



OFFICE: 253.833.3705  
FAX: 253.833.3746

400 Valley Ave NE  
Puyallup, WA 98372-2516

## 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.
  - Your address(es) for the previous 3 years
  - 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 and 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 Miles Sand and Gravel Company**

**EMPLOYMENT DESIRED:**

Position Applied For: \_\_\_\_\_ Date of Application: \_\_\_\_\_  
 Salary Desired: \_\_\_\_\_ Type of Employment:  Full-Time  Part-Time  
 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: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Last First Middle  
 Present Address: \_\_\_\_\_  
Street Address City State Zip  
 List the name(s) and relationship of any relatives employed by Miles 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 no, are you lawfully authorized to work in the United States?  Yes  No  
 If hired, are you able to provide proof that you are eligible for work?  Yes  No  
 Have you ever been convicted of or pled 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  
 If 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

HOW LONG AT THIS ADDRESS? \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City State Zip

HOW LONG AT THIS ADDRESS? \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City State Zip

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		APPROXIMATE # 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 A STATEMENT GIVING DETAILS

**EMPLOYMENT RECORD (Attach sheet if more space is needed)**

**NOTE: DOT requires that employment for at least 10 years and/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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Most Current Employer Name</b> ( )		Phone	From Year/Month To Year/Month
Address City, State Zip		Position	
Immediate Supervisor's Name ( )		Phone	Salary
Duties			
Reason for Leaving			
<b>2<sup>nd</sup> Most Current Employer Name</b> ( )		Phone	From Year/Month To Year/Month
Address City, State Zip		Position	
Immediate Supervisor's Name ( )		Phone	Salary
Duties			
Reason for Leaving			
<b>3<sup>rd</sup> Most Current Employer Name</b> ( )		Phone	From Year/Month To Year/Month
Address City, State Zip		Position	
Immediate Supervisor's Name ( )		Phone	Salary
Duties			
Reason for Leaving			

**TO BE READ AND SIGNED BY THE 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

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**APPLICANT'S CERTIFICATION AGREEMENT**

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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.

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Applicant's Name (Type or print)

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Applicant's Signature

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Month

Day

Year

## WITNESSED BY:

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Company Representative's Signature

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Month

Day

Year



### DOT/FMCSA Previous Employee Investigations & Inquires

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Company Name \_\_\_\_\_ Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ Date of Birth \_\_\_\_\_ Applicant Telephone Number \_\_\_\_\_

I hereby authorize the above named company to release any and all information to \_\_\_\_\_ concerning my performance, conduct, accident record and all required DOT drug and alcohol related information while previously employed as a commercial motor vehicle operator in the previous 3 years from the date of this form as specified and required by the Federal Motor Carrier Safety Regulations, Part 391.23 investigation and inquiries. In connection with, and for the duration of my employment (including contract for services) with you, I understand that investigative background inquiries are to be made on myself including consumer, driving, and other reports. This information will, in whole or in part, be obtained from CDTA, a part of National Compliance Solutions Inc., 1011 Camino Del Rio South, Suite 200, San Diego, CA 888.908.2382. These reports will include information as to my work habits, performance and experience along with reasons for termination of past employment from previous employers. 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 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

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

#### \*\*THE FOLLOWING INFORMATION IS TO BE FILLED OUT BY THE EMPLOYER ONLY\*\*

Previous Company Name: _____ Mailing Address: _____ City: _____ State: _____ Zip: _____ Supervisor's Name: _____ Telephone Number: _____ Period of Employment: FROM _____ / _____ TO _____ / _____ <small>MO. YR. MO. YR.</small> Position Held: _____	The information request is required by Part 391.23 for the U.S. Department of Transportation Motor Carrier Safety Regulations.
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TO FORMER EMPLOYER: Please give the following information about this applicant. It will be held in strict confidence.

Description	Excellent	Good	Fair	Poor	Supervision	Comments
Quality of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cooperation with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Safety Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Driving Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Attendance Record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Is employment record with your company correct? \_\_\_\_\_

Why did applicant leave? \_\_\_\_\_

If Company policy allowed, would you rehire? \_\_\_\_\_

Did he or she have custody of money or valuables? \_\_\_\_\_

Qualified in what equipment? \_\_\_\_\_

How many total accidents? \_\_\_\_\_ How many FMCSA defined recordable accidents? \_\_\_\_\_

Driver's license ever revoked or suspended? \_\_\_\_\_

Yes	No	DOT/FMCSA Previous Employer 3-year Drug and Alcohol Investigation and Inquiry
<input type="checkbox"/>	<input type="checkbox"/>	Did the employee have an alcohol test with results greater than 0.04 BAC?
<input type="checkbox"/>	<input type="checkbox"/>	Did the employee have a verified positive test result?
<input type="checkbox"/>	<input type="checkbox"/>	Did this employee refuse to be tested?
<input type="checkbox"/>	<input type="checkbox"/>	Did the employee have any other violation of the DOT/FMCSR drug and alcohol testing regulations?
<input type="checkbox"/>	<input type="checkbox"/>	Did the employee report any drug and alcohol rule violations to you?
<input type="checkbox"/>	<input type="checkbox"/>	If you answered yes to any of the above items, did the employee complete an SAP program and return to duty test?
**if yes, please send the employee's SAP reports, return to duty documentation and any and all follow-up test information or records.		
<input type="checkbox"/>	<input type="checkbox"/>	This company did not have a DOT drug/alcohol program during this period.

Signed: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name / Sign Name

**Notice to California Applicants:** Under Section 1786.22 of the California Civil Code, you have the right to request from CDTA, upon proper identification, the nature and substance of all information in its files on you, including the sources of information, and the recipients of any reports on you which CDTA has previously furnished within the two-year period preceding your request. You may view the file maintained on you by CDTA during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services. Upon making a written request, you may receive a summary report via telephone.

**California, Minnesota and Oklahoma applicants only:** Please check here  to have a copy of your consumer report sent directly to you. Minnesota and Oklahoma applicants receive a copy direct from CDTA. California applicants may receive a copy from either the prospective employer or CDTA.

Date Sent / Initial:	2 <sup>nd</sup> Request Date / Initial	3 <sup>rd</sup> Request Date / Initial
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*Para información en español, visite [www.consumerfinance.gov/learnmore](http://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](http://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. A person has taken adverse action against you because of information in your credit report;
  - b. You are the victim of identity theft and place a fraud alert in your file;
  - c. Your file contains inaccurate information as a result of fraud;
  - d. You are on public assistance;
  - e. 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](http://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](http://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.



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- **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](http://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 1-888-5678688.
- **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](http://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:	CONTACT:
<p><b>1. a.</b> Banks, savings associates, and credit unions with total assets of over \$10 billion and their families.</p> <p><b>b.</b> Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p><b>a.</b> Consumer Financial Protection Bureau 1700 G Street NW Washington, DC 20552</p> <p><b>b.</b> Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>
<p><b>2.</b> To the extent not included in item 1 above:</p> <p><b>a.</b> National banks, federal savings associations, federal branches, and federal agencies of foreign banks</p> <p><b>b.</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</p> <p><b>c.</b> Nonmember insured banks, insured state branches of foreign banks, and insured state savings associations</p> <p><b>d.</b> Federal Credit Unions</p>	<p><b>a.</b> Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p><b>b.</b> Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p><b>c.</b> FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p><b>d.</b> National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
<p><b>3.</b> Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement &amp; Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, SE Washington, DC 20590</p>
<p><b>4.</b> Creditors subject to Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street S.W. Washington, DC 20423</p>

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<b>5.</b> Creditors subject to Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
<b>6.</b> Small business investment companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, SW, 8th Floor Washington, DC 20416
<b>7.</b> Brokers and dealers	Securities and Exchange Commission 100 F St NE Washington, DC 20549
<b>8.</b> Federal land banks, federal land bank associations, federal intermediate credit banks, and production credit associations	Farm Credit Administration 1501 Farm Credit Drive
<b>9.</b> Retailers, finance companies, and all other creditors not listed above	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