

PORT ORCHARD

SAND & GRAVEL COMPANY

APPLICATION FOR EMPLOYMENT

(An Equal Opportunity Employer)

We consider applicants for all positions without discrimination because of race, color, religion, sex, national origin, age, marital or veteran status, the presence of non-job-related medical condition or handicap, union affiliation or any other legally protected status. In accepting it, the Company makes no commitment of employment to the applicant. This application will remain active for 30 days.

WE ARE AN AT-WILL EMPLOYER, MEANING THAT EITHER THE EMPLOYER OR THE EMPLOYEE MAY END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON.

Applicant Name: _____

Date: _____

Phone: _____

Position Applying For: _____ Mixer Driver _____ Dump Driver _____ Other

IMPORTANT! READ COMPLETELY

1. Fill out the attached application for employment thoroughly. All information must be complete for your application to even be considered for employment. We have the right to refuse or terminate employment at any time for falsifying or omitting information. I understand that I may resign or be terminated, without cause or notice, at any time, unless otherwise stated in an employment contract signed by an owner of the company..

- ❖ Only original applications will be accepted – no copies
- ❖ Your address(es) for the previous 3 years
- ❖ All current Driver's License(s) listed (copies need to be attached)
- ❖ Driving Experience
- ❖ List all accidents involved in during the last 3 years
- ❖ List all violations of which you were convicted or forfeited bond during the last 3 years
- ❖ List all names, complete addresses and telephone numbers of previous employers for the last 10 years
- ❖ Attach a "Five Year Driver Abstract", which can be obtained at the nearest Department of Licensing Office

2. Print name, social security number, date and sign shaded areas of the Request/Consent Form for Information from Previous Employer(s) for Alcohol & Controlled Substances Testing Records

3. Date and sign shaded areas of the Request for Information from Previous Employer.

**Thank you for applying for employment at Port Orchard Sand & Gravel Company
an Equal Opportunity Employer**

P.O. Box 181, Port Orchard, WA 98366

BREMERTON (360) 479-4626 FAX (360) 479-4669

Toll Free (877) 858-7674 Gig Harbor (253) 857-3006 Sequim (360) 681-2526 Seattle (206) 682-6349

EMPLOYMENT DESIRED:

Position Applied For: _____ Date of Application: _____

Salary Desired: _____ Type of Employment: Full-Time Part-Time

Are there any hours or days of the week you cannot work? Yes No

If so, when? _____

Do you hold a valid Washington State Driver's License? Yes No

Have you ever applied to or worked for Miles Sand & Gravel, Concrete Nor'West or Port Orchard Sand & Gravel before? If yes, please explain. Yes No

PERSONAL INFORMATION:

Name: _____ Home Phone # _____
Last First Middle

Present Address: _____
Street Address City State Zip

List name and relationship of any relatives employed by Miles, Concrete NW or Port Orchard Sand and Gravel

Name Relationship

Referred by: _____ Are you 18 years of age or over? Yes No

Are you a United States Citizen? Yes No

If hired are you able to provide proof that you are eligible for work Yes No

If no, are you lawfully authorized to work in the United States? Yes No

Have you ever been convicted of or plead guilty to a Felony, Misdemeanor or

Criminal Violation? Yes No

(If yes, please explain. Conviction will not necessarily disqualify you from employment)

Can you perform all of the essential functions of the position for which you have applied with or without a reasonable accommodation? Yes No

Please explain: _____

EDUCATION:

School	Name & Location	Course of Study	Circle Last Year Completed	Did You Graduate?	List Degree and GPA
High	_____ _____		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College	_____ _____		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (specify)	_____ _____		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

DATE OF BIRTH _____

SOCIAL SECURITY NO. _____

NAME _____
(First) (Middle) (Maiden Name, if any) (Last)

ADDRESS _____
(Street) (City) (State & Zip Code)

HOW LONG AT THIS ADDRESS? _____

ADDRESS _____
(Street) (City) (State & Zip Code)

HOW LONG AT THIS ADDRESS? _____

ADDRESS _____
(Street) (City) (State & Zip Code)

HOW LONG AT THIS ADDRESS? _____

EXPERIENCE AND QUALIFICATIONS-DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. # OF MILES (TOTAL)
		FROM	TO	
CONCRETE MIXER TRUCK				
DUMP TRUCK & TRAILER				
TRANSFER TRUCK				
OTHER				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

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

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

- 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

EMPLOYMENT RECORD (Attach Sheet If More Space Is Needed)

NOTE: DOT Requires That Employment for at Least 10 Years &/or Commercial Driving Experience for the Past 10 Years Be Shown

EMPLOYMENT EXPERIENCE: (List employer(s) for the last 10 years with the most recent first)

Are you currently employed? Yes No If Yes, may we contact employer? Yes No

LAST EMPLOYER:

NAME _____ Telephone: _____

ADDRESS _____
Street City, State Zip

POSITION HELD _____ FROM _____ TO _____ SALARY _____

DUTIES: _____

SUPERVISORS NAME _____ Telephone: _____

REASONS FOR LEAVING _____

SECOND LAST EMPLOYER:

NAME _____ Telephone: _____

ADDRESS _____
Street City, State Zip

POSITION HELD _____ FROM _____ TO _____ SALARY _____

DUTIES: _____

SUPERVISORS NAME _____ Telephone: _____

REASONS FOR LEAVING _____

THRID LAST EMPLOYER:

NAME _____ Telephone: _____

ADDRESS _____
Street City, State Zip

POSITION HELD _____ FROM _____ TO _____ SALARY _____

DUTIES: _____

SUPERVISORS NAME _____ Telephone: _____

REASONS FOR LEAVING _____

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Date

Applicant's Signature

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

PERSONAL REFERENCES: (List 3 that you have known for more than 2 years)

Name	Address	Phone	Business Name if Applicable	Years Acquainted

APPLICANT'S CERTIFICATION AGREEMENT

1. I authorize the investigation of all statements contained in this application and release from all liability any persons or employers supplying such information, and I also release the company from all liability which might result from making the investigation.
2. I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission of facts on this application (or on any required documents) may result in denial of employment or immediate termination of employment, regardless of when or how discovered.
3. If I am offered and accept a position I understand that I will be expected to conform to all existing and future Company rules and regulations and I understand the Company reserves the right to change wages, hours and working conditions as deemed necessary. I ALSO UNDERSTAND THIS APPLICATION DOES NOT CONSITUTE AN EMPLOYMENT CONTRACT OF ANY KIND. SHOULD THE COMPANY EMPLOY ME, I MAY RESIGN SUCH EMPLOYMENT AT ANY TIME AT MY DISCRETION WITH OR WITHOUT PRIOR NOTICE AND THE COMPANY MAY TERMINATE MY EMPLOYMENT AT ANY TIME AT THEIR DISCRETION, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT PRIOR NOTICE.
4. I understand that any employment offer is contingent upon my providing, within three (3) working days of employment, valid proof of identity and eligibility to work in order to comply with the Immigration Reform and Control Act of 1986.
5. I have read and reviewed the information provided in this application and the above statements. By signing this application for employment I certify that I understand all parts of it and have answered all questions completely and fully and honestly.

Signature

Date

**PRE-EMPLOYMENT URINALYSIS
NOTIFICATION**

The Federal Motor Carrier Safety Regulations, Section 391.103 -- pre-employment testing requirements, apply to driver-applicants of this company.

- 391.103 Pre-employment testing requirements.**
- (a) A motor carrier shall require a driver-applicant who the motor carrier intends to hire or use to be tested for the use of controlled substances as a prequalification condition.**
 - (b) A driver-applicant shall submit to controlled substance testing as a pre-qualification condition.**
 - (c) Prior to collection of a urine sample under 391.107 of this subpart, a driver-applicant shall be notified that the sample will be tested for the presence of controlled substances.**

As a condition of my employment, I agree to the urine sample collection and controlled substance testing.

I understand a positive test for controlled substances based on the Urinalysis Test will medically disqualify me from the operation of a commercial motor vehicle for this company.

The Medical Review Officer will maintain the results of the Urinalysis Test. Negative and positive results will be reported to the company.

My written authorization is required for the Urinalysis Test results to be given to other parties.

I have read and understand the above conditions for the Pre-Employment Urinalysis Notification.

