

# LafargeHolcim in the United States

## Application for Employment

Ensure that you provide complete, accurate information in all fields and that all entries are legible. Any false, missing, or illegible information may result in a delay or disqualification of your application. While you are welcome to attach additional sheets as necessary, resumes or other documents do not serve as a proxy or replacement for this form. If you have any questions, please contact your recruiter.

<b>Position for which you are applying</b>		<b>Available start date</b>		<b>Salary expectations</b>	
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## Personal Data

<b>Name</b>	First	Middle	Last	Nickname
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<b>Address</b>	Number & Street	City	State	ZIP Code
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<b>Phone</b>	Home	Mobile
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<b>Email</b>	
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<b>Source</b>	How did you hear about this opportunity?	<b>History</b>	Have you or a family member ever worked for this Company or any of its subsidiaries or affiliates? If so, provide details.
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<b>Work Authorization</b>	Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you able to provide proof of identity and authorization to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you now or will you ever require sponsorship in order to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
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## Mandatory Disclosures

<b>Massachusetts</b>	It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.
<b>Maryland</b>	Under Maryland law, an employer may not require or demand, as a condition of employment, prospective employment, or continued employment, that an individual submit to or take a polygraph examination or similar test. An employer who violates this law is guilty of a misdemeanor and subject to a fine not exceeding \$100.

## Work Experience

Starting with the most recent, list all current and previous periods of employment for the past seven (7) years. This information will be verified by a third-party background screening vendor. Any missing or inaccurate information may result in delay or disqualification. For DOT-regulated applicants who will be subject to Federal Motor Carrier Safety Regulations, all information provided on this application regarding prior employment under FMCSRs will be verified in accordance with U.S. Department of Transportation requirements.

<b>Current or Most Recent Employer</b>			
Company Name		City & State	Phone Number
Dates of Employment Start _____ End _____ <small>(month and year required for each)</small>		Final Job/Position Title	Was this position subject to FMCSRs/DOT-regulated? <input type="checkbox"/> YES <input type="checkbox"/> NO
Duties & Responsibilities			
Reason(s) for Leaving		May we contact to verify employment information? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>DOT-regulated positions only</b>	Exact vehicle type operated under FMCSRs	Was this position designated as safety sensitive and subject to DOT-regulated drug and alcohol testing? <input type="checkbox"/> YES <input type="checkbox"/> NO	While employed at this company, did you ever test positive for use of substances prohibited under FMCSR 391? <input type="checkbox"/> YES <input type="checkbox"/> NO

<b>Employer 2</b>			
Company Name		City & State	Phone Number
Dates of Employment Start _____ End _____ <small>(month and year required for each)</small>		Final Job/Position Title	Was this position subject to FMCSRs/DOT-regulated? <input type="checkbox"/> YES <input type="checkbox"/> NO
Duties & Responsibilities			
Reason(s) for Leaving		May we contact to verify employment information? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>DOT-regulated positions only</b>	Exact vehicle type operated under FMCSRs	Was this position designated as safety sensitive and subject to DOT-regulated drug and alcohol testing? <input type="checkbox"/> YES <input type="checkbox"/> NO	While employed at this company, did you ever test positive for use of substances prohibited under FMCSR 391? <input type="checkbox"/> YES <input type="checkbox"/> NO

## Work Experience (page 2)

<b>Employer 3</b>			
Company Name		City & State	Phone Number
Dates of Employment Start _____ End _____ <small>(month and year required for each)</small>		Final Job/Position Title	Was this position subject to FMCSRs/DOT-regulated? <input type="checkbox"/> YES <input type="checkbox"/> NO
Duties & Responsibilities			
Reason(s) for Leaving			May we contact to verify employment information? <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>DOT-regulated positions only</b>	Exact vehicle type operated under FMCSRs	Was this position designated as safety sensitive and subject to DOT-regulated drug and alcohol testing? <input type="checkbox"/> YES <input type="checkbox"/> NO	While employed at this company, did you ever test positive for use of substances prohibited under FMCSR 391? <input type="checkbox"/> YES <input type="checkbox"/> NO

<b>Employer 4</b>			
Company Name		City & State	Phone Number
Dates of Employment Start _____ End _____ <small>(month and year required for each)</small>		Final Job/Position Title	Was this position subject to FMCSRs/DOT-regulated? <input type="checkbox"/> YES <input type="checkbox"/> NO
Duties & Responsibilities			
Reason(s) for Leaving			May we contact to verify employment information? <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>DOT-regulated positions only</b>	Exact vehicle type operated under FMCSRs	Was this position designated as safety sensitive and subject to DOT-regulated drug and alcohol testing? <input type="checkbox"/> YES <input type="checkbox"/> NO	While employed at this company, did you ever test positive for use of substances prohibited under FMCSR 391? <input type="checkbox"/> YES <input type="checkbox"/> NO

