



## EMPLOYMENT HISTORY

**All applicants** must provide the following information on all employers during the preceding 3 years. **Applicants to drive a commercial motor vehicle in intrastate or interstate commerce (foreman, lead, and driver positions)** must also provide an additional 7 years information on those employers for whom the applicant operated such vehicle. Please start with the most recent employer.

If you are currently employed, when will we be able to contact your current employer? \_\_\_\_\_

|   |                                |
|---|--------------------------------|
| EMPLOYER:   | FROM:                      TO: |
| ADDRESS:  | POSITION HELD:                 |
| CITY:                      STATE:                      ZIP: | WAGE:                          |
| CONTACT:                      PHONE:                        | REASON FOR LEAVING:            |
| DUTIES:   |                                |

|   |                                |
|---|--------------------------------|
| EMPLOYER:   | FROM:                      TO: |
| ADDRESS:  | POSITION HELD:                 |
| CITY:                      STATE:                      ZIP: | WAGE:                          |
| CONTACT:                      PHONE:                        | REASON FOR LEAVING:            |
| DUTIES:   |                                |

|   |                                |
|---|--------------------------------|
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| ADDRESS:  | POSITION HELD:                 |
| CITY:                      STATE:                      ZIP: | WAGE:                          |
| CONTACT:                      PHONE:                        | REASON FOR LEAVING:            |
| DUTIES:   |                                |

|   |                                |
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| ADDRESS:  | POSITION HELD:                 |
| CITY:                      STATE:                      ZIP: | WAGE:                          |
| CONTACT:                      PHONE:                        | REASON FOR LEAVING:            |
| DUTIES:   |                                |

|   |                                |
|---|--------------------------------|
| EMPLOYER:   | FROM:                      TO: |
| ADDRESS:  | POSITION HELD:                 |
| CITY:                      STATE:                      ZIP: | WAGE:                          |
| CONTACT:                      PHONE:                        | REASON FOR LEAVING:            |
| DUTIES:   |                                |

**EXPLAIN ANY GAPS IN EMPLOYMENT DURING THE PAST THREE YEARS**

Dates: / / to / / Reason: \_\_\_\_\_

Dates: / / to / / Reason: \_\_\_\_\_

Dates: / / to / / Reason: \_\_\_\_\_

**LIST ADDRESSES FOR THE PAST THREE YEARS**\_\_\_\_\_  
Street City State & Zip Code How Long? \_\_\_\_\_\_\_\_\_\_  
Street City State & Zip Code How Long? \_\_\_\_\_**ACCIDENT RECORD FOR PAST 3 YEARS FROM DATE OF APPLICATION (ATTACH SHEET IF NEEDED):**

| DATES         | NATURE OF ACCIDENT<br>(HEAD-ON, REAR END, ETC.) | FATALITIES | INJURIES |
|---------------|---|------------|----------|
| LAST ACCIDENT |   |            |          |
| NEXT PREVIOUS |   |            |          |
| NEXT PREVIOUS |   |            |          |

**TRAFFIC CONVICTIONS & FORFEITURES IN THE PAST 3 YEARS FROM DATE OF APPLICATION:  
(DO NOT INCLUDE PARKING VIOLATIONS)**

| LOCATION | DATE | CHARGE | PENALTY |
|----------|------|--------|---------|
|          |      |        |         |
|          |      |        |         |
|          |      |        |         |

**EXPERIENCE AND QUALIFICATIONS: (PLEASE PRINT CLEARLY)**

| DRIVER LICENSES | STATE | LICENSE NO. | TYPE | EXPIRATION DATE |
|-----------------|-------|-------------|------|-----------------|
|                 |       |             |      |                 |
|                 |       |             |      |                 |
|                 |       |             |      |                 |

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle?  YES  NOB. 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.

**DRIVER EXPERIENCE:**

| CLASS OF EQUIPMENT     | TYPE OF EQUIPMENT<br>(VAN, TANK, FLAT, ETC.) | DATE |    | APPROX. MILEAGE TOTAL |
|------------------------|--|------|----|-----------------------|
|                        |  | FROM | TO |                       |
| STRAIGHT TRUCK         |  |      |    |                       |
| TRACTOR & SEMI-TRAILER |  |      |    |                       |
| TRACTOR-2 TRAILERS     |  |      |    |                       |
| OTHER                  |  |      |    |                       |

**\*\*CDL DRIVERS ONLY COMPLETE THIS SECTION\*\*****ARE YOU AT LEAST 21 YEARS OF AGE?**  YES  NO **DATE OF BIRTH:** \_\_\_\_\_

PLEASE DESCRIBE YOUR ABILITY TO PERFORM THE TYPE OF WORK FOR WHICH YOU ARE APPLYING:

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LIST SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER:

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LIST ANY TRUCKING, TRANSPORTATION, CONSTRUCTION, EQUIPMENT OR OTHER EXPERIENCE AND TRAINING THAT MAY HELP IN YOUR WORK FOR THIS COMPANY:

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**TO BE READ AND SIGNED BY APPLICANT**

Please review and initial each statement, and sign your name below.

