for Employment

OHIO VALLEY ASPHALT, LLC IS AN EQUAL OPPORTUNITY AND ADA EMPLOYER

| PERSONAL DATA – Complete all blanks | | | | | |
|-------------------------------------|--|--|------|--------|------------------------|
| Last Name | | First Name | | Middle | Social Security Number |
| Street Address | | | City | State | Zip Code |
| Telephone Number | | Are you over the age of 18? | | | |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |

| EMPLOYMENT DETAILS | |
|--|---|
| Position Applied For (Be Specific) | |
| Will you work overtime and/or weekends, if necessary? | Can you perform the duties of the job you are applying for? |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| | | | |
|--|---------------|--|-----------|
| Driver's License Number | | State | Exp. Date |
| CDL License? | Endorsements: | Medical CDL? | |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Have you ever had any traffic violations or motor vehicle accidents within the past three (3) years? | | | |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| If yes, list dates and nature of violation(s) and/or accident(s): | | | |
| | | | |

| | |
|--|------------------------|
| Have you ever worked for OVA before? | If yes, give date(s): |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Who referred you? | |
| | |
| Do you have any relatives currently working for Hinkle? | If yes, list names(s): |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | |

| EDUCATION | | | |
|---|-----------------|----------------|---------|
| GRADE LEVEL | ELEMENTARY | HIGH SCHOOL | COLLEGE |
| School Name: | | | |
| Years Completed: | 1 2 3 4 5 6 7 8 | 9 10 11 12 GED | 1 2 3 4 |
| | | | Degree |
| Special training, skills, apprenticeship, vocational school (list machines, equipment operated, or other experience): | | | |
| | | | |

| MILITARY SERVICE | |
|------------------------------|-------------------|
| Branch and Length of Service | MOS |
| Present Classification | Type of Discharge |
| | |

| EMPLOYMENT HISTORY | | |
|---|--------|---------------------------------|
| You must explain any lapses in time (i.e. months, years) of employment | | |
| Employer #1 (Present or most recent) | | Telephone |
| Address | | Employed (State month and year) |
| | | From: To: |
| Name of Supervisor | | Weekly Pay |
| | | Start Last |
| State Job Title and Describe Your Work | | Reason for Leaving |
| | | |
| Employer #2 | | Telephone |
| Address | | Employed (State month and year) |
| | | From: To: |
| Name of Supervisor | | Weekly Pay |
| | | Start Last |
| State Job Title and Describe Your Work | | Reason for Leaving |
| | | |
| Employer #3 | | Telephone |
| Address | | Employed (State month and year) |
| | | From: To: |
| Name of Supervisor | | Weekly Pay |
| | | Start Last |
| State Job Title and Describe Your Work | | Reason for Leaving |
| | | |
| Employer #4 | | Telephone |
| Address | | Employed (State month and year) |
| | | From: To: |
| Name of Supervisor | | Weekly Pay |
| | | Start Last |
| State Job Title and Describe Your Work | | Reason for Leaving |
| | | |
| DO NOT CONTACT | | |
| Employer Number(s) | Reason | |

READ STATEMENT CAREFULLY BEFORE SIGNING THIS APPLICATION

I understand that any omission or misrepresentation of facts in this application may result in refusal of or separation from my employment. By signing this application, I agree to a MVR (Motor Vehicle Record) check on my driving record. Before employment with Ohio Valley Asphalt, LLC, I will submit to a physical examination and drug screen by a doctor and lab selected by the Company. I agree to pay for the cost of the physical examination which will be deducted from my first two paychecks. I grant permission to perform reference checks with the employers listed on this application, except as noted above. If employed, I agree to abide by all rules and regulations of the Company.

(Signature)

(Date)

REV (4/30/2003)