## Work Experience (page 3)

Employer 5			
Company Name		City & State	Phone Number
Dates of Employment Start _____ End _____ <small>(month and year required for each)</small>		Final Job/Position Title	Was this position subject to FMCSRs/DOT-regulated? <input type="checkbox"/> YES <input type="checkbox"/> NO
Duties & Responsibilities			
Reason(s) for Leaving			May we contact to verify employment information? <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>DOT-regulated positions only</b>	Exact vehicle type operated under FMCSRs	Was this position designated as safety sensitive and subject to DOT-regulated drug and alcohol testing? <input type="checkbox"/> YES <input type="checkbox"/> NO	While employed at this company, did you ever test positive for use of substances prohibited under FMCSR 391? <input type="checkbox"/> YES <input type="checkbox"/> NO

Employer 6			
Company Name		City & State	Phone Number
Dates of Employment Start _____ End _____ <small>(month and year required for each)</small>		Final Job/Position Title	Was this position subject to FMCSRs/DOT-regulated? <input type="checkbox"/> YES <input type="checkbox"/> NO
Duties & Responsibilities			
Reason(s) for Leaving			May we contact to verify employment information? <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>DOT-regulated positions only</b>	Exact vehicle type operated under FMCSRs	Was this position designated as safety sensitive and subject to DOT-regulated drug and alcohol testing? <input type="checkbox"/> YES <input type="checkbox"/> NO	While employed at this company, did you ever test positive for use of substances prohibited under FMCSR 391? <input type="checkbox"/> YES <input type="checkbox"/> NO

Use this box to explain any gaps in employment greater than thirty (30) days in length.

## Education

Name & Location of Institution		Graduated	Major/Field of Study	Degree Type
High School		<input type="checkbox"/> Yes		
		<input type="checkbox"/> No		
College, university, trade, business, or technical school		<input type="checkbox"/> Yes		
		<input type="checkbox"/> No		
		<input type="checkbox"/> Yes		
		<input type="checkbox"/> No		
		<input type="checkbox"/> Yes		
		<input type="checkbox"/> No		

Language Proficiency  
(other than English)

**Occupational Skills**  
List expertise with any relevant equipment, tools, software, vehicles, etc. which may be useful in the position for which you are applying.

## Professional & Occupational Record

Current Professional Registrations, Licenses, or Certificates (e.g., Professional Engineer, Certified Public Accountant)

Registration / Certificate / License	Issuing Body	Number	Year Received

## DOT Applicants Only

Previous Driving Experience			
Class of Equipment	Type of Equipment	Number of Years	Maximum Length of Trailer
Straight Trucks			
Tractors & Trailers			
Ready Mix Truck			
Machinery & Heavy Equipment			
Bus			
Other			

Traffic Violation Record (Put "None" if you have none.)		
List all motor vehicle law or ordinance violations (other than parking violations) of which you were convicted or entered a guilty plea or no contest or forfeited bond or collateral or are currently pending in the past 3 years, regardless of whether you took defensive driving, paid the ticket or not. (Even if you were told the violation would not appear on your record.)		
Date	Nature of Violation	City / State

Accident Record (Put "None" if you have none.)				
List all accidents in any vehicle (personal or work) in which you were involved as a driver during the past 3 years.				
Date	City / State	Nature of Accident	# of Injuries / Fatalities	Fault Yes / No

Have you ever been denied a license, permit or privilege to operate a motor vehicle?  YES  NO

If yes, please list date and explain facts and circumstances: \_\_\_\_\_

\_\_\_\_\_

Has any license, permit or privilege ever been suspended or revoked?  YES  NO

If yes, please list date and explain facts and circumstances: \_\_\_\_\_

\_\_\_\_\_

## Pre-Employment Statement & Acknowledgement

I understand that my filling out this application does not obligate the Company to offer me employment.

I certify that the facts 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 the Company 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 the Company with acceptable documents to establish identity and employment eligibility in compliance with law.

If extended a job offer, I understand my employment is contingent upon successful completion of a medical examination (which may include a drug and/or alcohol test) if required by the Company. I also consent to participate in future background checks and medical examinations (including drug and/or alcohol testing) that the Company 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 to all rules and regulations.

I further agree and understand that either the Company 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 an Executive Officer of the Company 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.

**Signature**

**Date**

