



CDL EMPLOYEES

To be employed at Tommer Construction Co., Inc. you must provide the following:

Copy of current CDL Driver's License
Copy of Current Medical Certification
Annual Abstract Report

Attached forms completely filled out and signed

Pre-employment Drug Test
Employer Request for Abstract Report
Violation and Review Record
Background check with Previous Employer



5720 Hwy 28 West - P.O. Box 1150
Ephrata, Washington 98823
509-787-3312 509-787-3632 fax

Application For Employment

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age marital or veteran status, or the presence of a non-job related medical condition or handicap.

(PLEASE PRINT)

Date of Application _____

Position(s) Applied For _____

Referral Source ☐ Advertisement ☐ Friend ☐ Relative ☐ Walk-In
☐ Employment Agency ☐ Other _____

Name _____
Last First Middle

Address _____
Number Street City State Zip Code

Telephone _____ Social Security Number _____

Are you over 18 years of age? ☐ Yes ☐ No

Have you filled out an application here before? ☐ Yes ☐ No If Yes, give date _____

Have you ever been employed here before? ☐ Yes ☐ No If Yes, give date _____

Are you employed now? ☐ Yes ☐ No May we contact your present employer? ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in
this country because of Visa or Immigration status? ☐ Yes ☐ No
(Proof of citizenship or immigration status may be required upon employment.)

On what date would you be available to work? _____

Are you available to work ☐ Full Time ☐ Part Time ☐ Shift Work ☐ Temporary

Are you on a lay-off and subject to recall? ☐ Yes ☐ No

Can you travel if a job requires it? ☐ Yes ☐ No

List any reasons known to you why you might be unable to perform consistently and promptly the position (s) you have applied for.

Have you been convicted of a felony within this last 7 years? ☐ Yes ☐ No
(Conviction will not necessarily disqualify applicant from employment.)

If Yes, please explain _____

Veteran of the U.S. Military Service? ☐ Yes ☐ No

If applying for driving position, please answer the following questions:

State license number and expiration date of vehicle drivers license, State _____ License # _____

Expiration Date _____ Medical Card? _____

List motor vehicle accidents _____

List all violations of motor vehicle laws other than parking during last three (3) years _____

Has your driver's license ever been revoked or denied ☐ Yes ☐ No If Yes, attach statement stating facts and circumstances.

Give name, address, and telephone number of three references who are **not** related to you and are not previous employers.

HEAVY LIFTING ACKNOWLEDGEMENT

All positions require heavy lifting, strenuous physical labor and potentially long work hours. Employees must be able to continuously lift items 50 pounds or more on a daily basis. I acknowledge that I am physically able to do the work listed above and have no physical ailments that would preclude me from performing all job duties.

Applicant Name

Signature

Date

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

Employer	Dates Employed From To		Work Performed
Address			
Telephone			
Job Title	Hourly Rate/Salary Starting Final		
Supervisor			
Reason for Leaving			
Employer	Dates Employed From To		Work Performed
Address			
Telephone			
Job Title	Hourly Rate/Salary Starting Final		
Supervisor			
Reason for Leaving			
Employer	Dates Employed From To		Work Performed
Address			
Telephone			
Job Title	Hourly Rate/Salary Starting Final		
Supervisor			
Reason for Leaving			
Employer	Dates Employed From To		Work Performed
Address			
Telephone			
Job Title	Hourly Rate/Salary Starting Final		
Supervisor			
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience _____

Have you worked in the heavy construction field? ☐ Yes ☐ No If Yes, what type and how many years? _____

What kind of projects have you worked on? _____

Have you operated any of the following equipment/trucks?

Excavator	Type & Size	
Backhoe	Type & Size	
Loader	Type & Size	
Dozer	Type & Size	
Scrapers		
Straight Truck	Type & Size (Van, Tank, Flat)	
Tractor/Semi-Trailer	Type & Size (Van, Tank, Flat)	
Tractor/2 Trailers	Type & Size (Van, Tank, Flat)	
Other		

Education

	Elementary	High	College / University	Graduate / Professional
School Name				
Years Completed (circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma / Degree				
Describe Specialized Training, Apprenticeship, Skills & Extra Curricular Activities				

Honors Received _____

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

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision and release TOMMER CONSTRUCTION COMPANY from any and all liability concerning collection and use of information. I understand that this application is not and is not intended to be a contract of employment.

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 the company.

Signature of Applicant

Date

CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

1. **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.

If you have more than one license, keep the license from your state of residence and return the additional license to the states that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify the state.

If a multiple license has been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by the state.

2. **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION** Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license.

In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to : 1) your employing carrier, and 2) the state that issued your license (if the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.

The following license is the only one I will possess:

Driver's License No. _____ State _____ Expiration Date _____

DRIVER'S CERTIFICATION: I certify that I have read and understand the above requirements.

Driver's Name (Printed): _____

Driver's Signature: _____ Date _____

Reviewed by: _____
Carrier Official (printed) _____ Date _____

Carrier Signature _____ Title _____

Carrier

Comments:

APPLICANT AGREEMENT

I certify 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 knowledge. I understand that I may be required to submit additional information if requested. I authorize investigation if all statements contained in this application for employment and any other supplemental application I may complete, as well as statements I make during interviews, as may be necessary in arriving at an employment decision.

In the event of employment, I understand that incomplete, false, or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by rules and regulations of the company.

If hired, you have the right to end your employment with the company for any reason at any time you wish. The company reserves the right to do the same. The application and personnel policies of the company are not consider a contract of employment.

Applicant's Signature

Date

RELEASE FOR INFORMATION FROM PREVIOUS EMPLOYERS REGARDING GENERAL EMPLOYMENT INFORMATION

I, the below signed, hereby authorize Tommer Construction Co., Inc. to request information from my previous employer(s) for purposes of investigation as required by the Federal Motor Carrier Safety Regulation and/or company policy. I understand that any information received from previous employers will be considered in arriving at the employment decision.

I also authorize my previous employer(s) to release information regarding my past employment history. Previous employer(s) are released from any and all liability, which may result from furnishing such information.

Applicant's Signature

Date

RELEASE FOR INFORMATION FROM PREVIOUS EMPLOYERS REGARDING SUBSTANCE ABUSE RECORDS

I, the below signed, hereby authorize that my previous employer(s) release and forward all information on my Alcohol and Controlled Substances Testing and Training records to Tommer Construction Co., Inc. for purposes of investigation as required by the Federal Motor Carrier Safety Regulations and/or company policy. I understand that any information received from previous employers will be considered in arriving at an employment decision.

I also authorize my previous employer(s) to release information regarding past Alcohol and Controlled Substance Testing and Training records. Previous employer(s) are released from any and all liability which may result from furnishing such information.

Applicant's Signature

Date