

Application for Employment

Lakeridge Paving Co, LLC

19606 SE 252nd Street, Covington, WA 98042

Applicant's Name: _____
(First) (Middle) (Last)

Address: _____ How Long? _____
(Street) (City) (State and Zip Code)

Date of Birth: _____ Phone: (_____) _____ Social Security No.: _____

Past Addresses (previous three years)

Street	City	State & Zip Code	How Long?

(Attach sheet if more space is needed)

Are you 18 years of age or older? Yes No

Employment Desired

Position _____ Date available to start _____ Salary Desired _____

Are you currently employed? Yes No

If yes, may we contact your current employer? Yes No

Have you ever applied to this company before? Yes No If yes, when? _____

Education

Type of School	Name and Location of School	How Many Years Completed	Did You Graduate?	Subjects Studied, Degree(s) Received
Grammar School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business or Correspondence		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

General

Subjects of Special Study or Research Work _____

Job Related Skills (typing, driver's license, etc.) _____

Experience and Qualifications-Driver (license information)

State	License Number	Type	Expiration Date

Driving Experience

Class of Equipment	Type of Equipment (van, tank, flat, etc.)	Date From	Date To	Approximate Number of Total Miles
Straight Truck				
Tractor/Semi Trailer				
Tractor/Two Trailers				
Other				

Accident Record for the Past Three Years or more (attach sheet if more space is needed)

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

Traffic Convictions and Forfeitures for the Past Three Years (other than parking violations)

Location	Date	Charge	Penalty

(Attach sheet if more space is needed)

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

Employment Record (attach sheet if more space is needed)

DOT requires that employment for at least three years and/or Commercial Driving experience (CDL) for the past ten years be shown.

Last Employer Name _____

Address _____

Position Held _____ From _____ To _____ Salary _____

Reason for Leaving _____

Subject to Federal Motor Carrier Safety Regulations? Yes ___ No ___

Performed safety sensitive function subject to DOT Controlled Substance/Alcohol Testing? Yes ___ No ___

Second Last Employer Name _____

Address _____

Position Held _____ From _____ To _____ Salary _____

Reason for Leaving _____

Subject to Federal Motor Carrier Safety Regulations? Yes ___ No ___

Performed safety sensitive function subject to DOT Controlled Substance/Alcohol Testing? Yes ___ No ___

Third Last Employer Name _____

Address _____

Position Held _____ From _____ To _____ Salary _____

Reason for Leaving _____

Subject to Federal Motor Carrier Safety Regulations? Yes ___ No ___

Performed safety sensitive function subject to DOT Controlled Substance/Alcohol Testing? Yes ___ No ___

To Be Read and Signed by Applicant

"UNDER MARYLAND LAW AN EMPLOYER MAY NOT REQUIRE OR DEMAND ANY APPLICANT FOR EMPLOYMENT OR PROSPECTIVE EMPLOYMENT OR ANY EMPLOYEE TO SUBMIT TO OR TAKE A POLYGRAPH, LIE DETECTOR OR SIMILAR TEST OR EXAMINATION AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT, ANY EMPLOYER WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED \$100."

"IT IS UNLAWFUL IN MASSACHUSETTS TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY."

IF YOU ARE TO BE HIRED BY THE COMPANY, YOU WILL BE REQUIRED TO ATTEST TO YOUR IDENTITY AND EMPLOYMENT ELIGIBILITY, AND TO PRESENT DOCUMENTS CONFIRMING YOUR IDENTITY AND EMPLOYMENT ELIGIBILITY. YOU CANNOT BE HIRED IF YOU CANNOT COMPLY WITH THESE REQUIREMENTS.

Authorization

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Company.

I understand that any employment is conditioned on a background check. I authorize the Company to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Company. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing.

If I am offered employment I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the Company the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by the Company's Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the Company to hire. If hired I agree to abide by all Company work rules and policies and procedures. The Company retains the right to revise its policies or procedures in the whole or in part, at any time.

(Applicant's Signature)

(Date)

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.