APPLICATION FOR EMPLOYMENT

6901 SR270 Pullman, WA 99163
office@motleymotley.com
509-872-3511 EXT 1

SELECT WHICH COMPANY YOUR ARE APPLING FOR

NAME:_____ DATE:_____

Valid Driver's License? ○ *Yes* / ○ *No* **License #**_____ **State**_____

Commercial Driver's License? ○ *Yes* / ○ *No* **Class**_____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

All qualified applicants are considered regardless of race, religion, color, age, sex, sexual orientation, marital status, nationality, veteran status or disability.

INSTRUCTIONS - PLEASE READ

This is a general employment application required for all jobs. As the hiring process continues, you may be asked to provide a more detailed survey of your qualifications as they relate to a specific job or an additional authorization for release of information.

PERSONAL INFORMATION			
Present Street Address			
City		State	Zip
Mailing Address (if different from above)			
City		State	Zip
Home Telephone Number	Cell Phone Number	Emergency Contact Number	Email Address
Can you provide documentation you can be lawfully employed in the U.S.? Yes ○ No ○			Are you at least 18 years of age? Yes ○ No ○
Have you applied here before? Yes ○ No ○		Have you ever been employed by this company before? Yes ○ No ○	
If yes, dates of employment and in what position?			
Are You Currently Employed? Yes ○ No ○		Salary Compensation Desired:	/ hr
Position applied for: Laborer ▭ Operator ▭ Driver ▭ Have you done this kind of Work before? *Yes* ○ *No* ○			Date available to start:

EDUCATION					
	School Name, State	Dates Attended		Degree & Major	GPA
High School					
College/Univ.					
Trade/Other					

EMPLOYMENT HISTORY		List past 10 years minimum(attach Add'l)
Name of Organization		From/To:
Type of Business or Industry		
Your job title(s) & Duties		
Your starting pay: $	Your ending pay: $	Reason for leaving:
Name of Organization		From/To:
Type of Business or Industry		
Your job title(s) & Duties		
Your starting pay: $	Your ending pay: $	Reason for leaving:
Name of Organization		From/To:
Type of Business or Industry		
Your job title(s) & Duties		
Your starting pay: $	Your ending pay: $	Reason for leaving:
Name of Organization		From/To:
Type of Business or Industry		
Your job title(s) & Duties		
Your starting pay: $	Your ending pay: $	Reason for leaving:
Name of Organization		From/To:
Type of Business or Industry		
Your job title(s) & Duties		
Your starting pay: $	Your ending pay: $	Reason for leaving:

APPLICANT'S STATEMENT

I hereby affirm that the information provided on this application, and accompanying letters or resume, is true and complete.

I also agree and understand that any false or misleading information or significant omissions may disqualify me from consideration for employment or result in my dismissal if hired.

I authorize this employer to investigate my background thoroughly, and agree to assist in such investigation. I release and hold harmless, and promise not to claim damages from any of my prior employers listed above for providing information.

I agree to submit to any drug test that may be required by the employer. I understand that the refusal to submit to testing will result in my disqualification for employment with this organization.

I also understand that employment may be conditioned upon an investigation into criminal convictions on record with Local, State or Federal law enforcement authorities.

I understand that, if hired, my employment is not for any specific period or duration and is terminable at will by the employer or me at any time with or without cause or notice. I understand this application is NOT A CONTRACT.

I agree to present documentation proving my eligibility to work in the United States, and that failure to do so voids any offer of employment.

_____

Applicant's Name (please print)

_____ _____

Signature of Applicant Today's date

By adding electronic signature, you are signing this Application electronically. You agree your electronic signature is the legal equivalent of your manual/handwritten signature on this Application.

EMPLOYMENT APPLICATION

Equal Opportunity Employer

Thank you for your interest in working for us! Please review these important features of our hiring process:

1. Applications are accepted only when an opening within the organization exists.
2. Applications are active for 60 days or until the current hiring process is closed.
3. Applicants may be asked to review information about our mission, our high standards for employees and specific job requirements, and certify your understanding, before applying.
4. Due to the volume of applications received, we cannot notify each and every applicant not selected. Only those selected for further interviews will be contacted.
5. In some cases, internal candidates are considered alongside external applicants.
6. This application does not guarantee an interview or offer of employment.
7. All job offers may be contingent on satisfactory completion of background investigation, drug screen and a fitness for duty assessment. Job offers are not final until confirmed in writing.
8. Our employees deserve the best co-workers possible. Therefore we reserve the right to hire the best qualified person for the job.

