

EMPLOYMENT APPLICATION - *If you have a Resume, include with the Application.*

The Company is an EEO/AA/Title VI/Veteran/Disability/VEVRAA Employer. The fully complies with applicable Federal, State, local laws, orders and regulations. Persons with a disability, who need assistance with their application contact Human Resources at (360) 899-9629 or by email at hr@interwest.biz

General Information

Position Applying for:		Are you a member of a Union?		Yes	No	Local#		
Name (First, Middle Initial, Last)		Are you legally permitted to work in the United States?					Yes	No
Mailing Address								
Driver's license #:	State	Expire date:	Do you have a CDL?	CDL Class:	A	B	CDL Endorsements (Tank, Hazardous, Triple Trailer)?	
Cell Phone	Home/Work Phone			Email				

Referral Information

How were you referred to us? On my Own Union Representative Employment Ad Website Other: _____

Are you related to anyone that works for the Company or referred by an employee? Yes No

If yes, provide the employee's name: _____ and relation: _____

Employment Preferences – Check all types that apply

Full-Time Part-Time Project Temporary/Non-Permanent Internship / Days Swing Nights Weekends

Have you graduated from high school or passed the GED? Yes No

Education - List college, business school, military training, and other relevant education.

School Name and Location	Attended From and To	Major	Type of Degree	Year Received	Trade School, Union Training, Other Continued Education
1.					
2.					
3.					

Employment History – List all present and past Employment beginning with current or most recent

1. Present or Current Employer		Employer's Address	
Your Title	Dates of Employment From / To /		Immediate Supervisor's Name
Reason for Leaving	May we contact for reference? Yes No Other	Non management co-worker we may contact as a reference?	
Describe the work performed:			
2. Previous Employer		Employer's Address	
Your Title	Dates of Employment From / To /		Immediate Supervisor's Name
Reason for Leaving	May we contact for reference? Yes No Other	Non management co-worker we may contact as a reference?	
Describe the work performed:			
3. Previous Employer		Employer's Address	
Your Title	Dates of Employment From / To /		Immediate Supervisor's Name
Reason for Leaving	May we contact for reference? Yes No Other	Non management co-worker we may contact as a reference?	
Describe the work performed:			

Application Agreement (please read the following statement prior to signing the application)

I hereby affirm that the information provided on this application is voluntary, true, and to the best of my knowledge. If applicable, I have attached my resume, references and functional craft skills and ability questioner for my trade. I acknowledge that if I am offered employment, such offer is contingent on my submission to pre-employment drug and alcohol testing, Employment Eligibility Verification(e-verify employment verification) and if required apply for referral through Union channels. I understand that the company may verify information and that untruthful or misleading answers are cause for rejection of this application or employed. Electronic applications do not require a written signature.

Signature:	Date:
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VOLUNTARY CRAFT EXPERIENCE SUPPLEMENTAL

Work skills: Provide details of All experience. Review each section, your skills may line up with other areas we're looking for! Use the comment Column for additional details you would like us to review. Check ALL the following boxes where you have Experience and Proficiency:		Experience; mark each area with your experience level using 1 as somewhat experienced and 5 extremely seasoned.						Equipment Size or Type	Comments
		Low	1	2	3	4	5	High	
OPERATOR	Excavator								
	Dozers								
	Loaders								
	Grader								
	Crane								
	CDL A or B								
TRUCK DRIVER	Truck & Trailer								
	Transfer								
	Side Dump								
	Low Boy								
CARPENTER	Concrete Forming								
	Bridge Construction								
	Building Construction								
	Welding								
	Piling Installation								
	Concrete Finishing								
STRUCTURAL LABOR	CDL A or B								
	Concrete Finishing								
	Forms								
	Grade Skills								
	Small Tool Use								
	Air Tools								
CIVIL LABOR	Welding								
	Pipe Experience								
	Plan Reading								
	Sewer								
	Water								
	Storm								
	Grade Experience								
	Hardscape								
	Plan Reading								
	Curbs								
	Sidewalks								
	Roadways								
	Footings								
	Mass Excavations								
	Plan Reading								
	Ponds								
	Cuts/Fills								
	TRAFFIC CONTROL LABOR	CDL A or B							
Traffic Control Flagger									
Traffic Control Plans									
Traffic Control Supervisor									
Traffic Control Plans									
TMA Truck									
MECHANICAL	Freeway Experience								
	Heavy Truck Mechanic								
	Equipment								
	Welding/Fab								
	CDL A or B								

Signature:

Date:

VOLUNTARY AFFIRMATIVE ACTION FORM - SELF IDENTIFICATION PROFILE

The company is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, we invite employees to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. We also comply with government regulations including but not limited to affirmative action responsibilities as required under Executive Order 11246, Section 503 of the Rehabilitation Act of 1973, Section 4212 of the Vietnam Era Veterans Readjustment Act of 1974 and Veterans Employment Opportunities Act (VEOA) of 1998. This data is for periodic reporting and will be kept in a confidential file separate from the application for employment and employee file.

