



2953 Sunset Dr.
Bellingham WA 98225
(360) 220-5051

NOTE: PLEASE ASK IF YOU NEED ASSISTANCE COMPLETING THIS APPLICATION

INFORMATION				
LAST NAME:		FIRST NAME:		MIDDLE IN:
PRESENT ADDRESS:		CITY:	STATE:	ZIP:
E-MAIL:		CELL:	HOME PHONE:	
POSITION APPLIED FOR?				
WAGE/SALARY DESIRED?			DATE AVAILABLE FOR WORK?	
AVAILABLE: ☐ Days ☐ Evenings ☐ Nights			APPLYING FOR: ☐ Full time ☐ Part time ☐ Temporary	
Will visa or immigration status prevent lawful employment? ☐ Yes ☐ No (Proof of right to work in the U.S. will be required if hired.)				
Are you 18 years or older? ☐ Yes ☐ No (If no, employment is subject to minimum legal age requirements.)				
Do you have a Non-Compete, Non-Disclosure, or other agreement that might restrict your employment with us? ☐ Yes ☐ No				
Have you ever previously applied to or been employed by this company? ☐ Yes ☐ No				
If yes to above, please list dates & projects worked on: _____ _____				
Were you known by any other name at any job or school listed on this application? What name(s)?				
At which school(s)/employer(s) were you known by this other name?				
EDUCATION				
	Name and Location of School	Years Completed	Did you graduate?	Degrees Received
High School				
College				
Trade, Business, or Graduate school				
HEAVY CONSTRUCTION/JOB REQUIREMENT INFORMATION				
The position you are applying for may require frequent and heavy lifting, frequent bending and stooping, walking over rough terrain, climbing and working from ladders, high level scaffolding and/or platforms, as well as, exposure to environmental hazards such as noise, dust or hazardous chemicals. DO YOU HAVE THE ABILITY TO PERFORM THE JOB FOR WHICH YOU ARE APPLYING, WITH OR WITHOUT REASONABLE ACCOMODATIONS? ☐ Yes ☐ No If no, please explain: _____				
SKILLS				
Indicate other skills, licenses, or certifications related to the position you are seeking: _____ _____ _____				

EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT RECORD (INCOMPLETE APPLICATIONS CANNOT BE ACCEPTED)

Please list your employment history below beginning with the most recent employer, include U.S. military service. If currently employed, may we contact your employer? ☐ Yes ☐ No

Employer _____ City/State _____ Telephone () _____
Job Title _____ Supervisor _____ Telephone () _____
Dates Employed: From _____ To _____ Reason for leaving _____
Duties _____

Employer _____ City/State _____ Telephone () _____
Job Title _____ Supervisor _____ Telephone () _____
Dates Employed: From _____ To _____ Reason for leaving _____
Duties _____

Employer _____ City/State _____ Telephone () _____
Job Title _____ Supervisor _____ Telephone () _____
Dates Employed: From _____ To _____ Reason for leaving _____
Duties _____

PROFESSIONAL REFERENCES			
Please list three persons, other than relatives, who we may contact about your professional work experience.			
Name	Years Known	Relationship	Telephone Number

I certify that the information given by me is true and complete to the best of my knowledge. I understand that if I am employed, the discovery that I gave false information during the application process may result in immediate dismissal.

I authorize the Company to which I am providing this application (D&R Services Construction Inc) and/or agents of Consulting to investigate all statements contained in this application and to request information about me from previous employers, educational institutions, and references. I expressly authorize my previous employers to provide information and opinions concerning my work and work habits. Further, I release all parties (including the Company and Or agents of Consulting) and persons connected with any requests for information from all claims, liabilities, and damages for whatever reason, arising out of furnishing any information. If employed, I release D&R Services Construction from any liability for future references it may provide regarding my work history with the Company.

Due to the large number of applications that D&R Services Construction receives, I understand the Company cannot guarantee that my application will be considered for any or all open positions they may have or that my application will be considered for any specific time.

In the event of employment, I understand that I am required to abide by all current and subsequently issued rules and regulations of the Company and that my employment may be terminated, at any time, with or without notice, by either party.

Signature of Applicant Date

Invitation to Self-Identify - Applicant

We are a government contractor subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. To comply with these laws, we invite you to self-identify in various categories below. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information is kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those which require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

PLEASE CHECK ALL APPLICABLE BOXES BELOW. (The categories and definitions listed follow EEOC guidelines.)

GENDER: I belong to the following classification:

☐ Female

☐ Male

☐ Decline to Answer

RACE/ETHNICITY: I belong to the following classification:

☐ Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.)

☐ Black or African American ~ not Hispanic or Latino (A person having origins in any of the black racial groups of Africa.)

☐ White ~ not Hispanic or Latino (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

☐ Asian ~ not Hispanic or Latino (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)

☐ Native Hawaiian or Other Pacific Islander ~ not Hispanic or Latino (A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

☐ American Indian or Alaskan Native ~ not Hispanic or Latino (A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.)

☐ Two or More Races ~ not Hispanic or Latino (All persons who identify with more than one of the above five races.)

☐ Decline to Answer

PROTECTED VETERAN: I belong to the following classification:

☐ I identify as one or more of the classifications of Protected Veterans as defined below:

Protected Veteran includes disabled veterans, recently separated veterans, active duty wartime or campaign badge veterans, and Armed forces service medal veterans defines as follows:

- A **disabled veteran** is one of the following:
 - 1) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
 - 2) a person who was discharged or released from active duty because of a service-connected disability.
- A **recently separated veteran** means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An **active duty wartime or campaign badge veteran** means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An **Armed forces service medal veteran** means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

☐ I am not a protected veteran.

☐ I decline to answer.

Name: _____ Date: _____

Position Applied For: _____ How did
you hear about this position: _____

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title: Date of Hire: