



APPLICATION FOR EMPLOYMENT

**Company Information**

Company Name \_\_\_\_\_

Company Street Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Company Position you are applying for \_\_\_\_\_

**Applicant Information**

Applicant Name \_\_\_\_\_  
(First) (Middle) (Maiden, if any) (Last)

Address \_\_\_\_\_  
(Street) (City) (State and Zip)

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

D.O.B. \_\_\_\_\_ Social Security Number \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Number \_\_\_\_\_ Email \_\_\_\_\_

Bank an \_\_\_\_\_ Account # \_\_\_\_\_ Routing # \_\_\_\_\_

Account type: Checking or Savings

Continue to next page ...

**(Attach sheet if additional space is required)**

**Driver experience and qualifications**

	STATE	LICESNCE #	TYPE	EXPIRATION DATE
DRIVER				
LICENSE				

**Driving Experience**

Class of equipment	Type of equipment (van, tank, flat etc)	Date from	Date to	Approx no. of miles (total)
Straight Truck				
Tractor and Semi Trailer				
Tractor-two Trailers				
Other				

**Accident record for past 3 years or more (attach sheet if more space is needed)**

Dates	Nature of accident (head on, rear end etc.)	Fatalities	Injuries
Last Accident			
Next previous			
Next Previous			

**Traffic convictions and forfeitures for the past 3 years (other than parking violations)**

Locations	Date	Charge	Penalty

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes  No   
B. Has any license, permit or privilege ever been suspended or revoked? Yes  No

**IF THE ANSWER TO EITHER A OR B IS YES, ATTACH A STATEMENT GIVING DETAILS**

By signing you agree that you have filled out and signed the DeFeo Application, as well as the W-4, I-9, and a Non-Disclosure Agreement. You are also agreeing to your participation in random drug screenings.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## **CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT**

This Confidentiality and Non-Disclosure Agreement (the "Agreement") is effective as of \_\_\_\_\_ (the "Effective Date") and is entered into by and between DeFeo Materials located at 15 clay rd bethany ct 06460 and \_\_\_\_\_ ("Recipient") located at \_\_\_\_\_ (collectively, the "Parties").

**1. CONFIDENTIAL INFORMATION.** Recipient agrees that information disclosed by DeFeo Materials to Recipient, including but not limited to information learned by Recipient from DeFeo Materials employees, agents or through inspection of DeFeo Materials property, that relates to DeFeo Materials products, designs, business plans, business opportunities, finances, compilations, research, development, know-how, trade secrets, personnel, and any third-party confidential information disclosed to Recipient by DeFeo Materials, the terms and conditions of this Agreement, and the existence of the discussions between Recipient and DeFeo Materials, will be considered and referred to collectively in this Agreement as "Confidential Information." Confidential Information, however, does not include information that: (a) is now or subsequently becomes generally available to the public through no fault or breach on the part of Recipient; (b) Recipient can demonstrate to have had rightfully in its possession prior to disclosure to Recipient by DeFeo Materials; (c) is independently developed by Recipient without the use of any Confidential Information; or (d) Recipient rightfully obtains from a third party who has the right to transfer or disclose such information to Recipient without limitation.

**2. NONDISCLOSURE AND NONUSE OF CONFIDENTIAL INFORMATION.** Recipient agrees to protect Confidential Information, using at least the same degree of care that it uses to protect its own confidential and proprietary information, but at no less than a reasonable degree of care. Recipient agrees to use Confidential Information for the sole purpose of evaluation in connection with Recipient's discussions with DeFeo Materials related to this Agreement. Recipient will not disclose, publish, or disseminate Confidential Information to anyone other than those of its employees and consultants who have a need to know in order to accomplish such purpose and who are bound by a written agreement that prohibits unauthorized disclosure or use of Confidential Information. Recipient will be responsible for any violation of the terms of this Agreement by its employees and consultants. Recipient agrees not to use Confidential Information for any other purpose or for its own or any third party's benefit without the prior written consent of an authorized representative of DeFeo Materials in each instance. Recipient may disclose Confidential Information to the extent required by law, provided Recipient make reasonable efforts to provide DeFeo Materials notice of such requirement prior to any such disclosure and take reasonable steps to obtain protective treatment of the Confidential Information.

**3. NO LICENSE TO CONFIDENTIAL INFORMATION.** Except as expressly set forth herein, no license or other rights to Confidential Information are granted or implied hereby and DeFeo Materials retains all of its rights therein. Nothing in this Agreement is intended to grant a license or waive any rights in either party's patents, copyrights or trademarks.

