

Applicant Data Record

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a **Confidential File** separate from the Application for Employment.

(PLEASE PRINT)

Date _____

Position(s) applied for _____

Referral Source: Advertisement Friend Relative Walk-In
 Employment Agency Other _____

Name _____ Phone (_____) _____
Last First Middle Area Code

Address _____
Number Street City State Zip

Social Security Number _____ - _____ - _____

Affirmative Action Survey

Government agencies require periodic reports on the age, sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information is voluntary.

Date of Birth: _____

Check one: Male Female

Check one of the following:
Race/Ethnic Group: White Black Hispanic
 American Indian/Alaskan Native Asian/Pacific Islander

Check if any of the following are applicable:
 Vietnam Era Veteran Disabled Veteran Handicapped Individual

If Veteran status: _____
Discharge Date _____ Federal Job Category _____ Reporting State _____

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals with Physical or Mental Handicaps.

Government contractors are subject to 38 USC 2012 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job to the best of your ability in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below.

Handicapped Individual Disabled Veteran Vietnam Era Veteran

Signed _____

Have you been convicted of a felony within this last 7 years? Yes No
 (Conviction will not necessarily disqualify applicant from employment.)

If Yes, please explain:



State driver's license number _____ Expiration date _____ Issuing State _____

CDL Endorsements _____

Medical Card? _____ Expiration date _____

List all motor vehicle accidents in the last 3 years. Specify date, nature of accident, and any fatalities or injuries it caused.

List all violations of motor vehicle laws other than parking during the last 3 years for which you were convicted or bond was forfeited.

Has your driver's license ever been revoked or denied? Yes No
 If yes, indicate in detail all facts and circumstances.

Give name, address and phone number of 3 references who are not related to you and are not previous employers.

1

2

3

Employment Experience

Start with your present or last job. Must include ~~at least 10 yrs. of work experience.~~

***List all types of equipment operated** including trucks, truck tractors, semi trailers, full trailers, and types of construction equipment. Indicate the nature of the work performed and the number of years or months operated.

| | | | |
|---|--|--------------------|-------|
| 1 | Employer _____ Telephone (____) _____ | Dates Employed | |
| | Address _____ | From | To |
| | Job Title _____ | Hourly Rate/Salary | |
| | Supervisor _____ | Starting | Final |
| | Reason for Leaving _____ | | |
| | *Work Performed and Equipment Operated: | | |
| | | | |
| Were you subject to Federal Motor Carrier Safety Regulations while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Were you subject to DOT-required drug and alcohol testing requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 2 | Employer _____ Telephone (____) _____ | Dates Employed | |
| | Address _____ | From | To |
| | Job Title _____ | Hourly Rate/Salary | |
| | Supervisor _____ | Starting | Final |
| | Reason for Leaving _____ | | |
| | *Work Performed and Equipment Operated: | | |
| | | | |
| Were you subject to Federal Motor Carrier Safety Regulations while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Were you subject to DOT-required drug and alcohol testing requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 3 | Employer _____ Telephone (____) _____ | Dates Employed | |
| | Address _____ | From | To |
| | Job Title _____ | Hourly Rate/Salary | |
| | Supervisor _____ | Starting | Final |
| | Reason for Leaving _____ | | |
| | *Work Performed and Equipment Operated: | | |
| | | | |
| Were you subject to Federal Motor Carrier Safety Regulations while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Were you subject to DOT-required drug and alcohol testing requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| | | | |
|---|------------------------------------|----------------|----------|
| 4 | Employer _____ Telephone () _____ | Dates Employed | |
| | Address _____ | From _____ | To _____ |
| Job Title _____ | Hourly Rate/Salary _____ | | |
| Supervisor _____ | Starting _____ | Final _____ | |
| Reason for Leaving _____ | | | |
| *Work performed and equipment operated: _____ _____ | | | |
| Were you subject to Federal Motor Carrier Safety Regulations while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Were you subject to DOT-required drug and alcohol testing requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

If there is not enough space for last 10 years of service, please attach a separate sheet.

Explain **ALL** breaks in employment,  duration and reason:

Education

| | Elementary | High | College/University | Graduate/ Professional |
|-------------------------------------|------------|------------|--------------------|---------------------------|
| School Name | | | | |
| Years Completed: (Circle) | 4 5 6 7 8 | 9 10 11 12 | 1 2 3 4 | 1 2 3 4 |
| Diploma/Degree | | | | |
| Describe Course of Study | | | | |

Applicant's Statement

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.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision and release M.A. DeAtley Construction, Inc., from any and all liability concerning collection and use of information. In accordance with the regulations of the Motor Carrier Safety Administration, the information contained in this application may be used and the applicant's previous employers will be contacted for the purpose of investigating the applicant's safety performance history information. I understand that this application is not and is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

Signature of Applicant

Date

APPLICATION FOR EMPLOYMENT

**M.A. DEATLEY
CONSTRUCTION, INC.**

829 Evans Road • P.O. Box 490
Clarkston, WA 99403
509-751-1580 Phone
509-751-1922 Fax

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

(PLEASE PRINT)

Date of Application _____

Position(s) applied for _____

Referral Source: Advertisement Friend Relative Walk-In
 Employment Agency Other _____

Name _____
Last First Middle

List all addresses at which you resided for 3 years prior to date of application.

| | | | | | |
|---------------------------|--------|--------|------|-------|-----|
| How long at this address? | Number | Street | City | State | Zip |
| How long at this address? | Number | Street | City | State | Zip |
| How long at this address? | Number | Street | City | State | Zip |

Home phone () _____ Cell phone _____
Area Code

Date of birth _____ 

Have you filed an application here before? Yes No If Yes, give date _____

Have you ever been employed here before? Yes No If Yes, give date _____

Are you employed now? Yes No May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? Yes No
(Proof of citizenship or immigration status may be required upon employment.)

On what date would you be available for work? _____

Are you available to work Full Time Part-Time Shift Work Temporary

Are you on a lay-off and subject to recall? Yes No

Can you travel if a job requires it? Yes No

List any reason known to you why you might be unable to perform consistently and promptly the position(s) you have applied for: _____