

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.

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

400 Valley Ave NE • Puyallup, WA 98372

(253) 833-3705

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 | |

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 | | | | | |
| Most Current Employer Name | | Phone | From Year/Month | To Year/Month | |
| () | | | | | |
| Address | | City, State | Zip | Position | |
| Immediate Supervisor's Name | | Phone | Salary | | |
| () | | | | | |
| Duties | | | | | |
| Reason for Leaving | | | | | |
| 2nd Most Current Employer Name | | Phone | From Year/Month | To Year/Month | |
| () | | | | | |
| Address | | City, State | Zip | Position | |
| Immediate Supervisor's Name | | Phone | Salary | | |
| () | | | | | |
| Duties | | | | | |
| Reason for Leaving | | | | | |
| 3rd Most Current Employer Name | | Phone | From Year/Month | To Year/Month | |
| () | | | | | |
| Address | | City, State | Zip | Position | |
| Immediate Supervisor's Name | | Phone | Salary | | |
| () | | | | | |
| Duties | | | | | |
| Reason for Leaving | | | | | |

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

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



PRE-EMPLOYMENT INQUIRY RELEASE

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, criminal, driving, and other reports. This information will, in whole or in part be obtained from California Drug Testing Associates (CDTA), 1011 Camino Del Rio South Suite 200 San Diego, CA 92108. Phone number: 888.908.2382. These reports will include information as to my character, 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.

Please Print Clearly

First Name

Middle Name

Last Name

Alias / Maiden Name(s)

Current Address

City

State

Zip

Driver's License Number

State

Date of Birth*

Social Security Number

*Date of birth is being requested in order to obtain accurate retrieval of records.

I authorize, without reservation, any party or agency contacted by this employer to furnish the above mentioned information.

Applicant's Signature

Date

Name of Prospective Employer

- 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.

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.

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. 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 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.

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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.
- **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.

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

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| 4. Creditors subject to Surface Transportation Board | Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street S.W. Washington, DC 20423 |
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| 5. Creditors subject to Packers and Stockyards Act, 1921 | Nearest Packers and Stockyards Administration area supervisor |
| 6. Small business investment companies | Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, SW, 8th Floor Washington, DC 20416 |
| 7. Brokers and dealers | Securities and Exchange Commission 100 F St NE Washington, DC 20549 |
| 8. Federal land banks, federal land bank associations, federal intermediate credit banks, and production credit associations | Farm Credit Administration 1501 Farm Credit Drive |
| 9. 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 |