

BEEHLER CONSTRUCTION LLC

Employment Application

		Α	Applicant I	Informa	ation			
Full Name:				Date:				
	Last		First			M.I.		
Address:	Street Address						Apartment/Unit :	
							•	
	City					State	ZIP Code	
Phone:				Email				
Date Availa	Available: Social Security No.:_		urity No.:	Desired Salary:\$				
Position App	plied for:							
Are you a ci	itizen of the United St		ES NO	If no, a	ire you	authorized to wor	YES k in the U.S.?	NO
Have you ever worked for this company? YES NO				If yes,	when?_			
Have you e	ver been convicted of		S NO					
If yes, expla	nin:							
			Educ	ation				
High Schoo	l:		_ Address:	<u> </u>				
From:	To:	Did yo	u graduate?	YES	NO	Diploma:		
College:			_ Address:	· 				
From:	To:	Did yo	u graduate?	YES	NO	Degree:		
Other:			_ Address:	:				
From:	To:	Did yo	u graduate?	YES	NO	Degree:		
			Refer	ences				
Please list	three professional re	ferences.						
Full Name:							nip:	
Company:						Pho	ne:	
Address:								

Full Name:				Relationship:	
Campany				Phone:	
Address:					
Full Name:				Relationship:	
				Phone:	
۸ d d هم م					
	Previous E	mployme	ent		
Company:				Phone:	
Job Title:	Starting Salary:\$				
Responsibilities:					
	To:			:	
May we contact you	r previous supervisor for a reference?	YES	NO		
Company:				Phone:	
Address:				Supervisor:	
Job Title:	Starting Salary:			Ending Salary:\$	
Responsibilities:					
From:	To:	Reason f	or Leaving	<u>:</u>	
	r previous supervisor for a reference?	YES	NO		
Company:				Phono:	
				Phone: Supervisor:	
Job Title:	Starting Salary: <u>\$</u>			Ending Salary: <u>\$</u>	
Responsibilities:					
From:	To:	Reason f	or Leaving	:	
May we contact you	r previous supervisor for a reference?	YES	NO		

Military Service				
Branch:	From:	To:		
Rank at Discharge:	Type of Discharge:			
If other than honorable, explain:				
Disclaime	er and Signature			
I certify that my answers are true and complete to the	e best of my knowledge.			
If this application leads to employment, I understand interview may result in my release.	that false or misleading informatio	n in my application or		
Signature	Da	ato:		

MVR RELEASE CONSENT FORM

In conjunction with my employm	("the company"),			
(employee/applicant name) Consent to the release of				
my Motor Vehicle Record (MVR)	to the company. I unders	tand the company will use these		
records to evaluate my suitability	y to fulfill driving duties th	at may be related to the position for		
which I am applying. I also conse	ent to the review, evaluation	on, and other use of any MVR I may		
have provided to the company.				
This consent is given in satisfaction Protection Act", and is intended		721 et. Seq "Federal Drivers Privacy sent" as required by this Act.		
Employee/Applicant Signature	 Date			
Date of Birth	 Social S	Security Number (last 4 digits)		
Drivers' License Number	 License	Expiration Date		

Employee Name:	
Employer Name: Beehler Construction LLC	
I,, of,under the drug testing policy of Beehler Construction 98801, to submit to a drug test and to furnish a san	,, hereby agree, upon a request made ion LLC of 1320 Brown St., WENATCHEE, Washington nple of my urine, breath, and/or blood for analysis.
I understand and agree that I will be subject to immemployer's policy or otherwise fail to cooperate wi	nediate termination if I refuse to submit a drug test under the ith the testing procedures.
specimen or specimens so collected to a laboratory substances under the policy and for the laboratory	e the employer and/or its employer physician send the of for a screening test for the presence of any prohibited or other testing facility to release any documentation relating nental entity involved in a legal proceeding or investigation
Finally, I authorize the employer to disclose any deinvolved in a legal proceeding or investigation con	ocumentation relating to such test to any governmental entity inected with the test.
meaning that I will not sue or hold responsible suc such testing, including loss of employment or any	cian, and any testing laboratory the employer might use, h parties for any alleged harm to me that might result from other kind of adverse job action that might arise as a result of presentative makes an error in the administration or analysis of
use for any alleged harm to me that might result from	oyer physician, and any testing laboratory the employer might om the release or use of information or documentation relating information is within the scope of this policy and the
	LC and authorization have been explained to me in a language y questions about the test or the policy, they will be answered.
	screen test under its policy whenever I am involved in an ontropy transfer to the suggest possible involvement or influence of drugs in the
The Employee:	
	 Date