

# APPLICATION FOR EMPLOYMENT

## West Coast Materials, Inc.

### AFFILIATES:

- West Coast Sand & Gravel  
 WC Logistics

Apply at: [hire@wcsq.com](mailto:hire@wcsq.com) or at [jperard@wcsq.com](mailto:jperard@wcsq.com)

*We are an equal opportunity employer. All qualified applicants will be considered without regard to age, race, color, sex, religion, national origin, marital status, ancestry, citizenship, veteran status, sexual orientation, or physical or mental disability.*

PERSONAL			
Last Name	First Name	Middle Name	Application Date
Have you ever used another name? ___YES ___NO.			Social Security #
Is any additional information relative to change of name, or use of a nickname or assumed name, necessary to enable a check on your work and educational records? If yes, please explain: _____			Home Telephone #
Street Address: _____			Cell Phone #
City: _____ State: _____ Zip _____			Email address
			Are you at least 18 years old? ___YES ___NO
			If under 18, do you have a work permit? ___YES ___NO
			Are you a veteran? ___YES ___NO
List your previous addresses for the past 3 years:			
Street Address	City	State	Zip Code _____ How long? _____ years / months
Street Address	City	State	Zip Code _____ How long? _____ years / months
Position Desired	Salary Desired \$	Referred By	
Have you ever interviewed with West Coast Materials or its affiliates before? ___YES ___NO If yes, for what Position? _____		Have you ever been employed by West Coast Materials or its affiliates before? ___YES ___NO If yes, in what position, and list reason for leaving: _____	
Do you have relatives or friends currently working for West Coast Materials or its affiliates ___YES ___NO If yes, please list: _____		List any relatives or friends that have worked for West Coast Materials or its affiliates in the past: _____	
If hired, can you present evidence of your identity & legal authority to live and work in the U.S.? ___YES ___NO		Will you be able to perform the essential job functions for the position you are applying for ___YES ___NO	
If hired, will you be able to work overtime? ___YES ___NO		Do you have adequate and reliable transportation to and from work? ___YES ___NO	

Have you ever been convicted of a criminal offense (felony or misdemeanor)?  YES  NO  
 If yes, please list the date(s) and provide details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you been arrested for any matters for which you are currently released on bail or on your own  
 recognizance pending trial?  YES  NO If yes, list the date(s) and details:  
 \_\_\_\_\_  
 \_\_\_\_\_

Please describe any experience, special training, and/or qualifications that you have which you feel are  
 relevant to the position for which you are applying: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PERSONAL REFERENCES**

Reference Name	Occupation	Relationship	# of years known	Contact information
Reference Name	Occupation	Relationship	# of years known	Contact information
Reference Name	Occupation	Relationship	# of years known	Contact information
Reference Name	Occupation	Relationship	# of years known	Contact information

**EDUCATION**

School Name	Highest year completed	Diploma/Degree/License/Certificate	Describe course of study or Major	Describe specialized training, experience, skills, and/or extra-curricular activities
High School				
College/University				
Graduate/Professional				
Trade/Correspondence				
Other				

List any Professional Designations: \_\_\_\_\_

## EMPLOYMENT HISTORY

List all employment for the past 10 years, starting with the most recent position. All information must be completed (enter information, and do not refer to resume)

Dates of employment From: _____ To: _____	Supervisor name & Contact Information	Employer Name, Address, Phone	Pay Information Start \$ _____ End \$ _____
Job title	Duties & Responsibilities		Reason For Leaving

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Dates of employment From: _____ To: _____	Supervisor name & Contact Information	Employer Name, Address, Phone	Pay Information Start \$ _____ End \$ _____
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Dates of employment From: _____ To: _____	Supervisor name & Contact Information	Employer Name, Address, Phone	Pay Information Start \$ _____ End \$ _____
Job title	Duties & Responsibilities		Reason For Leaving

Dates of employment From: _____ To: _____	Supervisor name & Contact Information	Employer Name, Address, Phone	Pay Information Start \$ _____ End \$ _____
Job title	Duties & Responsibilities		Reason For Leaving

-Have you ever been terminated or asked to resign from any job? \_\_\_ YES \_\_\_ NO. If yes, please explain the circumstances:

-Please explain fully any gaps in your employment history:

-May we contact your current employer, and if no, please explain why not:

**Applicants For Truck Driver Position, Please complete the following:**

If applying for a Driver position, please list required Driver's License Information:

State Issuing License: \_\_\_\_\_ License #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Class Type: \_\_\_\_\_

**\*\*\*Driver Applicants will be required to submit the following: Green Medical Card; Driver License; 10 year DMV Printout; Social Security Card**

**Accident Record**

Dates	Nature of accident	Fatalities	Injuries
Last accident _____	_____	_____	_____
Next previous _____	_____	_____	_____
Next previous _____	_____	_____	_____
Next previous _____	_____	_____	_____

**Traffic convictions**

Location	Date	Charge	Penalty

**Other State Driver Licenses**

State	License #	Type	Expiration date

QUESTIONS	YES	NO
Have you ever been denied a license, permit or privilege to operate a motor vehicle		
Have you ever had a license, permit or privilege suspended or revoked		
If you answered yes to either question, please provide details		

**APPLICANT'S STATEMENT AND AGREEMENT**

In the event of my employment with West Coast Materials, I will comply with all rules and regulations of West Coast Materials ("Employer"). I understand the Employer reserves the right to require me to submit to a test for the presence of alcohol or drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I also understand that any offer of employment may be contingent on passing of a physical examination and a test for the presence of alcohol or drugs in my system, performed by a doctor selected by Employer. Further, I understand that at any time after I am hired, Employer may require me to submit to a physical examination and an alcohol and drug test, to the extent permitted by law. I consent to the disclosure of the results of any physical examination and related tests to the Employer. I also understand that I may be required to take other tests such as personality and honesty tests, prior to and during my employment. I understand that should I decline to sign this consent or decline to take any of the above tests, my application for employment may be rejected or my employment may be terminated. I understand that bonding may be a condition of hire. If it is, I will be so advised either before or after hiring and a bond application will have to be completed.

I hereby state that all information provided on this application or any other documents completed in connection with my employment application, and in an interview are true and correct. I understand that, in the event of my employment by West Coast Materials, I shall be subject to dismissal if any information that I have given in this application is false or misleading or if I have failed to give any information herein requested, regardless of the time elapsed after discovery.

I understand that West Coast Materials may contact my previous employers and I authorize those employers to disclose to Employer all records and information pertinent to my employment with them. In addition, I hereby fully waive any rights or claims I have or may have against my former employers, their agents, employees and representatives, as well as other individuals who release information to Employer, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I authorize the persons named herein as personal references to provide Employer with any pertinent information they may have regarding me.

If hired, I agree as follows: my employment and compensation is terminable at-will, is for no definite period, and my employment and compensation may be terminated by either the Employer or me at any time and for any reason whatsoever, with or without good cause. This is the entire agreement between the Employer and me regarding dispute resolution, the length of my employment, and the reasons for termination of employment, and this agreement supersedes any and all prior agreements regarding these issues. It is further agreed and understood that any agreement contrary to the foregoing must be entered into, in writing, by the President of West Coast Materials. No supervisor or representative of the Employer, other than the President, has any authority to enter into any agreement for employment for any specific period of time or make any agreement contrary to the foregoing. Oral representations made before or after I am hired do not alter this agreement.

I agree and acknowledge that the Company and I will utilize binding arbitration to resolve all disputes that may arise out of the employment context. Both the Company and I agree that any claim, dispute, and/or controversy that either I may have against the Company (or its owners, directors, officers, managers, team members, agents) or the Company may have against me, arising from, related to, or having any relationship or connection whatsoever with my seeking employment with, employment by, or other association with the Company shall be submitted to and determined exclusively by binding arbitration under the Federal Arbitration Act, in conformity with the procedures of the Federal Rules of Civil Procedure. Included within the scope of this Agreement are all disputes, whether based on tort, contract, statute (including, but not limited to, any claims of discrimination and harassment, whether they be based on the California Fair Employment and Housing Act, Title VII of the Civil Rights Act of 1964, as amended, or any other state or federal law or regulation), equitable law, or otherwise, with exception of claims arising under the National Labor Relations Act which are brought before the National Labor Relations Board, claims for medical and disability benefits under the California Workers' Compensation Act, Employment Development Department claims, or as otherwise required by state or federal law. However, nothing herein shall prevent me from filing and pursuing proceedings before the California Department of Fair Employment and Housing, or the United States Equal Employment Opportunity Commission (although if I choose to pursue a claim following the exhaustion of such administrative remedies, that claim would be subject to the provisions of this Agreement). In addition to any other requirements imposed by law, the arbitrator selected shall be a retired federal court or California Supreme Court Judge, and shall be subject to disqualification on the same grounds as would apply to a judge of such court. All rules of pleading, all rules of evidence, all rights to resolution of the dispute by means of motions for summary judgment, and judgment on the pleadings, shall apply and be observed. Resolution of the dispute shall be based solely upon the law governing the claims and defenses pleaded, and the arbitrator may not invoke any basis (including but not limited to, notions of "just cause") other than such controlling law. The arbitrator shall have the immunity of a judicial officer from civil liability when acting in the capacity of an arbitrator, which immunity supplements any other existing immunity. Likewise, all communications during or in connection with the arbitration proceedings are privileged in accordance with Cal. Civil Code Section 47(b). As reasonably required to allow full use and benefit of this agreement's modifications to the Act's procedures, the arbitrator shall extend the times set by the Act for the giving of notices and setting of hearings. Awards shall include the arbitrator's written reasoned opinion.

**I understand and agree to this binding arbitration provision and both I and the Company give up our right to trial by jury of any claim I or the Company may have against each other.**

If any term or provision, or portion of this Agreement is declared void or unenforceable it shall be severed and the remainder of this Agreement shall be enforceable.

**MY SIGNATURE BELOW ATTESTS TO THE FACT THAT I HAVE READ, UNDERSTAND, AND AGREE TO BE LEGALLY BOUND TO ALL OF THE ABOVE TERMS AND I HAVE ALSO BEEN GIVEN SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT. (DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE ACKNOWLEDGMENT AND AGREEMENT).**

Print Full Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escriba a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

## **A Summary of Your Rights under the Fair Credit Reporting Act**

The Federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

**You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment—or to take another adverse action against you—must tell you, and must give you the name, address, and phone number of the agency that provided the information.

**You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- A person has taken adverse action against you because of information in your credit report;
- You are the victim of identity theft and place a fraud alert in your file;
- Your file contains inaccurate information as a result of fraud;
- You are on public assistance;
- You are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

**You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

**You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.

### **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.**

Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

**Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

**Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need—usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

**You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureau at 1-888-567-8688.

**You may see damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

**Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**States may enforce the FCRA, and many states have their own consumer reporting laws.** In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

**TYPE OF BUSINESS:**

1. a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.

b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:

2. To the extent not included in item 1 above:

a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks.

b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.

c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations.

d. Federal Credit Unions

3. Air carriers

4. Creditors Subject to Surface Transportation Board

5. Creditors Subject to Packers and Stockyards Act, 1921

6. Small Business Investment Companies

7. Brokers and Dealers

8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations

9. Retailers, Finance Companies, and ALL Other Creditors Not Listed Above

**CONTACT:**

a. Consumer Financial Protection Bureau  
1700 G. Street NW  
Washington, DC 20552

b. Federal Trade Commission: Consumer RESPONSE Center-FCRA Washington, DC 20580.  
(877) 382-4357

a. Office of the Comptroller of the Currency Customer Assistance Group. 1301 McKinney St. Suite 3450  
Houston, TX 77010-9050

b. Federal Reserve Consumer Help Center  
P.O Box 1200  
Minneapolis, MN 55480

c. FDIC Consumer Response Center  
1100 Walnut Street, Box #11  
Kansas City, MO 64106

d. National Credit Union Administration  
Office of Consumer Protection (OCP)  
Division of Consumer Compliance and Outreach (DCCO)  
1775 Duke Street  
Alexandria, VA 22314

Asst. General Counsel for Aviation Enforcement & Proceedings  
Aviation Consumer Protection Division  
Department of Transportation  
1200 New Jersey Avenue, SE  
Washington, DC 20590

Office of Proceedings, Surface Transportation Board  
Department of Transportation  
1200 New Jersey Avenue, SE  
Washington, DC 20590

Nearest Packers and Stockyards Administration area Supervisor

Associate Depute Administrator for Capital Access  
United States Small Business Administration  
409 Third Street, SW 8<sup>th</sup> Floor  
Washington, DC 20416

Securities and Exchange Commission  
100 F St NE  
Washington DC 20549

Farm Credit Administration  
1501 Farm Credit Drive  
McLean, VA 22102-5090

FTC Regional Office for region in which the creditor operates or Federal Trade Commission:

**Consumer Response Center-FCRA  
Washington, DC 20580  
(877) 382-4357**

### **Additional Information about the Fair Credit Reporting Act**

The Summary of Your Rights provided above does not reflect certain amendments contained in the Consumer Reporting Employment Clarification Act of 1998. The following additional information may be important to you:

- Records of convictions of crimes can be reported regardless of when they occurred.
- If you apply for a job that is covered by the Department of Transportation's authority to establish qualifications and the maximum hours for that job and you apply by mail, telephone, computer, or other similar means, your consent to a consumer report may validly be obtained orally, in writing, or electronically. If an adverse action is taken against you because of a consumer report for which you gave your consent over the telephone, computer, or similar means, you may be informed of the adverse action and the name, address and phone number of the consumer reporting agency, orally, in writing, or electronically.