



Freeman Rock, Inc.

Ready Mix Concrete * Rock – All Types

Dump Truck Hauling

Oregon Contractor's Board License #155569

99031 South Bank Chetco River Rd – P.O. Box 1218, Brookings OR 97415 Phone:

541-469-2444 Fax: 541-469-0247

Web page: www.freemanrock.com E-mail: mail@freemanrock.com

APPLICATION FOR EMPLOYMENT

Name: _____		Date: _____
Mailing Address: _____		Phone: _____
Street: _____		
City: _____	State: _____	Zip: _____

Position applying for? _____ Rate of pay expected? _____

Full-time _____ Part-time _____ Temporary _____

Are you currently employed? _____ If not, how long since last employment? _____

Have you ever had any job-related training in the United States Military? _____

If yes, please describe: _____

CURRENT VALID LICENSE: STATE: _____ LICENSE #: _____

NAME ON LICENSE: _____ TYPE: _____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap, or other protected status.

PLEASE LIST PREVIOUS 10 YRS. (USE EXTRA PAPER IF NECESSARY)

Employer: _____	Dates Employed: _____
City & State / phone: _____	From: _____
Name of Supervisor _____	To: _____
Fax Number:(required) _____	_____
Work Performed: _____	
Job Title: _____	
Reason for Leaving: _____	

Employer: _____ City & State / phone: _____ Name of Supervisor _____ Fax Number:(required) _____	Dates Employed: From: _____ To: _____	
Work Performed: _____ _____		
Job Title: _____ Reason for Leaving: _____		
Employer: _____ City & State / phone: _____ Name of Supervisor _____ Fax Number:(required) _____	Dates Employed: From: _____ To: _____	
Work Performed: _____ _____		
Job Title: _____ Reason for Leaving: _____		
Employer: _____ City & State / phone: _____ Name of Supervisor _____ Fax Number:(required) _____	Dates Employed: From: _____ To: _____	
Work Performed: _____ _____		
Job Title: _____ Reason for Leaving: _____		
Employer: _____ City & State / phone: _____ Name of Supervisor _____ Fax Number:(required) _____	Dates Employed: From: _____ To: _____	
Work Performed: _____ _____		
Job Title: _____ Reason for Leaving: _____		

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experiences

EDUCATION INFORMATION

Level of Education: High School Some College BA Degree MA Degree

Last School Attended: _____ State: _____ Date: _____

Field of Study: _____

REFERENCES

Please give the name, address and telephone number of three references who are *not* related to you and are *not* previous employers.

APPLICANT MUST READ AND SIGN:

I certify that I have read and understand all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information concerning my employment history, whether or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with Freeman Rock, Inc. I may be asked to demonstrate that I am capable of performing tasks, which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug/alcohol test. *Freeman Rock, Inc. is a drug and alcohol free workplace.*

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

It is also certified and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigative Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

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 Signature: _____ Date: _____



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REQUEST FOR EMPLOYMENT REFERENCE

EMPLOYER: _____ TODAY'S DATE: _____

Applicants
 NAME: _____ FAX: _____

DATES OF EMPLOY: _____ PHONE: _____

I have applied for employment with Freeman Rock, Inc. I am using you for a reference as my past employer. I authorize and hold you harmless to release information on the following questionnaire to Freeman Rock, Inc.

Please return the information by FAX : 541-469-0247 Attn: H/R.

I am thanking you in advance, your prompt reply is appreciated.

Signature of Applicant

Type of work performed: _____

Was employee able to work independently? _____

Type of Equipment Used: _____

Computer Skills / Software Used: _____

Lost Work Time / Reason: _____

Number of Reportable Accidents _____ Was (s)he at fault? _____

Was employee enrolled in a drug consortium? _____ Any positive tests or problems with drugs or alcohol? _____

If yes please explain the resolution: _____

Any driving suspensions? _____ If yes please explain the cause: _____

Was applicant able to get a long with co-workers? _____

Was applicant able to get a long with the public? _____

Did applicant pose any repeated or severe disciplinary problems? _____

Reason for leaving company? Terminated Resigned Was notice given? _____

Rehire status: Would Rehire Would Not Rehire Job Performance: Excellent Good Fair Poor

Additional Comments: _____

VERIFIED BY: _____ TITLE: _____



DEPARTMENT OF TRANSPORTATION
DRIVER AND MOTOR VEHICLE SERVICES
1905 LANA AVE NE, SALEM OREGON 97314

REQUEST FOR MOTOR CARRIER REQUIRED DRIVING RECORDS

You must have a DMV Record Inquiry Account to use this form. Your D.O.T. number is not a valid account number for ordering DMV records.* If you do not have a DMV Record Inquiry Account please see the note below.

Company Name: FREEMAN ROCK, INC.
PRINT NAME

DMV Account #: 18716

AUTHORIZATION TO RELEASE EMPLOYMENT DRIVING RECORD WITH DRUG TEST RESULT INFORMATION

Oregon Driver License Number: _____

Driver Name: _____ Date of Birth: _____
PLEASE PRINT

I authorize the release of my employment driving record including drug test results reported under ORS 825.410.

Please mail to: N/A
COMPANY NAME

N/A
COMPANY ADDRESS

or:
FAX to: 541-469-0247
COMPANY FAX NUMBER

Signature of Driver: X Date: _____

A complete driving history with CDL medical information and a three year employment driving record with any drug test result information will be provided by submitting this form. Your account will be charged \$5.00.

* If you do not have a DMV Record Inquiry Account, you may use Form 735-7195 *Affidavit to Authorize the Release of Employment Driving Record With Drug Test Result Information* and Form 735-7122 *Request for Information*, to order the Certified Court Print with CDL Medical Certification driving record.

MAIL OR FAX REQUEST TO: DMV RECORD SERVICES
1905 LANA AVE NE
SALEM OR 97314

FAX NUMBER: 503-588-0155 or 503-588-0156

Please call Record Services at 503-945-5475 with questions regarding this form.

If you want information on obtaining a DMV Record Inquiry Account, please call DMV Records Policy Unit at (503) 945-7950.