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Applicant Name (last, first) _____ Date of Application: _____

Home Phone _____ Mobile _____

Position Applying For: _____ Email: _____



**NOTICE TO JOB
APPLICANT**

Quigg Bros., Inc. is a

DRUG AND ALCOHOL FREE WORKPLACE

**Before any conditional offer of employment
is considered final, all applicants must test
negative for the presence of drugs in the urine.**

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Supervisor's signature and comments: _____

Owner's signature and comments: _____

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT OR TYPE)

Position Applied For		Date of Application	
Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number(s)		Social Security Number	

If you are under 18 years of age, can you provide required proof of eligibility to work? Yes No

Have you ever been employed with us before? If yes, give date _____ Yes No

May we contact your present employer? Yes No

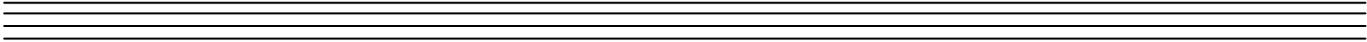
Are you legally eligible for employment in the United States? Yes No
(Proof of citizenship or immigration status will be required upon employment.)

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Will you work overtime if asked? Yes No

Can you travel if a job requires it? Yes No



Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer			Telephone Number		
Address				Job Title	
Reason for Leaving				Supervisor	
Work Performed					
Date Employed	From:	To:			

Employer			Telephone Number		
Address				Job Title	
Reason for Leaving				Supervisor	
Work Performed					
Date Employed	From:	To:			

Employer			Telephone Number		
Address				Job Title	
Reason for Leaving				Supervisor	
Work Performed					
Date Employed	From:	To:			

Employer			Telephone Number		
Address				Job Title	
Reason for Leaving				Supervisor	
Work Performed					
Date Employed	From:	To:			

Construction Experience

Type of Equipment Operated:	Task:	How long:

Driving Experience/Type of Vehicle:	Task:	How long:

Carpentry Experience:	Task:	How long:

Welding Experience:	Task:	How long:

Welding Certifications:

<p>Flagging Experience: _____</p> <p>_____</p> <p>Flagging Card</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO Please attach copy</p>
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References

1. _____
Name Phone Number

Address
2. _____
Name Phone Number

Address
3. _____
Name Phone Number

Address

Education

Name & Address of School

Graduated

High School	<input type="checkbox"/> YES <input type="checkbox"/> NO
College	<input type="checkbox"/> YES <input type="checkbox"/> NO
Other	<input type="checkbox"/> YES <input type="checkbox"/> NO

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Construction Experience Cont:

Surveying & Grade Checking _____

Steel Tying _____

Miscellaneous Information:

Equipment Maintenance (list type of equipment, task, and how long) _____

Drivers License Number: _____

State of Issue: _____

Combination License

YES

NO

DOT Physical

YES

NO

Special Skills

PC

Fax

Word

Excel

CAD

Calculator

List any additional information you feel may be helpful to us in considering your application.

Applicant's Statement

I certify that the information provided in this Application for Employment is true, correct and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless, such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Applicants Signature

Date

PREFERRED WORKER NOTICE

Our Company has the potential to lower the costs incurred to the company and to you, the employee, by having employees participate in the Preferred Worker Program offered by the Department of Labor and Industries. If you have ever been injured on-the-job and have had a Washington State Labor and Industries Claim, you may qualify for enrollment as a Preferred Worker.

What are the benefits?

To You:

- As a result of Preferred Worker status with Labor and Industries, 50% of the Medical Aid Fund **will not** be deducted from your paycheck.

To Us:

- We are not charged Accident or Medical Aid Fund premiums associated with your work hours.
- In addition, should you be injured, we would not be charged the costs associated with your claim.

Please take the time to answer the questions below:

-ALL RESPONSES ARE VOLUNTARY-

(Your responses will be used solely to inquire about your interest in the Preferred Worker Program.)

NAME:	SSN#:	Phone#:
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DO YOU HAVE A PREFERRED WORKER CARD?

- I CHOOSE NOT TO ANSWER.
- IF UNSURE, May we contact the Department of Labor and Industries? Yes No
- IF NO, May we verify this with the Department of Labor and Industries? Yes No
- YES, (We will contact the Department and complete the appropriate paperwork.)

You may qualify for one, if your answer is yes to ALL of the following questions:

Have you previously been injured on the job? Yes No

AND

Did you file a State of Washington Worker's Compensation claim an injury? Yes No

AND

Did you work with a vocational counselor as part of a claim? Yes No

Will you allow our company to apply for a Preferred Worker Benefits based on your answers?

- YES Please sign below and contact the MAIN OFFICE immediately. We need information from you related to this claim to include on our application: claim#, date of injury, employer at time of injury, vocational counselor name/company.
- No Please return this form to the MAIN OFFICE immediately.

Applicant Data Record

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age marital or veteran status, medical condition or handicap. As employers/government contractor, we comply with the government regulations and affirmative action responsibilities.

Solely to help us with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in Confidential File separate from the Application for Employment.

Position(s) applied for _____ Date _____

Name _____ Phone _____
Last First Initial Area Code

Address _____
Number Street City Zip Code

Affirmation Action Survey

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicant. This data is for analysis and affirmative action only. Submission of information is voluntary.

Check one: Male Female

Race/Ethnic Group: White Black Hispanic
 American Indian/Alaskan Native Asian/Pacific Islander

Check if any of the following are applicable:

Vietnam Era Veteran Disabled Veteran Handicapped Individual

Interviewing Employee:

Signature _____ Date _____