**APPLICATION FOR EMPLOYMENT**



14720 PUYALLUP ST

SUMNER, WA 98390

We are an equal opportunity employer, qualified applicants are considered for all positions without regard to race, creed, color, religion, sex, national origin, age, veteran status, marital status, disability, or any other status protected under applicable, local, state or federal non discrimination law.

***\*Answer All Questions – Please Print Clearly*** Date of Application:

Position(s) Applied For: Date Available:

Location Desired (Check all that apply.): Sumner Tacoma SeaTac S. Seattle N. Seattle Maltby Issaquah

Name: SSN:

Last First M.I.

Address: Phone:

Street

Cell Phone:

City State Zip

Are you over the age of 18?  Yes  No Email:

Will Visa or immigration status prevent lawful employment?  Yes  No

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| EDUCATION | | | | | | | | |
| Name of School | Location | | Years Attended | Did You Graduate | | Year Left School | | Degree Received **(Major/Minors)** |
| High School |  | |  | Yes No | | N/A | |  |
| College |  | |  | Yes No | |  | |  |
| Other |  | |  | Yes No | |  | |  |
|  | | | | | | | | |
| PERSONAL DATA | | | | | | | | |
| Rate of Pay Expected: | | | Who referred you: | | | | | |
| Have you previously applied for a position with this company?  Yes  No | | | | | | | Previous Application Date: | |
| Have you previously been employed by this company?  Yes  No | | | | | | | | |
| Dates of Employment: | | Position Held: | | | Reason for Leaving: | | | |
| Can you perform the essential functions of the job you are applying for, with or without reasonable accommodation(s)?  Yes  No | | | | | | | | |
| Have you been convicted of a felony or released from prison within the past ten years for an offense, which may reasonably relate to the job duties of the position for which you are applying?  Yes  No *(Conviction of a crime may not necessarily disqualify you from employment, however due to federal regulations; a conviction may disqualify you from employment as a Driver.)* If yes, please explain fully on a separate sheet of paper. | | | | | | | | |

**EMPLOYMENT HISTORY**

**All applicants** must provide the following information on all employers during the preceding 3 years. **Applicants to drive a commercial motor vehicle in intrastate or interstate commerce (foreman, lead, and driver positions)** must also provide an additional 7 years information on those employers for whom the applicant operated such vehicle. Please start with the most recent employer.

If you are currently employed, when will we be able to contact your current employer?

|  |  |
| --- | --- |
| EMPLOYER: | FROM: TO: |
| ADDRESS: | POSITION HELD: |
| CITY: STATE: ZIP: | WAGE: |
| CONTACT: PHONE: | REASON FOR LEAVING: |
| DUTIES: | |

|  |  |
| --- | --- |
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| ADDRESS: | POSITION HELD: |
| CITY: STATE: ZIP: | WAGE: |
| CONTACT: PHONE: | REASON FOR LEAVING: |
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|  |  |
| --- | --- |
| EMPLOYER: | FROM: TO: |
| ADDRESS: | POSITION HELD: |
| CITY: STATE: ZIP: | WAGE: |
| CONTACT: PHONE: | REASON FOR LEAVING: |
| DUTIES: | |

**EXPLAIN ANY GAPS IN EMPLOYMENT DURING THE PAST THREE YEARS**

Dates: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Reason:

Dates: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Reason:

Dates: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Reason:

##### LIST ADDRESSES FOR THE PAST THREE YEARS

How Long?

Street City State & Zip Code

How Long?

Street City State & Zip Code

**ACCIDENT RECORD FOR PAST 3 YEARS FROM DATE OF APPLICATION** (ATTACH SHEET IF NEEDED)**:**

|  |  |  |  |
| --- | --- | --- | --- |
| DATES | NATURE OF ACCIDENT  (HEAD-ON, REAR END, ETC.) | FATALITIES | INJURIES |
| LAST ACCIDENT |  |  |  |
| NEXT PREVIOUS |  |  |  |
| NEXT PREVIOUS |  |  |  |

TRAFFIC CONVICTIONS & FORFEITURES IN THE PAST 3 YEARS FROM DATE OF APPLICATION:

(DO NOT INCLUDE PARKING VIOLATIONS)

|  |  |  |  |
| --- | --- | --- | --- |
| LOCATION | DATE | CHARGE | PENALTY |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# EXPERIENCE AND QUALIFICATIONS: (Please Print Clearly)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DRIVER LICENSES | STATE | LICENSE NO. | TYPE | EXPIRATION DATE |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

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 STATEMENT GIVING DETAILS.

