



302 15th Street
Clarkston, WA 99403
(509) 758-5561

APPLICATION FOR EMPLOYMENT

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, age, marital status, or non-job related disability.

(ANSWER ALL QUESTIONS - PLEASE PRINT)

Date of Application: _____

Name: _____
Last First Middle

List your addresses of residency for the past 3 years:

Current Address: _____
Street/PO Box # City State Zip Code

Phone: () _____ Message/Cell Number: () _____

Previous Addresses:

Street/PO Box # City State Zip Code How Long?: _____

Street/PO Box # City State Zip Code How Long?: _____

Street/PO Box # City State Zip Code How Long?: _____

Do you have the legal right to work in the United States?: _____

Date of Birth: ____ / ____ / ____ Can you provide proof of your age?: _____
(Required for Commercial Drivers)

Social Security Number: _____

Have you previously been employed by us?: _____ If yes, where?: _____

Dates: From: _____ To: _____ Rate of Pay: _____

Position Held: _____

Reason for leaving: _____

Are you currently employed?: _____ If not, how long since leaving last employer?: _____

List any relative currently employed by us: _____

Is there any reason you might be unable to perform the functions of the job for which you have applied.

If yes, explain if you wish: _____

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

All applicants to drive a commercial motor vehicle¹ in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

List below all present and past employment for the last five years beginning with your most recent one.

Employer			Date	
Name:			From:	To:
Address:			Mo: Yr:	Mo: Yr:
City:	State:	Zip Code	Position Held:	Salary/Wage:
Contact Person:		Number:		
Reason for leaving:				

May we contact the above employer?: YES NO

Employer			Date	
Name:			From:	To:
Address:			Mo: Yr:	Mo: Yr:
City:	State:	Zip Code	Position Held:	Salary/Wage:
Contact Person:		Number:		
Reason for leaving:				

May we contact the above employer?: YES NO

Employer			Date	
Name:			From:	To:
Address:			Mo: Yr:	Mo: Yr:
City:	State:	Zip Code	Position Held:	Salary/Wage:
Contact Person:		Number:		
Reason for leaving:				

May we contact the above employer?: YES NO

Employer			Date	
Name:			From:	To:
Address:			Mo: Yr:	Mo: Yr:
City:	State:	Zip Code	Position Held:	Salary/Wage:
Contact Person:		Number:		
Reason for leaving:				

May we contact the above employer?: YES NO

Employer			Date	
Name:			From:	To:
Address:			Mo: Yr:	Mo: Yr:
City:	State:	Zip Code	Position Held:	Salary/Wage:
Contact Person:		Number:		
Reason for leaving:				

May we contact the above employer?: YES NO

Employer			Date	
Name:			From:	To:
Address:			Mo: Yr:	Mo: Yr:
City:	State:	Zip Code	Position Held:	Salary/Wage:
Contact Person:		Number:		
Reason for leaving:				

May we contact the above employer?: YES NO

¹ Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE. IF NONE, WRITE NONE.

(Attach additional sheet if more space is needed.)

	Date	Nature of Accident (Head-On, Rear-End, Upset, Etc.)	Fatalities	Injuries
Last Accident:				
Next Previous Accident:				
Next Previous Accident:				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS. IF NONE, WRITE NONE. (Other than Parking Violations)

Location	Date	Charge	Penalty

(Attach additional sheet if more space is needed.)

EDUCATION

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Last School Attended:

_____ Name _____ City and State

EXPERIENCE AND QUALIFICATIONS - DRIVER

	State	License Number	Type	Expiration Date
DRIVER LICENSES				

- 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 statement giving details!

DRIVING EXPERIENCE - IF NONE, WRITE NONE.

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Approx. No. of Miles (Total)
		From	To	
Straight Truck _____				
Tractor & Semi-Trailer _____				
Tractor-Two Trailers _____				
Motor coach-School Bus _____				
Other _____				

List States operated in for the last 5 years: _____

Show special courses or training that will help you as a driver: _____

Which safe driving awards do you hold and from whom?: _____

EXPERIENCE AND QUALIFICATIONS - OTHER

Show any trucking, transportation or other experience that may help in your work with our company:

List courses and training other than shown elsewhere in this application:

List special equipment or technical materials you can work with (other than those already shown):

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 POE Asphalt Paving, Inc., to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from liability in responding to inquiries and releasing information in connection with my application.

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 this company.

Applicant's Signature

Date



EEO Questionnaire

Poe Asphalt Paving, Inc. is attempting to monitor recruitment and selection programs to assure equal employment opportunity. We would appreciate your cooperation by voluntarily furnishing the information requested below. This information will be kept confidential and used only for affirmative action purposes as specified by law.

In which of the following racial/ethnic groups do you consider yourself a member?

- Black
- Asian or Pacific Islander
- American Indian or Alaskan Native
- Hispanic
- White
- Other _____

Check any of the following characteristics that apply to you:

- Male
- Female
- Handicapped
- Over 40 years of age
- Vietnam era Veteran