

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 _____ Operator Commercial (CDL) Chauffeur

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? <input type="checkbox"/> Yes <input type="checkbox"/> 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	Zip Code
Telephone Number ()	Reason for Leaving:	
Duties Performed:		

Job Title	Dates Worked From _____ To _____	Pay \$ _____ Per _____
Name of Employer	Name of Supervisor	
Address: _____		
City	State	Zip Code
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	Zip Code
Telephone Number ()	Reason for Leaving:	
Duties Performed:		

Job Title	Dates Worked From ____ To ____	Pay \$ ____ Per ____
Name of Employer		Name of Supervisor
Address: _____		
City	State	Zip Code
Telephone Number ()	Reason for Leaving:	
Duties Performed:		

Job Title	Dates Worked From ____ To ____	Pay \$ ____ Per ____
Name of Employer		Name of Supervisor
Address: _____		
City	State	Zip Code
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

_____ / _____ / _____ _____