#### DRIVER EXPERIENCE:

|  |  |  |  |
| --- | --- | --- | --- |
| CLASS OF EQUIPMENT | TYPE OF EQUIPMENT  (VAN, TANK, FLAT, ETC.) | DATE  FROM TO | APPROX. MILEAGE TOTAL |
| STRAIGHT TRUCK |  |  |  |
| TRACTOR & SEMI-TRAILER |  |  |  |
| TRACTOR-2 TRAILERS |  |  |  |
| OTHER |  |  |  |

|  |
| --- |
| **\*\*CDL DRIVERS ONLY COMPLETE THIS SECTION\*\*** |
| ARE YOU AT LEAST 21 YEARS OF AGE?  YES  NO DATE OF BIRTH: |

PLEASE DESCRIBE YOUR ABILITY TO PERFORM THE TYPE OF WORK FOR WHICH YOU ARE APPLYING:

LIST SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER:

LIST ANY TRUCKING, TRANSPORTATION, CONSTRUCTION, EQUIPMENT OR OTHER EXPERIENCE AND TRAINING THAT MAY HELP IN YOUR WORK FOR THIS COMPANY:

### TO BE READ AND SIGNED BY APPLICANT

Please review and initial each statement, and sign your name below.

I understand the company reserves the right to condition my employment upon a satisfactory pre-employment drug test.

I further understand that if I am employed, the company reserves the right to subject me to drug and alcohol testing if applicable government regulations so require, or if there is a reasonable suspicion that I am using drugs or that I am under the influence of alcohol.

I understand that if hired, I will be an “at will” employee and agree that the employment relationship can be terminated at any time, with or without cause by me or by the company. I understand that no representative of the Company, other than in writing, signed by the President of the Company and by me, has any authority to enter into an agreement of employment for any specified period of time, or which is otherwise inconsistent with the “at will” employment relationship.

If I am employed by the Company, I will comply with all work-related requirements and policies set forth by the Company.

I authorize investigation of all information provided during the application process and the references listed above to give the Company any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release from liability or responsibility this Company, its agents and all persons, companies or corporations providing information to the Company about me.

I hereby acknowledge that I have read and understand the above statements. I certify that all answers to questions in this application and all additional information I may have submitted were completed by me and are true and complete to the best of my knowledge. I understand that giving false information, misrepresenting facts, and material omissions may be grounds for denial of employment or discharge, if hired.

APPLICANT’S SIGNATURE DATE

**Attachment F Washington Release of Interest**

**Employee/Prospective Employee/Volunteer Organization**

SambaSafety, Inc. is acting as an agent on behalf of AA ASPHALTING LLC who is acting as an agent on our behalf to obtain the abstract of driver records of the individual named below for employment purposes.

This is an authorization of:

1. Employee for release of abstract of driving record for employment purposes, at my employer’s discretion for the full term of my employment; or
2. Prospective employee for release of abstract of driving record for employment purposes, not to exceed thirty (30) days from date signed; or
3. Volunteer for the release of my driving record for a position applied for that requires me driving at the direction of the volunteer organization.

I, , am an employee, prospective employee, or volunteer of the company named below and I request DOL release a copy of my official Driving Record in the state of Washington to my employer, prospective employer, or volunteer organization or their agent.

No employer, prospective employer, or their agent may use information contained in a driving record related to the sealed juvenile record of an employee or prospective employee for any purpose unless required by federal law. The employee or prospective employee must furnish a copy of the court order sealing the juvenile record to the employer, prospective employer, or their agent.

Employee / Prospective Employee / Volunteer Full Name WA Driver’s License Number or Date of Birth

Employee / Prospective Employee / Signature Date Signed

The Company listed below agrees to, and shall indemnify and hold harmless the state of Washington, Department of Licensing (DOL), the Director of DOL and all DOL employees from any and all suits at law or equity, and from any and all claims,

demands or loss of any nature, including but not limited to all costs and attorney’s fees, arising from any incorrect or improper disclosure of individual names or addresses under this “Release of Interest”; any defects in any of Subscriber’s procedures followed or omitted or arising from failure of Subscriber or its officers, employees, customers, contractors or agents to fulfill any of its obligations under this Contract; or arising in any manner from any negligent act or omission by Subscriber or its officers, employees, customers, contractors, or agents.

I hereby certify:

1. The company named below is an employer, prospective employer, or volunteer organization of the above‐named individual.
2. That the information contained in the driving record obtained from DOL shall be used in accordance with the requirements and in no way violate the provisions of RCW 46.52.130. No information contained therein will be divulged, sold, assigned, or otherwise transferred to any third person or party. The abstracts of driver records shall be used exclusively for employment or volunteer purposes.

I affirm that I am a representative authorized to bind Company named below

AA ASPHALTING LLC

Company Name

14720 PUYALLUP ST SUMNER, WA 98390

Address

Authorized Representative Name Title

Date and Place Signed Authorized Representative Signature

***NOTE: The employer or prospective employer must maintain this record for a period of not less than two (2) years from the date of the request. Failure to obtain signatures or misuse of records obtained from the State of Washington may result in prosecution under RCW 46.52.130.***