



# Commercial Driver Employment Application

2007 Westport Rd  
PO Box 600  
Aberdeen, WA 98520  
Phone (360) 268-9231

## An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

### Applicant Information

Last Name	First Name	Middle Initial	Date
Street Address		Apartment/Unit Number	
City	State	Zip Code	
Phone	Email Address		
Position Applying for	Desired Salary	Date Available	
Have you ever worked for this company?	Yes    No	If so, when?	

### Address For The Past Three Years

Street Address	How Long?
City	State
Zip Code	
Street Address	How Long?
City	State
Zip Code	
Street Address	How Long?
City	State
Zip Code	

### Driver Experience and Qualifications

Class of Equipment	From	To	Approximate # of Miles
Class of Equipment	From	To	Approximate # of Miles
Class of Equipment	From	To	Approximate # of Miles
Class of Equipment	From	To	Approximate # of Miles
Class of Equipment	From	To	Approximate # of Miles
Drivers License #	State	Type	Expiration Date
Drivers License #	State	Type	Expiration Date
Drivers License #	State	Type	Expiration Date

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

Date	Nature of Accident (Head-on, Rear-end, Upset, ETC)	Injury	Fatalities
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Date	Nature of Accident (Head-on, Rear-end, Upset, ETC)	Injury	Fatalities

**Traffic Convictions and Forfeitures for the Past Three Years (Other than parking tickets)**

Date	Location	Charge	Penalty
Date	Location	Charge	Penalty
Date	Location	Charge	Penalty
Date	Location	Charge	Penalty

**Previous Employment**

Company		Phone
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for reference?    Yes                      No		
Company		Phone
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for reference?    Yes                      No		
Company		Phone
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for reference?    Yes                      No		

## Education

High School		Address
Did you Graduate? Yes	No	Degree
College		Address
Did you Graduate? Yes	No	Degree
Other		Address
Did you Graduate? Yes	No	Degree

## References

Full Name	Relationship
Company	Phone #
Address	
Full Name	Relationship
Company	Phone #
Address	

## Military Service

Branch	From:	To:
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## Drug Free Workplace Disclaimer and Signature

I understand that Brumfield Construction, Inc. is a Drug Free Workplace and that passing a pre-employment drug test and background screen is a requirement of employment if this application leads to a job offer with the company. I also understand that if this application leads to a job offer with the company, I am subject to all Drug Free Workplace Policies and Procedures of Brumfield Construction, Inc., including the pre-employment drug test and any random drug testing done by the company.

By signing this application, I certify that I have read and fully understand and accept Brumfield Construction, Inc.'s Drug Free Workplace Policy.

I expressly authorize, without reservation, the employer, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on the application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state, or federal law.

I understand that this application remains current for only **30 days**. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in the regard.

I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

Signature	Date
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## EMPLOYEE EEO DATA

The employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

### RACE/ETHNICITY:

(Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Black or African American (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

Asian (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

Two or more races (Not Hispanic or Latino): All persons who identify with more than one of the above five races.

I DO NOT WISH TO SPECIFY

### GENDER:

Male

Female

I DO NOT WISH TO SPECIFY

### PROTECTED VETERAN STATUS:

*If you believe you belong to any of the categories of protected veterans on the attached document, please indicate by checking the appropriate line below. As a government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.*

I identify as one or more of the classifications of protected veterans listed on the attached definition list

I am NOT a protected veteran

I DO NOT WISH TO SPECIFY

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

Print Name: \_\_\_\_\_

## Voluntary Self-Identification of Disability

Form CC-305  
Page 1 of 1

OMB Control Number 1250-0005  
Expires 05/31/2023

Name: \_\_\_\_\_  
Employee ID: \_\_\_\_\_  
(if applicable)

Date: \_\_\_\_\_

### Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

### How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

### Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability  
No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish To Answer

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

### For Employer Use Only

*Employers may modify this section of the form as needed for recordkeeping purposes.*

*For example:*

Job Title: \_\_\_\_\_ Date of Hire: \_\_\_\_\_