

WILDISH

DRIVER STANDARDS

P. O. Box 40310
Eugene, Oregon 97404-0047

3600 Wildish Lane
Eugene, Oregon 97408-0416

Phone (541) 485-1700

Fax (541) 683-7716

ATTENTION MOTOR VEHICLE DRIVERS:

Before you complete an application to drive a motor vehicle for Wildish, please understand the following:

Wildish has a zero tolerance for alcohol abuse, illicit drug use, and harassment of any kind.

Wildish requires your driving record to be free of any Class A driving convictions for the past five years. These include:

Driving while intoxicated.

Driving under the influence of drugs.

Negligent homicide arising out of the use of a motor vehicle.

Operating a vehicle during a period of suspension or revocation.

Using a motor vehicle for the commission of a felony.

Aggravated assault with a motor vehicle.

Operating a motor vehicle without owner's authority (grand theft).

Permitting an unlicensed driver to drive.

Reckless driving.

Speed contest (exceeding 20 mph over posted speed limit).

Hit and run (BI or PD) driving.

If you cannot meet these basic standards, please do not apply.

The Federal Motor Carrier Safety Regulations, Title 49 Section 391.21(b)(10) require DOT-regulated employers to inquire about your previous employment. The information you provide may be used, and your previous employers will be contacted, for the purpose of investigating your safety performance history information required by Section 391.23(d) and (e). You have due process rights as specified in Section 391.23(i) regarding information received as a result of these investigations, namely: 1) the right to review information provided by previous employers; 2) the right to have errors corrected by the previous employer; and 3) the right to have a rebuttal statement attached to alleged erroneous information.

PLEASE PROVIDE A COPY OF YOUR CURRENT CDL LICENSE AND MEDICAL CARD



3600 Wildish Ln., Eugene, OR 97408 | P.O. Box 40310, Eugene, OR 97404 | Phone (541) 485-1700

EMPLOYMENT APPLICATION

Wildish is an equal opportunity employer. Wildish does not discriminate on the basis of race, color, religion, gender, gender identity, sexual orientation, national origin, marital status, age, family relationship, mental or physical disability, genetic information, status as a disabled or other eligible veteran, military reserve status, inquiry or discussion about compensation, opposition to safety and health hazards, application for workers' compensation benefits, or any other protected category under applicable state/federal law.

To provide a safe work place and to comply with applicable laws, Wildish has implemented an alcohol and drug policy which includes testing of all prospective and current employees.

Any offer of employment shall be conditioned upon satisfactorily passing a condition of employment (pre-employment drug/alcohol test and, if required, a satisfactory medical evaluation. Some of our jobs have specific physical requirements. You are not obligated to disclose information about physical or mental limitations that you believe will not interfere with your capability to do the job. If you want Wildish to consider special arrangements to accommodate a physical or mental impairment, you may identify that impairment and suggest the kind of accommodation that you believe would be appropriate.

Position(s) applied for _____

Name (Print) _____
(Last) (First) (Middle) (other last name(s))

Address _____ Phone _____

City _____ State _____ Zip _____

Email Address _____

Previous Employment with Wildish? No ___ Yes ___ Date(s) _____

Employment History

Please provide the following information for all employers that you worked for during the past three years (**most recent employment first**). If applying for a truck driver position, list all employers that you drove a commercial motor vehicle for during the past **TEN** years (attach additional sheets, if needed).

Employer _____

Address _____

City _____ State _____ Zip _____

Contact Person _____ Phone (____) _____

Dates Employed: From (mm/yy) _____ To (mm/yy) _____

Job Title _____ Was CDL Required: Yes ___ No ___

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed? Yes ___ No ___

If yes, was your job designated a safety-sensitive function subject to the Drug and Alcohol Testing Requirements of 49CFR 40? Yes ___ No ___

Reason for leaving _____

Employer _____
Address _____
City _____ State _____ Zip _____
Contact Person _____ Phone (____) _____
Dates Employed: From (mm/yy) _____ To (mm/yy) _____
Job Title _____ Was CDL Required: Yes ___ No ___
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed? Yes ___ No ___
If yes, was your job designated a safety-sensitive function subject to the Drug and Alcohol Testing Requirements of 49CFR 40? Yes ___ No ___
Reason for leaving _____

Employer _____
Address _____
City _____ State _____ Zip _____
Contact Person _____ Phone (____) _____
Dates Employed: From (mm/yy) _____ To (mm/yy) _____
Job Title _____ Was CDL Required: Yes ___ No ___
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed? Yes ___ No ___
If yes, was your job designated a safety-sensitive function subject to the Drug and Alcohol Testing Requirements of 49CFR 40? Yes ___ No ___
Reason for leaving _____

Employer _____
Address _____
City _____ State _____ Zip _____
Contact Person _____ Phone (____) _____
Dates Employed: From (mm/yy) _____ To (mm/yy) _____
Job Title _____ Was CDL Required: Yes ___ No ___
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed? Yes ___ No ___
If yes, was your job designated a safety-sensitive function subject to the Drug and Alcohol Testing Requirements of 49CFR 40? Yes ___ No ___
Reason for leaving _____

(attach page(s) if additional employers need to be listed)

Comments/Other Information (any gaps of employment and/or unemployment must be explained):

Check (✓) NO or YES to each of the following questions:

Would you work weekend shifts, if needed?

No ___ Yes ___

Would you work night shifts, if needed?

No ___ Yes ___

Do you have a valid driver's license?*

No ___ Yes ___ Expiration Date: _____

State: _____ License #: _____

*All positions have the potential to drive a Company vehicle

Would you work overtime, if needed?

No ___ Yes ___

Do you have dependable transportation?

No ___ Yes ___

Do you have a valid CDL?

No ___ Yes ___ Class CDL: _____

Endorsements: _____

Are you an experienced miner (as defined in 30 CFR §46.2(d))? No ___ Yes ___

Can you perform the essential job functions for the applied position(s) (listed on page 1) with or without accommodations? No ___ Yes ___

To work in the highway/heavy industry, you must be 18 years of age or older. Are you of age to work in this industry? No ___ Yes ___

How were you referred to us:

Company Website/Online Ad

Temp Agency

Union Hall

State Employment/Workforce Agency

Employee Referral _____

Other Referral Source (describe): _____

SKILLS / CERTIFICATIONS INVENTORY

FOR EACH SKILL, ENTER YOUR **YEARS** OF EXPERIENCE ON THE LINE TO THE LEFT OF THE SKILL. FOR EACH CERTIFICATION, CHECK ON THE LINE TO THE LEFT IF YOU CAN PROVIDE A VALID CARD.

GENERAL:

- ___ YRS Chain Saw
- ___ YRS Flagging
- ___ YRS Jack Hammer
- ___ YRS Mixing Grout
- ___ YRS Skill Saw
- ___ YRS Small Truck (2 Ton)
- ___ YRS Tying Rebar
- ___ YRS Wackers

PIPE LAYER:

- ___ YRS Dry Utilities
- ___ YRS Manhole
- ___ YRS Sanitary – Concrete
- ___ YRS Sanitary – Other
- ___ YRS Storm – Concrete
- ___ YRS Storm – Other
- ___ YRS Tunnel
- ___ YRS Waterline

TESTER:

- ___ YRS Manhole
- ___ YRS Sanitary
- ___ YRS Waterline

CARPENTER:

- ___ YRS Bridge
- ___ YRS Building

CEMENT MASON

___ YRS Finisher

GRADE CHECKER:

- ___ YRS Asphalt Raker
- ___ YRS Blue Tops
- ___ YRS Dumpman – Rock
- ___ YRS Dumpman – Asphalt
- ___ YRS Engineer Level
- ___ YRS GPS
- ___ YRS Hub & Stake
- ___ YRS Laser
- ___ YRS Slopes

OPERATOR:

- ___ YRS AC Paver
- ___ YRS AC Roller
- ___ YRS AC Screed
- ___ YRS Blade – Finish
- ___ YRS Blade – Rough
- ___ YRS Boom Truck
- ___ YRS Broom Sidecast
- ___ YRS Chip Spreader
- ___ YRS Crane
- ___ YRS CTB Roller
- ___ YRS GPS Equipment
- ___ YRS Curb Machine

___ YRS Dozer

___ YRS Forklift

___ YRS Manlift

___ YRS PCC Paver

___ YRS Rock Roller

___ YRS Rotomill

___ YRS RT Hoe

___ YRS RT Loader

___ YRS Scraper

___ YRS Skid Steer Loader

___ YRS Sweeper – Pickup

___ YRS Track Hoe (under 1 cy)

___ YRS Track Hoe (over 1 cy)

DRIVER:

- ___ YRS Dump
- ___ YRS Lowboy
- ___ YRS Tanker
- ___ YRS Tractor/Trailer
- ___ YRS Transfer

MECHANIC:

- ___ YRS Heavy Equipment
- ___ YRS Truck

OTHER:

- ___ YRS AC Plant
- ___ YRS PCC Plant
- ___ YRS Rock Crusher
- ___ YRS _____
- ___ YRS _____
- ___ YRS _____

CERTIFICATIONS:

(provide copies of all cards)

- ___ First Aid/CPR/AED
- ___ Flagger
- ___ Fork Lift Operator
- ___ Crane Operator

Other Certifications:

- _____
- _____
- _____
- _____
- _____
- _____

EDUCATION:

- ___ GR High School
- ___ YRS Trade School
- ___ YRS College

ACKNOWLEDGMENT

I understand and agree:

1. That although Wildish makes every effort to accommodate individual preferences, business needs may at any time make the following conditions mandatory: overtime, shift work, weekend work, or evening work.
2. That my employment may be denied or terminated if I provide false, misleading, or incomplete information during the hiring process or at any time during my employment.
3. That if I am hired, I must produce applicable documents showing that I am lawfully authorized to work in the United States, in accordance with the Immigration Reform and Control Act of 1986, as amended.
4. That my employers, educational institutions, and other references, listed or not listed in this Employment Application, may be contacted by Wildish. These references are authorized to give Wildish any and all pertinent information they may have. I release all persons or entities involved, including Wildish, from all liability arising from this contact and provision of information.
5. That if I am hired, I am required to submit to alcohol and/or drug and/or medical screenings as a condition of employment by Wildish. I understand that refusal to submit to any screening or to provide complete and truthful information will make me ineligible for employment.
6. That Wildish is authorized to provide my Social Security Number, or part thereof, to third parties when required by law or contract.
7. To conform to all Wildish policies, rules, and procedures.
8. That nothing contained in this Employment Application, in the granting of an interview, or in the offer of employment creates a contract for employment between Wildish and myself. If an employment relationship is established, I understand that, unless specifically limited in an expressed, formally executed contract, I have the right to terminate my employment at any time and for any reason and Wildish has the same right.
9. That information I provide regarding current and/or previous employer(s) may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49CFR 391.23(d) and (e).
10. That I have the right to review information provided by my current and/or previous employer(s). If I believe there are any errors in the information provided by any such employer, I have the right to have errors in the information corrected by such employer(s), and for those employers to re-send the corrected information to Wildish. If the previous employer(s) and I cannot agree on the accuracy of the information, I have the right to have a rebuttal statement attached to the alleged erroneous information.

In addition, I authorize my prior employer(s) to release information from DOT regulated drug & alcohol testing records. I authorize release of alcohol tests, positive drug tests, refusal to test, other violations of DOT agency regulations, documentation of completion of the return-to-duty following a rule violation, and any other information obtained from previous employers of a drug & alcohol rule violation.

I certify that this Employment Application was completed by me, that all entries on it and information in it are true and complete to the best of my knowledge, and that I have read and understand the above.

Applicant Signature _____

Date _____

EMPLOYMENT APPLICATION – DRIVER SUPPLEMENT

AUTHORIZED RELEASE OF EMPLOYMENT DRIVING RECORD WITH DRUG TEST RESULT INFORMATION	
1. Complete all information on form	
2. DMV Account #:	Wildish Sand & Gravel Co.
3. Send completed form to: Fax: 541-683-7716	3600 Wildish Lane Eugene, Oregon 97408
<p>I, _____, of _____</p> <p style="text-align: center;"><small>(Print Name: Last, First, Middle)</small></p> <hr/> <p style="text-align: center;"><small>(Print Address: Street, City, State, Zip)</small></p> <p style="text-align: center;">Authorize the release of information required by 49 CFR Park 391.23 to Wildish Sand & Gravel Co.</p> <p>Driver's License Number: _____ State of Issue: _____ Date of Birth: _____</p>	
<p>X _____</p> <p style="text-align: center;">Signature of Driver</p>	<p>X _____</p> <p style="text-align: center;">Date</p>

Social Security Number: _____

Home Address the Past 3 Years:

Address	City	State	Zip	Dates: From – To

The following information will be used where applicable for a request concerning your driving record to comply with DOT and state regulations:

1. I certify that I possess **ONLY ONE** commercial driver's license (listed above). Yes ___ No ___
2. Have you been denied a license, permit, or privilege to operate a motor vehicle? Yes ___ No ___
3. Has any license, permit, or privilege been suspended or revoked? Yes ___ No ___
4. In the past three years, have you tested positive, adulterated a sample, or refused a drug or alcohol test? Yes ___ No ___
5. In the past three years, have you had an alcohol test with a result of 0.04 or higher? Yes ___ No ___
6. If the answer to any of questions 2 through 5 above is yes, please explain:

Please list all motor vehicle accidents during the past three years:

If no vehicle accidents to report, please check here

Date (Month/Year)	Location & Nature of Accident (Head on, rear-end, upset, etc.)	Number of Injuries	Number of Fatalities

Please list all traffic violations (other than parking violations) for which you have been convicted, forfeited bond, or collateral during the past three years:

If no traffic violations to report, please check here

Date (Month/Year)	Violation	Location	Type of Vehicle

I certify that I completed this Employment Application – Driver Supplement and that all entries and information in it are true and complete to the best of my knowledge.

Applicant Signature_____

Date_____

WILDISH EMPLOYMENT APPLICATION SUPPLEMENT VOLUNTARY SELF-IDENTIFICATION FORM

Name (Print) _____
(Last) (First) (Middle)

Gender: Female
 Male

RACE AND ETHNICITY

Wildish 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, Wildish invites employees to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may 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. When reported, data will not identify any specific individual. Your cooperation in checking the line(s) below that apply to you is appreciated. If you choose not to self-identify your race/ethnicity at this time, the federal government requires Wildish to determine this information by visual survey and/or other available information.

ETHNIC BACKGROUND: (Check One)

- Hispanic or Latino** – Person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of 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 Island, Thailand, and Vietnam.
- Native Hawaiian or Other Pacific Islander:** 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. **Tribal enrollment proof required**
- Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above five races.

PROTECTED VETERAN

Wildish is a Government contractor subject to 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), which requires Government contractors to take affirmative action to employ and advance in employment:

- **Disabled Veteran:** 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** a person who was discharged or released from active duty because of a service-connected disability.
- **Recently separated Veteran:** 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.
- **Active duty wartime or campaign badge Veteran:** 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.
- **Armed Forces service medal Veteran:** 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.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

- I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE**
- I AM NOT A PROTECTED VETERAN**

Protected Veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

Signature _____

Date _____