Name (First, Middle Initial, Last)	Job Title/Position Applying
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GENDER - Check one		
Male	Female	Prefer not to answer

RACE/ETHNICITY

Indicate whether you consider yourself to be Hispanic or Latino.

Are you Hispanic or Latino?	Yes	No
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What race or culture do you consider yourself? If you consider yourself two or more races, select all that apply.

White	Black or African American	Native Hawaiian/ Other Pacific Islander	Asian	American Indian/ Alaska Native	Two or More Races	I do not wish to disclose
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DISABILITY

You are considered to have a disability if you have a physical or mental impairment of medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. Disabilities include, but are not limited to: Blindness, Autism, Bipolar disorder, Post-traumatic stress disorder (PTSD), Deafness, Cerebral palsy, Major depression, Obsessive compulsive disorder, Cancer, HIV/AIDS, Multiple sclerosis (MS), Impairments requiring the use of a wheelchair, Diabetes, Epilepsy, Schizophrenia, Muscular, Dystrophy, Missing limbs or partially missing limbs, Intellectual disability (previously called mental retardation).

Yes, I have a Disability(or previously had a disability)	No, I do not have a Disability	I do not wish to disclose
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VETERANS INFORMATION

The company complies with affirmative action obligations and the relevant portions of the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 ("VEVRAA"). Federal regulations require us to submit a report to the US DOL each year identifying the number of employees belonging to each specified "protected veteran" category. This report is to further the purpose of aiding in recruitment and hiring efforts related to protected veterans

Yes, I am a protected veteran	No, I am not a protected veteran	I do not wish to answer
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If you checked Yes, you may also meet the definition of person with a disability, see next page for definitions.

Classifications of Protected Veterans		Active Wartime or Campaign Badge Veteran
Disabled Veteran	Recently Separated Veteran Date of Discharge or Release: _____	Armed Forces Service Medal Veteran
I am a veteran but do not belong to any of the above classifications		
I am a protected veteran, but I choose not to self-identify the classifications to which I belong.		

Affirmative Action Definitions:

Hispanic – A person having origins in any of the original peoples of Mexico, Puerto Rico, Cuba, Central or South America, or other Spanish culture or origin, regardless of race. It does not include persons from Portuguese speaking cultures such as Portugal or Brazil.

White/Caucasian – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

American Indian or Alaskan Native – A person having origins in any of the original peoples of North America, and who maintains a tribal affiliation or community attachment.

Black/African American – A person having origins in any of the Black racial groups of Africa.

Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian – A person having origins in any of the original peoples of the Far East, Southeast Asian, the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Persons with a Disability – For affirmative action data reporting purposes, people with disabilities are individuals with a permanent, physical, mental, or sensory impairment that substantially limits one or more major life activities. The impairment must be both permanent and material rather than slight, but not necessarily require a workplace accommodation. An impairment that is episodic or in remission is still a disability if it would substantially limit a major life activity when active. The determination of whether an impairment substantially limits a major life activity shall be made without considering temporary improvements made through mitigating measures such as medication, therapy, reasonable accommodation, prosthetics, technology, equipment, or adaptive devices (but not to include ordinary eyeglasses or contact lenses).

Special Disabled Veteran – A person who is entitled to compensation under laws administered by the U.S. Department of Veterans Affairs for disability rated at 30 percent or more, rated 10 or 20 percent in the case of a veteran who has been determined by the U.S. Department of Veterans Affairs to have a serious employment handicap or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty. Applicant may have to provide a letter from the U.S. Department of Veterans Affairs confirming handicap status.

Vietnam-Era Veteran – A person who served on active duty for a period of more than 180 days, any part of which occurred between February 28, 1961* and May 7, 1975, and was discharged or released from active duty with other than a dishonorable discharge; or who was discharged or released from active duty for a service connected disability if any part of the active duty was performed between August 5, 1964 and May 7, 1975. *Service between February 28, 1961 and

Signature:	Date:
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FOR PERSONNEL DEPARTMENT USE ONLY

Position applied for is open: Yes No	Who received:	Interview: Hire	Location:
		Date:	

Notes:
