

61050 Highway 101
Coos Bay, OR 97420
541-267-7689
Fax 541-269-1600

West Coast Contractors, Inc. and West Coast Heavy Hauling

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Are you a veteran? YES NO

Prior Address: _____

Education

High School: _____ City/State: _____

Did you graduate? Yes No

College: _____ City/State: _____

Did you graduate? Yes No

Other: _____ City/State: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

References (continued)

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment

Most recent

Employer: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

2nd most recent

Employer: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

3rd Most Recent

Employer: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Professional Licenses and Certifications

Name of License/Certification: _____ Number: _____

Issuing Entity/State: _____

Name of License/Certification: _____ Number: _____

Issuing Entity/State: _____

Name of License/Certification: _____ Number: _____

Issuing Entity/State: _____

Signature and Certification

I certify that my answers are true and complete to the best of my knowledge. I understand that this application form is intended for use in evaluating my qualifications for employment and that this application is not an offer of employment. I further understand that if hired, my employment will be considered "at-will" and that my employment may be terminated for any reason, with or without cause or notice, at any time by me or the Company and that this application is not intended to constitute a contract of continued employment.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

I understand that additional testing of job-related skills and for the presence of drugs may be required prior to employment. I also understand that after an offer of employment and prior to reporting to work, I may be required to submit to a medical review and depending on Company policy and the needs of the job, I may be required to complete a medical history form and be examined by a medical professional designated by the company. I also understand that I may not be under the influence of drugs or alcohol during employment and that if Company policy requires, I may be required to submit to drug and/or alcohol testing at an approved testing facility.

I understand that smoking is prohibited in all indoor areas of the Company's facilities unless designated smoking areas have been established at a particular location in accordance with applicable state and local law.

I authorize the Company and/or its agents, including consumer reporting bureaus, to investigate and verify any of the information provided by me. I authorize my former employers, educational institutions, references and any relevant agencies to provide information to the Company and/or its agents concerning my background and experience. I release the Company and all parties providing information to the Company about my background and experience from any liability whatsoever arising therefrom.

Signature: _____ Date: _____