



Robinson Brothers Construction, Inc.

6150 NE 137th Avenue, Vancouver, WA 98682

Phone: 360-576-5359 Fax: 360-576-7781

www.RBC-Utility.com

APPLICATION FOR EMPLOYMENT

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

Applicants Name _____
(Last) (First) (Middle)

Address _____ How Long? _____
(Street) (City) (State) (Zip)

E-mail _____

Addresses for past three years (write on back if there's not enough room)

Address _____ How long? _____
(Street) (City) (State) (Zip)

Are you over the age of 18? _____

Home Phone _____ Cell Phone _____

Emergency Contact: Name _____ Phone _____

Education

Institution	Level of Achievement	Year Graduated

Training and Certificates

(Please include copy of any certification cards)

	Yes	No	Date of Certification
Competent Person			
Confined Spaces			
CPR			
Crane			
First Aid			
Fork Lift			
Traffic Control			
Other-			

Employment Record

**DOT requires complete employment history for 3 years; with an additional 7 years of any commercial driving history employment, or any employer worked for that was DOT regulated. (NOTE: List employers in reverse order starting with the most recent. Add another sheet if necessary).*

Employer _____

Address _____
(Street) (City) (State) (Zip)

Phone number _____ Supervisor _____

Position Held _____ From _____ To _____

Duties _____ Reason for Leaving _____

**Were you subject to the Federal Motor Carrier Safety Regulations at this job? _____*

**Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49CFR Part 40? _____*

Employer _____

Address _____
(Street) (City) (State) (Zip)

Phone number _____ Supervisor _____

Position Held _____ From _____ To _____

Duties _____ Reason for Leaving _____

**Were you subject to the Federal Motor Carrier Safety Regulations at this job? _____*

**Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49CFR Part 40? _____*

Employer _____

Address _____
(Street) (City) (State) (Zip)

Phone number _____ Supervisor _____

Position Held _____ From _____ To _____

Duties _____ Reason for Leaving _____

**Were you subject to the Federal Motor Carrier Safety Regulations at this job? _____*

**Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49CFR Part 40? _____*

****The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.***

Driver Experience and Qualifications

(Please provide copy of Drivers License)

License Type	State	License #	Exp. Date
Class A CDL			
Class C			

Driving Experience

Class of Equipment	Type of Equipment <i>(Van, Tank, Flat, Etc.)</i>	Dates		Approx # of Total Miles
		From	To	
Straight Truck				
Tractor/ Semi-Trailer				
Tractor/ 2 Trailers				
Other				

Accident Record for Past 3 Years or More

(If none, write none)

Dates	Nature of Accident <i>(Head-On, Rear-End, Upset, Etc.)</i>	Fatalities	Injuries

Traffic Convictions and Forfeitures for the Past 3 Years

(Other than Parking Violations) If none, write none

Location	Date	Charge	Penalty

Have you ever been denied a license permit or privilege to operate a motor vehicle? Y____ N____

Has any license, permit or privilege ever been suspended or revoked? Y____ N____

**If the answer to either of these is yes, please attach a statement giving full details.*

To be read and signed by applicant

An offer of employment will only be made after a personal interview, and depending upon position applied for, a skills test may also be required. All candidates offered a position will be required to complete additional documentation including but not limited to employment eligibility verification, tax forms, and other employment related forms, as well as submit to substance abuse testing, background screening, and a MVR review.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

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

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

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.

(Applicant's Signature)

(Date)

REFERRAL SOURCE

Have you previously worked for CenturyLink? Yes No

How did you hear about us? Walk-in Advertisement Employee Referral Other

Employee Referral _____

Other _____