**K-5 Contracting, Inc.**

**Employment Application**

Please review questions carefully before completing this application.

 **Part 1. General Information**

|  |  |
| --- | --- |
| Applicant’s Name (Last) First Middle Initial  | Social Security Number  |
| Mailing Address (Number) Street   | Work Telephone Number   |
| City State Zip Code  | Home Telephone Number  |

**Part 2. Background Information**

|  |
| --- |
| DO YOU HAVE A VALID WASHINGTON STATE DRIVER’S LICENSE? Yes No |
| What is your means of transportation to work?  |
| Driver’s license number: State of issue: Commercial (CDL) Yes No |
| Expiration date:  |
| Have you had any accidents during the past three years?  | How many?  |
| Have you had any driving violations (tickets) during the past three years? Yes No | How many?  |

**Part 3. Education and Training**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| School Type | Name of School | Location (City and State) | Degree Y or N | Dates Attended |
| High School  |   |   |   |   |
| Business/Tech/Voc  |   |   |   |   |
| College/University  |   |   |   |   |

**Part 4. Employment History - Begin with your most recent job to your first job. List each job separately if you need additional space attach a separate sheet(s).**

|  |  |  |
| --- | --- | --- |
| Job Title:  | Dates Worked: From To  | Pay $ Per  |
| Name of Employer:  | Name of Supervisor:  |
| Address: City State  |
| Telephone Number  | Reason for Leaving:  |
| Duties Performed:  |
|   |
|   |
|   |

|  |  |  |
| --- | --- | --- |
| Job Title:  | Dates Worked: From To  | Pay $ Per  |
| Name of Employer:  | Name of Supervisor:  |
| Address: City State  |
| Telephone Number  | Reason for Leaving:  |
| Duties Performed:  |
|   |
|   |

**Application for Employment**

**With K-5 Contracting, Inc.**

**Part 4. Employment History – continued (use separate attachment if needed)**

|  |  |  |
| --- | --- | --- |
| Job Title:  | Dates Worked: From To  | Pay $ Per  |
| Name of Employer:  | Name of Supervisor:  |
| Address: City State  |
| Telephone Number  | Reason for Leaving:  |
| Duties Performed:  |
|   |
|   |
|   |

|  |  |  |
| --- | --- | --- |
| Job Title:  | Dates Worked: From To  | Pay $ Per  |
| Name of Employer:  | Name of Supervisor :  |
| Address: City State  |
| Telephone Number  | Reason for Leaving:  |
| Duties Performed:  |
|   |
|   |
|   |

|  |  |  |
| --- | --- | --- |
| Job Title:  | Dates Worked: From To  | Pay $ Per  |
| Name of Employer:  | Name of Supervisor:  |
| Address: City State  |
| Telephone Number  | Reason for Leaving:  |
| Duties Performed:  |
|   |
|   |
|   |

**Part 5. Date and Signature - To be accepted you must sign and date this application**

I understand that the employer follows an employment-at-will policy, in that I or the employer may terminate my employment at any time, for any reason consistent with applicable state or federal law. I understand that this application is not a contract of employment. I understand that to be employed I must be lawfully authorized to work in the United States, and I must show the employer documents that will prove this if I am offered employment by the employer.

I understand that the company may verify the information that I have provided on this application, on related papers, and in interviews. I authorize all individuals, schools and employers listed on this application to provide any information requested about me, and I release them from all liability for damages in providing this information.

In addition, I also authorize the company to perform a criminal background check and release K-5 from all liability concerning the results.

In addition, I am willing to submit to and will provide a drug test and release K-5 from all liability concerning the results.

I understand that false, untruthful or misleading answers are cause for the rejection of this application and/or refusal for employment to be offered and if employed, a cause for dismissal.

Date (Month/Day/Year) Signature