**4. INFORMATION FROM RECIPIENT.** Notwithstanding any other provision in this Agreement, if Recipient provides any information, ideas, suggestions or recommendations to \_\_\_\_\_ DeFeo Materials \_\_\_\_\_ regarding Confidential Information, \_\_\_\_\_ DeFeo Materials \_\_\_\_\_ is free to use and incorporate such information in \_\_\_\_\_ DeFeo Materials \_\_\_\_\_ business and operations, including but not limited to \_\_\_\_\_ DeFeo Materials \_\_\_\_\_ processes and products, without payment of royalties or other consideration to Recipient, so long as such use does not infringe Recipient's patent, copyright or trademark rights.

**5. NO WARRANTY.** All information is provided "AS IS," and without any warranty, whether express or implied, as to the accuracy or completeness of any information provided.

**6. RETURN OF DOCUMENTS.** Within ten (10) business days of receipt of \_\_\_\_\_ DeFeo Materials \_\_\_\_\_ written request, and at \_\_\_\_\_ DeFeo Materials \_\_\_\_\_ option, Recipient will either return to \_\_\_\_\_ DeFeo Materials \_\_\_\_\_ all tangible Confidential Information, including but not limited to all electronic files, documentation, notes, plans, drawings, and copies thereof, or will provide \_\_\_\_\_ DeFeo Materials \_\_\_\_\_ with written confirmation that all such tangible Confidential Information has been destroyed.

**7. EQUITABLE RELIEF.** Recipient hereby acknowledges that unauthorized disclosure or use of Confidential Information could cause irreparable harm and significant injury to \_\_\_\_\_ DeFeo Materials \_\_\_\_\_ that may be difficult to ascertain. Accordingly, Recipient agrees that \_\_\_\_\_ DeFeo Materials \_\_\_\_\_ will have the right to seek and obtain immediate injunctive relief to enforce obligations under this Agreement in addition to any other rights and remedies it may have.

**8. NO IMPLIED WAIVER.** \_\_\_\_\_ DeFeo Materials \_\_\_\_\_ failure or delay in exercising any of its rights will not constitute a waiver of such rights unless expressly waived in writing.

**9. NO ASSIGNMENT.** This Agreement may not be assigned by Recipient by any means, including without limitation, by operation of law or merger. Recipient agrees that any attempted assignment of this Agreement is a violation of this Agreement and shall be null and void.

**10. ENTIRE AGREEMENT.** This Agreement constitutes the entire agreement with respect to Confidential Information disclosed to Recipient and supersedes all prior or contemporaneous oral or written agreements concerning Confidential Information.

**11. AMENDMENTS.** This Agreement may not be amended except by written agreement signed by authorized representatives of both Parties.

**12. GOVERNING LAW, JURISDICTION AND VENUE.** This Agreement shall be governed by and construed in accordance with the laws of the State of New York, excluding any body of New York law concerning conflicts of law. The Parties further submit to and waive any objections to the exclusive jurisdiction of and venue in any of the following forums: U.S. District Court for the District of Connecticut, Connecticut Superior Court, New Haven County, or any other forum in New Haven County, Connecticut, for any legal action arising out of this Agreement.

**[REMAINDER OF PAGE INTENTIONALLY LEFT BLANK]**

Understood and agreed by:

**Recipient**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Title If Applicable)

\_\_\_\_\_  
(Company Name If Applicable)



**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

▶ **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>		Middle Initial	Other Last Names Used <i>(if any)</i>	
Address <i>(Street Number and Name)</i>			Apt. Number	City or Town		State ZIP Code
Date of Birth <i>(mm/dd/yyyy)</i>	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

**I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.**

**I attest, under penalty of perjury, that I am (check one of the following boxes):**

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____  <b>OR</b>          2. Form I-94 Admission Number: _____  <b>OR</b>          3. Foreign Passport Number: _____          Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date <i>(mm/dd/yyyy)</i>
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**Preparer and/or Translator Certification (check one):**  
 I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Today's Date <i>(mm/dd/yyyy)</i>	
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>	
Address <i>(Street Number and Name)</i>		City or Town	State ZIP Code

**STOP**    *Employer Completes Next Page*    **STOP**



**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

**Section 2. Employer or Authorized Representative Review and Verification**

*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

<b>Employee Info from Section 1</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

**Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.**

**The employee's first day of employment (mm/dd/yyyy):** \_\_\_\_\_ **(See instructions for exemptions)**

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

**Section 3. Reverification and Rehires** *(To be completed and signed by employer or authorized representative.)*

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

**C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.**

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.**

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Authorization</b>	OR	<b>LIST B</b> <b>Documents that Establish Identity</b>	AND	<b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>		<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>		<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>

**Examples of many of these documents appear in the Handbook for Employers (M-274).**

**Refer to the instructions for more information about acceptable receipts.**