\_\_\_\_\_ 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 if hired, I will be an "at will" employee and agree that the employment relationship can be terminated at any time, with or without cause by me or by the company. I understand that no representative of the Company, other than in writing, signed by the President of the Company and by me, has any authority to enter into an agreement of employment for any specified period of time, or which is otherwise inconsistent with the "at will" employment relationship.

\_\_\_\_\_ 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.

\_\_\_\_\_ 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 hereby acknowledge that I have read and understand the above statements. I certify that all answers to questions in this application and all additional information I may have submitted were completed by me and are true and complete to the best of my knowledge. I understand that giving false information, misrepresenting facts, and material omissions may be grounds for denial of employment or discharge, if hired.

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

\_\_\_\_\_  
**DATE**



I understand that if I am considered for employment by Central Paving, LLC, the pre-hire process will include a pre-employment drug test. I understand that if my drug test is positive, I am disqualified from employment at Central Paving, LLC and I will no longer participate in orientation. I understand this form must be signed and returned to Central Paving, LLC in order for my employment application to be considered by Central Paving, LLC.

Central Paving, LLC Applicant

Signed \_\_\_\_\_

Printed \_\_\_\_\_

Dated \_\_\_\_\_

## Driving Record Release of Interest

**Employers, prospective employers, volunteer organizations, or their agent** can get driving records for an employee, prospective employee, or volunteer when authorized. Use this form to get their authorization.

- Complete the Company section.
- Give this form to your employee, prospective employee, or volunteer to complete their section.
- For audit purposes, keep this completed form in your files for at least two years. Do not mail it to the Department of Licensing.

**Sealed juvenile records.** Information contained in a driving record related to a sealed juvenile record may not be used for any purpose unless required by federal law. The employee or prospective employee may furnish a copy of the court order sealing the juvenile record to the employer, prospective employer, or their agent.

**Company** – To be completed by the company or the agent of the company

|   |       |
|---|-------|
| PRINT or TYPE Company name  |       |
| Agent company name (if applicable)  |       |
| Company/Agent company address   |       |
| Authorized representative name  | Title |
| <p>Answer the following</p> <p>1. Is this company an employer, prospective employer, or volunteer organization of the individual whose driving record is being requested? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Is the record you are requesting necessary for employment purposes related to driving by the employee or prospective employee as a condition of employment or related to driving by the volunteer at the direction of the volunteer organization? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Do you agree to use the information contained in the record exclusively for this purpose and not divulge it to a third party? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Do you agree to hold harmless the Washington State Department of Licensing for all matters relating to the release of the requested driving record? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |       |
| <p>Certification</p> <p><i>I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.</i></p> <p style="text-align: center;"><b>X</b></p> <p>_____</p> <p>Date and place signed <span style="float: right;">Authorized representative signature</span></p>  |       |

**Employee, prospective employee, or volunteer** – Complete this section and return the form to the company

|   |                            |                          |
|---|----------------------------|--------------------------|
| PRINT or TYPE Full name (First, Middle, Last) of employee/prospective employee/volunteer  | Date of birth (mm/dd/yyyy) | WA driver license number |
| <p>Authorization from</p> <p><input type="checkbox"/> Employee – for release of my driving record for employment purposes, at my employer’s discretion for the full term of my employment</p> <p><input type="checkbox"/> Prospective employee – for release of my driving record for employment purposes, not to exceed 30 days from date signed</p> <p><input type="checkbox"/> Volunteer – for release of my driving record for a position applied for that requires me driving at the direction of the volunteer organization</p> |                            |                          |
| Employer, prospective employer, or volunteer organization name  |                            |                          |
| Employer agent company name if acting on behalf of the company for employment purposes  |                            |                          |
| <p>Authorization</p> <p><i>I am an employee, prospective employee, or volunteer of the company named above and I request that a copy of my Washington State driving record be sent to them/their agent.</i></p> <p style="text-align: center;"><b>X</b></p> <p>_____</p> <p style="text-align: center;">Signature <span style="float: right;">Date</span></p>   |                            |                          |