

APPLICATION FOR EMPLOYMENT



PO Box 39353, Lakewood, WA 98496

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(Please Print)

Position(s) Applied For	Date of Application
How did you learn about us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Inquiry <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other: _____	

Last Name	First Name	Middle Name
Address: Number Street	City	State Zip Code
Past Addresses (previous three years - if more space is needed, use reverse side or attach another sheet):		
Address: Number Street	City	State Zip Code
Telephone Number(s) Home: _____ Cell: _____ Email: _____	Social Security Number	

Best time to contact you at home is: ____:____ am / pm

Have you ever filed an application with us before? Yes No

If yes, give date _____

Have you ever been employed with us before? Yes No

If yes, give date _____

Do any of your friends or relatives work here? Yes No

If yes, state name, relationship, and location _____

Are you currently employed? Yes No

Date available for work ____/____/____ What is your desired salary range? _____

Available for work: Full Time Part Time Temporary

I am available for the following shifts: Days Evenings Weekends

Overtime preference: as little as possible I like overtime

Are you currently on "lay-off" status and subject to recall? Yes No

Are you 21 years of age or older? Yes No (if applying for Driver Position)

Have you ever pled guilty or been convicted of a crime? Yes No

NOTE: a conviction record will not necessarily bar you from employment.

If yes, explain _____

EDUCATION				
School	Name and Address of School	Course of Study	No. of Years Completed	Diploma / Degree
High School				
Undergraduate College				
Graduate / Professional				
Other (Specify)				

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. DOT requires that employment for at least 3 years and/or Commercial Driving experience (CDL) for the past 10 years be shown.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for leaving	May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No		

Subject to Federal Motor Carrier Safety Regulations? Yes No
 Performed safety sensitive function subject to DOT Controlled Substance/Alcohol testing? Yes No

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for leaving	May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No		

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Supervisor			
Reason for leaving	May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No		

Subject to Federal Motor Carrier Safety Regulations? Yes No
 Performed safety sensitive function subject to DOT Controlled Substance/Alcohol testing? Yes No

Comments: Include explanation of any gaps in employment - Attach statement if more room is needed.

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Describe any job-related training received in the United States military.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

Additional Information

Other Qualifications Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills (Skills/Equipment Operated)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery (list) _____ _____ _____	Other (list) _____ _____ _____
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing		
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand		
<input type="checkbox"/> WPM_____	<input type="checkbox"/> WPM_____		

State any additional information you feel may be helpful to us in considering your application.

Note to Applicant: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. Yes No

Personal/Professional References

Name	Phone	Best Time to Call	Occupation
1			
2			
3			
4			
5			

License Information (if applying for Driver Position)

State	License Number	Type	Expiration Date
1			
2			
3			

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 A STATEMENT GIVING FULL DETAILS

Equipment Experience

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				
Other				

Have you ever tested positive or refused to test on any pre-employment drug or alcohol test Yes No administered by an employer?

Applicant's Statement

Initials

If I am employed by the Company, I will comply with all work-related requirements set forth by the Company.	
I understand that my employment may be conditioned upon a satisfactory health evaluation and that a physical examination by a doctor selected by the Company may also be required, to which I hereby consent.	
I understand that if I refuse to take or fail the drug and/or alcohol test I will not be employed.	
I further understand that if I am employed, I may be subject to drug and alcohol testing if there is an accident or reasonable suspicion that I am in violation of the Company's drug/alcohol policy.	
I understand that if hired, unless otherwise specified, I will be an "at-will" employee and agree that the employment relationship can be terminated at any time, for any reason, with or without notice, with or without cause, by me or by the Company.	
I understand that no manager or representative of the Company, other than in written form 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 contrary to the above terms or alter the above conditions of employment.	
I hereby acknowledge that I have read and understand the above statements. I voluntarily give the Company permission to confirm by personal inquiry, or otherwise, information provided in this Application. I release from all liability this Company and all persons, companies or corporations providing information to the Company about me.	
I understand that the information I have provided in accordance with paragraph (b)(10) of §391.21 may be used (along with the previous employers which will be contacted) for the purpose of investigating my safety performance history information as required by paragraphs (d) and (e) of	

I certify that all answers to questions in this Application and all additional information I have submitted 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.

Signature of Applicant

Date

APPLICANT DISCLOSURE



PO Box 39353, Lakewood, WA 98496

In conjunction with your application for employment, we may obtain a consumer report on you as part of our evaluation process in considering you as an employee. In accordance with the Fair Credit Reporting Act, as amended by the Consumer Credit Reporting Reform Act of 1996, if employment is denied based either wholly or partly because of information contained in that report, we will provide you with a copy of the consumer report and a description in writing of your rights as prescribed under this title.

Additionally, we may also obtain an investigative consumer report including information as to your character, general reputation, personal characteristics and mode of living. This information may be obtained by contacting previous employers and/or references provided by you. You may, within a reasonable period of time, request a complete and accurate disclosure of the nature and scope of the information requested. This disclosure will be made to you within five (5) days of the date on which we receive your request or five (5) days after the date the report was first requested, whichever is later.

I hereby authorize you to obtain a consumer report and/or an investigative report regarding me in connection with my application for employment.

Applicant's Name: _____

Date of Birth: _____

Social Security Number: _____ - _____ - _____

Address: _____

City: _____ State: _____ Zip Code: _____

_____ Signature of Applicant	_____ Date
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**SUBSTANCE ABUSE POLICY AND
DRUG/ALCOHOL TEST
CONSENT/RELEASE FORM**



PO Box 39353, Lakewood, WA 98496

POLICY

Castohn LLC has a policy on drug and alcohol use. The use, consumption, possession, distribution or sale of illegal drugs, legal drugs which cause impairment. or use or possession of alcohol on duty or on company premises is strictly prohibited. The Company, for substantial safety reasons for its employees and for the general public will not employ individuals who use illegal drugs or controlled substances or misuse alcohol or prescription drugs.

Every job offer will be conditioned on the applicant completing a pre-employment physical examination including the taking of samples for a drug screening test. Any individual refusing to consent to this procedure will no longer be considered for employment. Any applicant testing positive for the presence of any illegal drugs, prohibited substance, or for any legal drug which has not been identified on the consent form will not be considered for employment.

If you do not wish to be tested under this program, sign the refusal below, turn in the application and this form to the person who provided it to you and you will no longer be considered for employment.

CONSENT AND RELEASE

I, _____, authorize Castohn LLC, its clinic, hospital, physician and/or technician to withdraw a specimen and/or collect specimens for the purpose of determining the presence of drugs. I understand that all drug screening test results and evaluations will not be considered confidential medical information, and will be discussed with and/or made available to Company Management. I acknowledge that my refusal to cooperate and/or the positive results of this testing will adversely affect the Company's consideration of me for employment. I have freely consented to providing samples as required as part of my application for employment.

I hereby authorize this company to obtain from my past employer(s) any and all drug and alcohol test results maintained by the past employer(s) during the previous two (2) years. Further, I request that my past employer(s) immediately forward those results to this Company. I hereby release and hold harmless Castohn LLC, its clinic, hospital, physician, technician and/or members of the staff, from any liability of any kind occurring from or arising out of this procedure. I certify that I have read and fully understand the above notice, consent and release.

Signed: _____
(Applicant's signature)

Signed: _____
(Company signature)

Date: _____

Title: _____

NOTICE OF REFUSAL

Signed: _____
(Applicant's signature)

Signed: _____
(Company signature)

Date: _____

Title: _____