

Salmon Bay Sand and Gravel Co. is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, veteran status, or any other characteristic protected by state, local or federal law. *All job offers are conditional pending satisfactory completion of Drug and Alcohol Screening and Background Check.*

Print in ink. Answer each question completely.

Date Available for Work:

Personal

Full Name	Last	First	M.I.	e-mail address:	
	Address		Street	Apt/Ste.	Home telephone # ()
	City	State	ZIP		

Position(s) applied for: 1) _____ 2) _____

Are you at least 18 years of age? Yes No (circle one) Are you legally eligible to work in the United States? Yes No
(If offered employment, you will be required to provide documentation to verify eligibility.)

Employment History

Begin with your most recent employer (1) and continue with all past employment. Include military service, part-time and temporary jobs and periods of self-employment. Please explain any periods between jobs and attach additional sheets if necessary in order to provide all previous employment.

1	Employer	From (mm/yy)	To (mm/yy)	Supervisor Name	
				Supervisor Title	
	Address	City/St	Zip	Phone	
	Job Title	May we contact this employer for reference? Yes No			
	Job Duties/Reason for Leaving:				
2	Employer	From (mm/yy)	To (mm/yy)	Supervisor Name	
				Supervisor Title	
	Address	City/St	Zip	Phone	
	Job Title	May we contact this employer for reference? Yes No			
	Job Duties/Reason for Leaving:				
3	Employer	From (mm/yy)	To (mm/yy)	Supervisor Name	
				Supervisor Title	
	Address	City/St	Zip	Phone	
	Job Title	May we contact this employer for reference? Yes No			
	Job Duties/Reason for Leaving:				

Education		
School	School Name – City, State	
High School		Diploma / G.E.D.
Trade or Technical		Diploma: Yes No Degree:
College		Diploma: Yes No Degree: Major:
College		Diploma: Yes No Degree: Major:
College		Diploma: Yes No Degree: Major:
Licenses or Certifications		Training, Skills and/or Qualifications
Are any of your relatives presently employed by this company? Yes No		
If yes, please list names:		
Have you ever been discharged or asked to resign from a job? Yes No If yes, please explain:		
<p>Qualified candidates who are asked to interview for an open position may be required to provide information regarding previous criminal convictions or pending cases. A conviction will not necessarily disqualify a candidate for employment. Such factors as age and date of conviction, seriousness and nature of the crime, the duties and responsibilities of the job applied for, and rehabilitation will be considered.</p>		
Notification and Agreement		
<p>All employment with the Company is at will, which means that either the employee or the company is free to terminate the employment relationship at anytime, with or without reason, advance notice or warning. Any statements or promises to the contrary should not be relied upon.</p> <p>I certify that all answers given by me are true, accurate and complete. I understand that the falsification, misrepresentation or omission of fact on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.</p>		
Print Name:		
Signature:		Date:

Personal

Full Name	Last	First	M.I.	Social Security Number	Date of Birth (mm/dd/yy)
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Previous Addresses

Please list addresses at which you have resided for the 3 years preceding the date on which this application is signed. For additional addresses please list on separate sheet.

Address	Street	Apt/Ste.	From (mm/dd/yy)
	City	State	ZIP
Address	Street	Apt/Ste.	From (mm/dd/yy)
	City	State	ZIP
Address	Street	Apt/Ste.	From (mm/dd/yy)
	City	State	ZIP
Address	Street	Apt/Ste.	From (mm/dd/yy)
	City	State	ZIP

Commercial Motor Vehicle Operators License or Permit

Issuing State:	Number:	Expiration Date:

Motor Vehicle Experience

Please list the nature and extent of your experience with the operation of motor vehicles, including the type of equipment which you have operated

Motor Vehicle Accident History

Have you been in an accident involving a motor vehicle in the past 10 years? Yes No If you answered "yes", please explain below:

Date of Accident	Nature of Accident Including any Fatalities or Injuries Caused by the Accident

Motor Vehicle Violations

Have you had any violations of motor vehicle laws or ordinances that resulted in conviction or forfeited bond or collateral in the past 10 years not including parking violations? Yes No If you answered "yes" please explain:

Date of Violation	Nature of Violation

Motor Vehicle License Information

In the past 10 years has any of your licenses, permits or privileges to operate a motor vehicle been revoked, denied or suspended? Yes No If you answered "yes" please explain:

Date of Occurrence	Explanation of revocation, denial or suspension

Employment History

Begin with your most recent employer (1) and continue with all past employment for the past 10 years. Include military service, part-time and temporary jobs and periods of self-employment. Please explain any periods between jobs and attach additional sheets if necessary in order to provide all previous employment for the past 10 years.

1	Employer:	From (mm/yy):	To (mm/yy):	If employed after 10/29/2004 was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? Yes No
	Address:			If employed after 10/29/2004 were you subject to the FMCSR's while employed there? Yes No
	Job Title:			
	Reason for Leaving:			
2	Employer:	From (mm/yy):	To (mm/yy):	If employed after 10/29/2004 was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? Yes No
	Address:			If employed after 10/29/2004 were you subject to the FMCSR's while employed there? Yes No
	Job Title:			
	Reason for Leaving:			
3	Employer:	From (mm/yy):	To (mm/yy):	If employed after 10/29/2004 was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? Yes No
	Address:			If employed after 10/29/2004 were you subject to the FMCSR's while employed there? Yes No
	Job Title:			
	Reason for Leaving:			
4	Employer:	From (mm/yy):	To (mm/yy):	If employed after 10/29/2004 was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? Yes No
	Address:			If employed after 10/29/2004 were you subject to the FMCSR's while employed there? Yes No
	Job Title:			
	Reason for Leaving:			

Notification and Agreement

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.

Print Name:

Signature: _____ Date: _____

I understand that information I provide regarding current or previous employers may be used, and those employers will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e).

I understand I have the right to:

- Review information provided by previous employers
- Have errors in the information corrected by previous employers and for those previous employers to resend the corrected information to the prospective employer
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employers and I cannot agree on the accuracy of the information.

Printed Name: _____

Signature: _____

Date: _____