(APPLICANT'S NAME (type or print))

APPLICANT'S SIGNATURE

MONTH DAY YEAR

WITNESSED BY:

COMPANY REPRESENTATIVE'S SIGNATURE

MONTH DAY YEAR



A PART OF NATIONAL COMPLIANCE SOLUTIONS

FORMER EMPLOYER VERIFICATION

Section 1: Previous employee information & release

Name: _____ SSN: _____

DOB: _____ Driver License # _____ State Issued: _____

I hereby authorize _____ to release the following requested information to National Compliance Solutions INC. for the purpose of investigation to qualify me to drive a commercial motor vehicle as required by the U. S. Department of Transportation & Federal Motor Carrier Safety Regulations Parts 382, 391, 392 & 49 CFR Part 40. I understand that information to be released in Section 2 by my previous employer is limited to the following DOT-regulated testing items:

1. Alcohol test with results of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Driver Signature: _____ Date: _____

Section 2: Previous employee work history

Employed from _____ to _____ as a _____

Did previous employee drive a motor vehicle for you? Yes No

If yes, please indicate the specific type of vehicle and time driven for you:

- Tractor/Semi-Trailer _____ years _____ months
- Straight Truck _____ years _____ months
- Other (please specify) _____ : _____ years _____ months

What type trailer? Tanker Flat* Doubles Van Reefer

*What type cargo if you checked flat? _____

Was previous employee a safe and efficient driver? Yes No

Was previous employee's general conduct satisfactory? Yes No

Reasons for leaving your employment: Discharged Resigned Laid Off Other

Is previous employee eligible for rehire? Yes No Upon Review

Did previous employee have any accidents/incidents? Yes No

If yes, * _____ Preventable * _____ Non-preventable

Signature: _____ Date: _____

Section 3: Note Regulations of the Dept. of Transportation (49 CFR part 40)

Requires your company to provide us with information concerning named driver's past drug and alcohol test results, including refusals to be tested.

In the past two years has the previously named applicant ever:
Tested positive for a controlled substance? Yes No

Tested with an alcohol concentration of 0.04 or higher? Yes No

Refused to submit to a DOT drug or alcohol test, including a verified adulterated or substituted result? Yes No

Had any other violations of DOT drug/alcohol testing requirements? Yes No

Had any other violations of drug/alcohol regulations from previous employers? Yes No

NOTE: If you answered 'yes' to any of the above items, did the employee complete the return-to-duty process? N/A Yes No

Your Name (print): _____ Title: _____

Your signature: _____ Date: _____

Section 4: General Background Information Release

Further, I understand that you will be requesting information from various federal, state and other agencies which maintain records concerning my past activities relating to my driving, credit, civil and other experiences as well as notable criminal activity & claims involving me in the files of insurance companies. This release may also be used to obtain worker's compensation and education records.

By signing below, I also acknowledge that I have read and understand the summary of my rights under The Fair Credit Reporting Act, Pub. L. 111-203, H. R. 4173

Driver signature: _____

Current address: _____

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed

or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:

- 1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.
- b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:

- 2. To the extent not included in item 1 above:
 - a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks
 - b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act
 - c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations
 - d. Federal Credit Unions

- 3. Air carriers

- 4. Creditors Subject to Surface Transportation Board

- 5. Creditors Subject to Packers and Stockyards Act, 1921

- 6. Small Business Investment Companies

- 7. Brokers and Dealers

- 8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations

- 9. Retailers, Finance Companies, and All Other Creditors Not Listed Above

CONTACT:

- a. Consumer Financial Protection Bureau
1700 G Street NW
Washington, DC 20552

- b. Federal Trade Commission: Consumer Response Center – FCRA
Washington, DC 20580
(877) 382-4357

- a. Office of the Comptroller of the Currency
Customer Assistance Group
1301 McKinney Street, Suite 3450
Houston, TX 77010-9050

- b. Federal Reserve Consumer Help Center
P.O. Box 1200
Minneapolis, MN 55480

- c. FDIC Consumer Response Center
1100 Walnut Street, Box #11
Kansas City, MO 64106

- d. National Credit Union Administration
Office of Consumer Protection (OCP)
Division of Consumer Compliance and Outreach (DCCO)
1775 Duke Street
Alexandria, VA 22314
Asst. General Counsel for Aviation Enforcement & Proceedings
Aviation Consumer Protection Division
Department of Transportation
1200 New Jersey Avenue, SE
Washington, DC 20590
Office of Proceedings, Surface Transportation Board
Department of Transportation
395 E Street S.W.
Washington, DC 20423

Nearest Packers and Stockyards Administration area supervisor

- Associate Deputy Administrator for Capital Access
United States Small Business Administration
409 Third Street, SW, 8th Floor
Washington, DC 20416
Securities and Exchange Commission
100 F St NE
Washington, DC 20549
Farm Credit Administration
1501 Farm Credit Drive
McLean, VA 22102-5090
FTC Regional Office for region in which the creditor operates or
Federal Trade Commission: Consumer Response Center – FCRA
Washington, DC 20580
(877) 382-4357