



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
City	Zip Code
Street Address	How Long?
City	State
City	Zip Code
Street Address	How Long?
City	State
City	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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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 04/30/2026

Name:
Employee ID:

Date:

(if applicable)

Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

Please check one of the boxes below:

- Yes, I have a disability, or have had one in the past
No, I do not have a disability and have not had one in the past
I do not want 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: