



P.O. Box 158 Mukilteo, WA 98275

Application for Employment

CDL Driver

Complete all information. An incomplete application may disqualify you from further consideration.

Position Title You Are Applying For: _____

Name _____ (Last) _____ (First) _____ (Middle)

Address _____ City _____ State _____ Zip _____

Address _____ City _____ State _____ Zip _____

Address _____ City _____ State _____ Zip _____

Residents for the past 3 years.

Home Phone (____) _____ Message/Cell (____) _____ Work (____) _____ Email _____

Are you eligible to work in the U.S.? Yes No Are you over the age of 18? Yes No
 Do you have a valid Washington State Drivers License? Yes No

Education and Training

High School Name	Location (City & State)	Graduate/GED <input type="checkbox"/> Yes <input type="checkbox"/> No
College/University Name	Location (City & State)	Years Completed <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Major	Degree Title	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No
College/University Name	Location (City & State)	Years Completed <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Major	Degree Title	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No
Vocational Training Institute	Location (City & State)	Years Completed <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Trade/Other Training	Location (City & State)	Years Completed <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Valid Professional Licenses	Type and Issuing State	Expiration Date
Personal Computers	Proficient with: <input type="checkbox"/> Microsoft Word <input type="checkbox"/> Excel <input type="checkbox"/> Access <input type="checkbox"/> Outlook <input type="checkbox"/> Power Point	Other Software Used:

Professional References (Do not list relatives)

Name/Title	Employer	Phone
Name/Title	Employer	Phone
Name/Title	Employer	Phone

Please list any professional licenses you hold that are required or applicable to the position (e.g., driver's license, CDL, etc.)

Please list any transferable skills you possess that are required or applicable to the position (e.g., computer skills, accounting, project management, etc.)

Work History

Resumes may be attached but will not be accepted as a substitute for completing this section. Beginning with your present or most recent employer, list your work experience for at least the last ten years. Include periods of self-employment, military service, and explain any gaps in employment. Attach separate sheets if needed. Failure to complete this page may result in disqualification.

From (month & year)	Company Name	Position Title
To (month & year)	City	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time # of Hrs _____ May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Salary	Supervisor	Phone
Duties		
Reason for Leaving		

From (month & year)	Company Name	Position Title
To (month & year)	City	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time # of Hrs _____ May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Salary	Supervisor	Phone
Duties		
Reason for Leaving		

From (month & year)	Company Name	Position Title
To (month & year)	City	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time # of Hrs _____ May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Salary	Supervisor	Phone
Duties		
Reason for Leaving		

Have you ever been convicted of a felony? _____. If yes, please explain,

Signature is Required

I hereby certify, under penalty of perjury in the State of Washington, that this application contains no willful misrepresentation and that the information given is true and complete to the best of my knowledge and belief. I understand that falsification of this application will be grounds for elimination from further consideration or, if employed, for dismissal at any time. I authorize my previous employers and all schools or educational and technical institutions that I have attended to furnish KLB Construction my record, reason for leaving and all information they may have concerning me. I hereby release any such current or former employers or institutions, their agents or employees and KLB Construction from all liability for any damage whatsoever arising there from. I authorize an investigation of all statements in this application.

Signature _____ Date _____

EXPERIENCE AND QUALIFICATIONS – DRIVER

Driver License	State	License Number	Type	Expiration Date

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Total Miles (Approximately)
		From	To	
Straight Truck				
Tractor/Semi-Trailer				
Tractor/2 Trailers				
Other:				

Accident Record for Past 3 Years (Attach sheet if more space is needed)

Dates	Nature of Accident (Head-on, Rear-end, Upset, etc.)	Fatalities	Injuries

Traffic Convictions and Forfeitures for the Past 3 Years (Other than parking violations)

Location	Date	Charge	Penalty

(Attach sheet if more space is needed)

Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES NO

Has any license, permit, or privilege ever been suspended or revoked? YES NO

If the answer to either of the above questions is **YES**, attach a statement giving full details.

I certify that I have only one DRIVERS LICENSE. This license certifies me as being qualified to drive combination vehicles.

Driver's License # _____ State: _____ Expiration Date: _____



REQUEST FOR DRUG / ALCOHOL RESULTS

Please fax the following information regarding the applicant listed below to **KLB Construction** Incorporated.

Authorized (APPLICANT) **Print Name:** _____

Driver-Applicant Authorization to Release Drug & Alcohol Test Information

Pursuant to 49 CFR sections 382-405(f), 382-401(b), I hereby authorize the companies listed below to furnish to KLB Construction the following information concerning drug and alcohol tests involving me during the last two years:

- 1. The dates on which I had confirmed positive test for drugs, and the drugs involved.
- 2. The dates on which I had a confirmed alcohol test result of 0.04g/dl or greater, and the blood-alcohol content (B.A.C.) recorded.
- 3. The dates on which I refused to be tested for drugs and /or alcohol.

Additionally in the event that any company listed below furnishes KLB Construction with information concerning items 1, 2, and 3, I also authorize that company to release and furnish:

- 4. The dates of my negative drug and/or alcohol test during the past two years.
- 5. and the name and phone number of any substance abuse professional (S.A.P.) who evaluated me during the past two years, in accordance with Section 382.413(g)

I fully understand that my authorization to release such information does not guarantee or commit the company to which I have applied to obtain KLB Construction, all or any of the information which I have authorized to be released.

ALL COMPANIES FOR THE PAST TWO YEARS

COMPANY	CITY & STATE	PHONE NUMBER

In signing below, I certify that I have read and fully understand this release. I further certify that all of the information which I have furnished on this form is true and complete: I also certify that I have listed every company for which I worked as a driver during the past two years, every company for which I took a pre-employment drug test during the past two years, and every company for which I took a pre-employment alcohol test during the past two years.

APPLICANT NAME: _____ SIGNED: _____

SOCIAL SECURITY NO: _____ DATE: _____



Background check for CDL Drivers

From –Prospective Employer			To –Previous Employer		
Company KLB Construction			Company		
Individual/Job Title			Individual/Job Title		
Address PO Box 158			Address		
City Mukilteo,	State WA	Zip 98275	City	State	Zip

Dear former employer,

The applicant named below has applied to this company for employment as a _____ and states that he/she was employed as a _____ **from** _____ **to** _____.

Please reply to this inquiry below pertaining to this applicant. The applicant has waived any claim of liability against your company for information in response to this inquiry.

Sincerely,

Date: _____

NAME OF APPLICANT: _____

SOCIAL SECURITY NUMBER OF APPLICANT: _____ - _____ - _____

1. Is employment information stated above correct? _____
2. What kind(s) of work did applicant do? _____
3. If employed as a driver, specify type of equipment driven _____
4. Number of accidents: _____
5. Was applicant's driver's license ever suspended or revoked? _____ If yes, when? _____
6. Reason for leaving your employ: Discharged _____ Laid Off _____ Resigned _____
7. Was applicant's general conduct satisfactory? Yes _____ No _____ If no, why? _____
8. Is applicant competent for the position applicant is seeking? Yes _____ No _____ If no, why? _____
9. Did he/she test 0.04 or greater for alcohol, test positive for controlled substances, or refuse at any time to be tested in the last two (2) years? Yes _____ No _____
10. Would you re-employ? Yes _____ No _____ Why _____
11. Any remarks with regard to question 1-10 above? _____

By: _____ Date: _____

Signature of person supplying information **Print**

This form was: Faxed Mailed to previous employer. Date: _____

PRIOR EMPLOYER LIABILITY RELEASE

(Former Employer)

(Date)

I hereby authorize you to release all information regarding my services, character and conduct while in you employ, and you are released from any and all liability which my result from furnishing such information.

Applicant's Signature

Witnesses Signature



EEOC Survey
Confidential

KLB Construction is committed to non-discrimination in employment practices. We would appreciate completion of the information below but completion of this section is voluntary. This information will be kept confidential and will be used for record keeping purposes only.

Ethnic Category (Check one)

- African American Alaskan Indian Asian Caucasian
 Hispanic Native American Pacific Islander
 Other: _____
-

Veteran Status

- Yes No

If yes, please designate the following:

- Gulf War
 Vietnam Era
 Newly Separated Veteran
 Disabled Veteran

Details: _____

Sex

- Female Male
-

Disability Status

- Yes No

Nature of Disability: _____

Is Disability Certified?

- Yes No

KLB Construction is an Equal Opportunity Employer



Injury Reporting Policy Acknowledgement

KLB policy requires all employees to immediately report any injuries or illnesses that occur on the job to a Supervisor, Foreman, or Safety Manager. There are no exceptions! If an employee is injured, they are responsible for filling out a written injury report and documenting the injury on their time card.

Prevention of Fraudulent Worker Compensation Claims

As mandated by state law provided below, it is illegal for an employee on any job site in Washington State to make false or fraudulent claims to inappropriately obtain worker compensation benefits.

By your signature below, you fully understand and acknowledge that: 1) you are to report all injuries per the above policy and 2) KLB intends to investigate and pursue any injury claim reasonably believed to be false or fraudulent to the maximum extent allowed under the law, including both civil and criminal penalties.

_____ Date: _____
Signature

Printed Name

Witness

RCW 51.32.240 Erroneous payments - Payments induced by willful misrepresentation

5(b) For purposes of this subsection, it is willful misrepresentation for a person to obtain payments or other benefits under this title in an amount greater than that to which the person otherwise would be entitled. Willful misrepresentation includes:

- (i)*** Willful false statement; or
- (ii)*** Willful misrepresentation, omission, or concealment of any material fact.

(c) For purposes of this subsection (5), "willful" means a conscious or deliberate false statement, misrepresentation, omission, or concealment of a material fact with the specific intent of obtaining, continuing, or increasing benefits under this title.