Please initial and date after reading the hiring process above:

Motley-Motley, Inc / Pre-Mix, Inc (MMI/PMI)

Health Insurance Eligibility

INTRODUCTION

As a condition of your employment at MMI/PMI you may be, over time, eligible to receive health insurance benefits which are currently offered to those employees who qualify.

Employment Classification

Employees of MMI/PMI are classified as either "eligible" or "ineligible" for health insurance benefits based on our internal policies which all employees must abide by.

Measurement Period

As a new employee of MMI/PMI you are currently being placed within our standard "measurement period" where we will closely monitor your hours worked over the next 3 consecutive months of your employment to determine your eligibility for health insurance benefits. This measurement period will begin upon your initial hire date. At the end of the 3 month measurement period you will be notified of your eligibility for company sponsored health insurance and will be given the opportunity to enroll should you choose to do so. Therefore during the next consecutive 3 months, you will be ineligible for our company sponsored health insurance plan and may want to consider an individual health insurance option for yourself and/or your family.

In order to assist you find a suitable health insurance option for yourself and/or your family we have resources to help. Among your many potential options, you may want to consider the Washington State Health Benefit Exchange. www.wahbexchange.org. You may qualify for subsidies to help offset the costs of your health insurance plan.

ACKNOWLEDGMENT

I acknowledge that I have received a copy of the MMI/PMI eligibility policy for health insurance benefits.

I am aware that I am currently "ineligible" for health insurance benefits and will fall within a "measurement period" that will commence from the start date of my employment.

I also am aware that MMI/PMI, at any time, may on reasonable notice, change, add to, or delete from the provisions of the company policies.

_____ _____

Employee's Signature Date

By adding electronic signature, you are signing this Application electronically. You agree your electronic signature is the legal equivalent of your manual/handwritten signature on this Application.

COMPLETE ONLY IF APPLING FOR A CDL DRIVER POSITION

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

SECTION 1 AUTHORIZATION

I, _____ , hereby authorize:
(Print Name) (First, M.I., Last)

Previous Employer: _____ Email: _____

Street Address: _____ Phone: _____

City, State, Zip: _____ Fax: _____

to release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substance Testing records within the previous 3 years from_____
(Date of Employment Application)

to: **Motley-Motley, Inc. / Pre-Mix, Inc**
6901 SR270
Pullman, WA 99163

CONFIDENTIAL FAX: 888-900-5766
CONFIDENTIAL EMAIL: jolene@motleymotley.com

In compliance with 49 CFR §§40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

_____ _____
Applicant's Signature By adding electronic signature, you are signing this Application electronically. You agree your electronic signature is the legal equivalent of your manual/handwritten signature on this Application. Date

This information is being requested in compliance with 49 CFR §§ 40.25 and 391.23.

SECTION 2 ACCIDENT HISTORY

The applicant named above was employed by us. ☐ Yes ☐ No
Employed as _____ from (mm/yy) _____ to (mm/yy) _____
Did he/she drive motor vehicle for you? ☐ Yes ☐ No If yes, what type? ☐ Straight Truck ☐ Tractor/Semitrailer ☐ Bus
☐ Cargo Tank ☐ Doubles/Triples ☐ Other (Specify) _____
ACCIDENTS: Complete the following for any accidents included on your accident registrar (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here ☐ if there is no accident register data for this driver.

	Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1.					
2.					
3.					

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____

Printed Name:_____ Signature: _____
Title: _____ Date:_____

SECTION 3 DRUG AND ALCOHOL HISTORY

If driver **was not** subject to Department of Transportation testing requirements while employed by this employer, please check here ☐.

	YES	NO
1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?	☐	☐
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?	☐	☐
3. Has this person refused to submit to post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?	☐	☐
4. Has this person committed other violations of Subpart B or Part 382 or Part 40?	☐	☐
5. If this person has violated a DOT drug and alcohol regulation, did this person fail to undertake or complete a program prescribed		
6. by a Substance Abuse Professional (SAP) in your employ If yes, please end documentation back with this form.	☐	☐
7. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?	☐	☐

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown above.

Name: _____
Company: _____
Street: _____
City, State, Zip: _____ Phone:_____
Section 3 completed by (Signature)_____ Date:_____

SECTION 4 MODE OF COMMUNICATION

This form was sent to previous employer via (check one) ☐ Fax ☐ Mail ☐ Email ☐ Other _____
By _____ Date:_____

SECTION 5 RECEIPT INFORMATION

Complete the following when the requested information is obtained.
Information received from_____
Recorded by:_____ Method: ☐ Fax ☐ Mail ☐ Email ☐ Phone
Date:_____ ☐ Other _____

Submit