

EMPLOYMENT APPLICATION

P.O. Box 759 Lyons, OR 97358 Phone (503) 859-6623 Fax (503) 769-1834

Please Note: Fields with asterisk * are required. Application will not be reviewed if required fields are left blank.

APPLICANT INFORMATION			
*Last Name	*First	*M.I.	*Date
*Current Address		*PO Box	
*City	*State	*ZIP	
*Home/Cell Phone	Alternate Phone	Emergency Contact	
Previous Address (if you have lived at the current for less than 3 years)			
*Email Address			
Date Available	*Social Security No.	*Date of Birth	
*Position Applied for	*Desired Wage (\$/Hour)	*Desired Wage (Gross \$/Month)	
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever served in the United States Military? YES <input type="checkbox"/> NO <input type="checkbox"/>			

PREVIOUS EMPLOYMENT/EXPERIENCE <i>(MINIMUM 10 YEARS EXPERIENCE REQUIRED. ATTACH 2ND PAGE IF NEEDED)</i>	
*Current/Previous Employer	Phone ()
Address	Supervisor
Job Title	
Responsibilities	
*From *To	*Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	
*2 nd Most Recent Employer	Phone ()
Address	Supervisor
Job Title	
Responsibilities	
*From *To	*Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	
*3 rd Most Recent Employer	Phone ()
Address	Supervisor
Job Title	
Responsibilities	
*From *To	*Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	

PREVIOUS EMPLOYMENT/EXPERIENCE CONTINUED (MINIMUM 10 YEARS EXPERIENCE REQUIRED.)

*4 TH Most Recent Employer		Phone ()
Address		Supervisor
Job Title		
Responsibilities		
*From	*To	*Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
*5 TH Most Recent Employer		Phone ()
Address		Supervisor
Job Title		
Responsibilities		
*From	*To	*Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
*6 TH Most Recent Employer		Phone ()
Address		Supervisor
Job Title		
Responsibilities		
*From	*To	*Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
*7 TH Most Recent Employer		Phone ()
Address		Supervisor
Job Title		
Responsibilities		
*From	*To	*Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
*8 TH Most Recent Employer		Phone ()
Address		Supervisor
Job Title		
Responsibilities		
*From	*To	*Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

REFERENCES*Personal references other than family.*

Full Name	Relationship
Years/Months Known	Phone ()
Full Name	Relationship
Years/Months Known	Phone ()

SKILLS / QUALIFICATIONS

List Heavy Equipment you have operated.

Do you have working experience operating the equipment listed above (not just moving around a jobsite or across the shop yard)?

What type of controls are you familiar with? Cat Case John Deere *Do you have a valid Driver's License? Yes No Do you have your CDL? Yes No If you do not have your CDL, do you have your CDL instruction permit? Yes No

License Number	License Expiration Date	Issuing State
----------------	-------------------------	---------------

List any endorsements you have. (tanker, doubles, hazmat)

*Have you had your license suspended or revoked within the last ten years? Yes No (if yes, please explain on a separate sheet of paper)

List all types of commercial vehicles you have driven.

List the approximate number of miles you have driven commercially.

Have you ever been involved in an accident while operating a commercial motor vehicle, or company vehicle on the job? Yes No
(if yes, please explain on a separate sheet of paper)Do you have any accidents or citations currently on your driving record? (Last 3 years) Yes No (if yes, please explain on a separate paper)

List hand tools and light equipment that you are familiar with.

Are you familiar with the use of lasers and can you use one on your own? Yes No

Do you have experience in road building? (list specific types of road work you have done)

What type of construction work do you have primary experience in? (utilities, road construction, paving, water/sewer main work, logging, communications)

Are you able to trouble shoot equipment that you may be operating if a minor problem develops, so you are able to finish the work day?

Do you have certifications we should know about? (certified welder, certified flagger, or others)

ADDITIONAL INFORMATION

- We are an equal opportunity employer.
- We offer health insurance paid for the employee (eligible after 60 days of full time continuous employment), spouses and children may be added at the employee's expense.
- If an employee quits, goes down to part time, is laid off, or leaves for any reason, health coverage may be continued at the employee's expense.
- We pay every two weeks, checks are issued via Direct Deposit every other Friday.
- Overtime is paid on all hours worked over 40 in a week, with the exception being prevailing wage jobs which are handled on a case by case basis.
- A 5 day work week is standard, but 6 day weeks are typical and may be required during our busy season from April 1st through November 30th.
- All sick time, doctors' appointments, etc. must be requested in advance with a minimum of 10 days written notice. Vacation time must be requested in advance with a minimum of 30 days written notice. All requests are subject to the company time off policy. (funerals and emergencies are the exception)
- Pre-employment and random drug tests will be administered to all prospective employees. Signing the pre-employment application indicates acceptance of this policy.
- We are a safety oriented company that believes the only way to be profitable, productive and reliable is to put safety first. This commitment to safety begins with management and follows down through our safety coordinator to our supervisors and to our employees. We accomplish this with a written safety plan, safety meetings and a safety coordinator who has the ability to listen to employees concerns and act on them. Safety is the highest priority at our company and participation is mandatory!
- We have an excellent reputation in the construction industry which is supported by the employees we hire and the equipment we run. Abusing equipment, pickups, or trucks will not be tolerated.

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my termination.

I authorize the company and/or its agents, including consumer reporting bureaus to verify any of this information including, but not limited to, criminal history, motor vehicle driving records, and any training certifications. I authorize all persons, schools, companies and law enforcement authorities to release any factual, accurate and truthful information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. I agree to conform to all the existing and future company policies and rules and I understand that such policies and rules may be changed, interpreted, withdrawn or added to as the company deems appropriate. I also understand that the company reserves the right to change wages, hours and working conditions as deemed necessary.

I understand that in order for this company to comply with federal immigration laws, if employed by this company, on my first day of employment I will be required to furnish proof of US citizenship or proof that I am authorized to work legally in the United States.

I hereby consent to drug and alcohol testing to detect the use of illegal drugs and/or alcohol prior to and during employment.

*Signature

*Printed Name

*Date