

APPLICATION FOR EMPLOYMENT

Lindberg Pipe & Grade Inc.
PO Box 203 Brush Prairie, WA 98606
(360)213-1828

Applicant Name _____

INSTRUCTIONS - READ CAREFULLY:

FULLY COMPLETE this application for consideration of employment. Do not leave any question or information block unanswered. If you do not know an answer to a question, write UNKNOWN in the block. If a question does not apply to you, place an N/A in the answer block.

PRINT the requested information in neat, legible printing. Unreadable, sloppy or difficult to read applications will be rejected.

ATTACH all requested information for questions that you answered requiring an explanation. You may also attach a resume, training certificates or records to this application.

CHECKLIST OF REQUESTED ATTACHMENTS:

Please check off and attach to this completed application. This will speed the reference and background checks we complete prior to hiring.

Driver's license abstract from issuing state.

- 1) Must be dated within one week of application date.
- 2) Must be a certified (stamped) copy from the state DOL.

Photocopy of all non-expired driver's licenses and permits

Photocopy of Social Security Card (or proof of employment eligibility)

Approved Pre-Employment Drug Screening

**FOR OFFICE USE ONLY
DO NOT WRITE IN THIS SPACE**

Attached Yes No

Attached Yes No

Attached Yes No

Pre-Employment Drug Screening:

You must have a certified UA test from an approved facility with negative result no older than 48 hours

Please rank your preference for the following choices. Please use the number one (1) for your first choice, number (2) for your second choice, three (3) for you third choice and NA for not interested.

____ Residential Excavation Operator ____ Pipelayer/Laborer ____ Office/ Clerical

____ Other: _____

If applicable, check next to the positions you are most qualified to fill by interest, training and experience. If you check experienced, please write how many years experienced.

Laborer Entry Level Experienced, ____ years **CDL Driver** Entry Level Experienced, ____ years

Pipelayer Entry Level Experienced, ____ years **Clerical** Entry Level Experienced, ____ years

Operator Entry Level Experienced, ____ years

Have you ever applied for Lindberg Pipe and Grade? yes no

Have you ever worked for Lindberg Pipe & Grade? yes no

If yes, when? _____

Why do you want to work for Lindberg Pipe & Grade?

GENERAL

Today's Date _____ Date Available for Employment _____

Full Name: _____

Social Security No. _____ Date of Birth _____

Street Address _____

Mailing Address _____

Phone _____ Email _____

Are you over 18 years of age? yes no

Are you eligible for employment in the U.S.? yes no

Have you been convicted of a felony in the last 7 years? yes no

If yes, please explain _____

Do you have any limitations which would require accommodation in the position applied for? yes no

If yes, please explain _____

Please list any special skills, training and education you would like Lindberg Pipe & Grade to review and consider that relate to your application for employment. See attached resume

REFERENCES

List 2 non-relatives who are familiar with your qualifications and actual work history and ability

Name	Relationship	Years known	Phone
1. _____			
2. _____			

EMPLOYMENT HISTORY

CDL holders list past 10 years of employment

Are you currently employed?

yes no

Employer _____

Address _____

Dates Employed _____ Phone _____

Supervisor _____ Salary _____

What did you like most about your job? _____

What did you like least? _____

Reason for leaving _____

Employer _____

Address _____

Dates Employed _____ Phone _____

Supervisor _____ Salary _____

What did you like most about your job? _____

What did you like least? _____

Reason for leaving _____

Employer _____

Address _____

Dates Employed _____ Phone _____

Supervisor _____ Salary _____

What did you like most about your job? _____

What did you like least? _____

Reason for leaving _____

EMPLOYMENT HISTORY Cont.

Employer _____

Address _____

Dates Employed _____ Phone _____

Supervisor _____ Salary _____

What did you like most about your job? _____

What did you like least? _____

Reason for leaving _____

Employer _____

Address _____

Dates Employed _____ Phone _____

Supervisor _____ Salary _____

What did you like most about your job? _____

What did you like least? _____

Reason for leaving _____

Employer _____

Address _____

Dates Employed _____ Phone _____

Supervisor _____ Salary _____

What did you like most about your job? _____

What did you like least? _____

Reason for leaving _____

PRIOR EMPLOYER LIABILITY RELEASE

I hereby authorize you to release all information regarding my services, character and conduct while in your employ, and you are released from any and all liability which may result from furnishing such information.

Applicant Signature _____ **Date** _____

DRIVING HISTORY

Have you ever been denied a license, permit or privilege to operate a motor vehicle **OR** has any license, permit or privilege ever been suspended or revoked? yes no

If yes, explain _____

VIOLATIONS OF MOTOR VEHICLE LAWS OR ORDINANCES FOR THE PAST 3 YEARS

DATE	LOCATION	CHARGE	PENALTY	CMV?
				<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N

ACCIDENT RECORD FOR THE PAST 3 YEARS

DATE	LOCATION	NATURE OF ACCIDENT	CMV?
			<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N

DRIVING EXPERIENCE

CLASS	HIGHWAY OR OFF ROAD	YEARS OF EXPERIENCE
Dump Truck		
Tractor/Trailer		
Heavy Haul, Lowboy		
Other:		

States operated in past 5 years _____

EDUCATION, CERTIFICATIONS AND LICENSES

High School _____ Years Completed _____

College or Trade School _____

Years Completed _____ Degree/Course of Study _____

LICENSE/CERT	NUMBER	DATE ISSUED	EXPIRATION
Driver's License CDL? <input type="checkbox"/> yes <input type="checkbox"/> no			
Medical Card			
First Aid / CPR			
Signal Rigging			
Flagger			
Fall Protection			
Forklift			
Competent Person			
Crane Operator			
OSHA 10			
OSHA 30			
Other:			

Attach a copy of all licenses and certs.

DECLARATION AND CERTIFICATE OF UNDERSTANDING

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I give Lindberg Pipe & Grade Inc., (hereinafter referred to as employer) the right to contact and obtain information from all references, current and former employers, and educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and other representatives from seeking, gathering and using such information and all other persons, corporations or organization for furnishing such information.

I understand that the employer does not unlawfully discriminate in employment and no questions on this application will be used for the purpose of limiting or excusing any application from consideration for employment on a basis prohibited by local, state or federal law. I also understand that this application is current for only 90 calendar days. At that time, if I have not heard from the employer and still wish to be considered for employment, I will be required to 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 without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and 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 defined duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that such assurances must be in writing and signed by an authorized officer.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA I also understand that if I need some form of accommodation to complete this application I am obligated to request that accommodation from the employer.

I also understand that if I am offered a position with employer, I will be required to provide proof of identity, legal work authorization, and pass a pre-employment drug test and a non-discriminatory physical assessment screen as a condition precedent to my employment by employer.

This certifies 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 my knowledge.

SIGNATURE OF APPLICANT: _____ DATE: _____