



Application for Employment

We are an equal opportunity employer

All qualified applicants considered regardless of race, religion, color, age, sex, sexual orientation, marital status, nationality, veteran status or non-disqualifying disability.

Instructions – Please Read

This is a general employment application required for all jobs. If a job vacancy exists, you may also be asked to complete a more detailed survey of your qualifications as they relate to a specific job in our company. Please print or write clearly. *Answer all items, even if you have a resume.* Check over your final application for accuracy, especially important numbers like Social Security number, phone numbers, etc. Please sign and date the application where indicated. If you need another form or have questions, please feel free to ask.

Today's Date							
Last Name		First Name		Middle Name	Last 4 of Social Security Number XXX-XX-		
Present Street Address		City		State	Zip	E-Mail	
Home Phone		Cellular Phone		Message Phone		Emergency Contact Person	Emergency Phone
Are you at least 18 years of age?		If under 18, do you have a work permit?		Can you provide proof that you can be lawfully employed in the U.S.?			
Have you applied for work here before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?				Have you worked for this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when and in what job?			
Do any of your relatives or persons of your same household work here? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give their names:							
Have you been convicted of any criminal offense? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(A conviction may not necessarily exclude you from consideration)</i> If yes, explain:					Other names you have used and dates		
Have you ever been disciplined or discharged for theft, fighting, assault or similar behavior? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Have you ever been disciplined or discharged for insubordination or violating safety rules? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Position applied for:			Have you done this kind of work before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?			Date you are available to start:	
List other jobs you believe you may be qualified for:							
How were you referred to us? <input type="checkbox"/> Newspaper <input type="checkbox"/> Employee referral (name) _____ <input type="checkbox"/> School (name) _____ <input type="checkbox"/> Walk-in <input type="checkbox"/> Agency (name) _____ <input type="checkbox"/> Other (explain) _____							
Your Preferred Schedule: <input type="checkbox"/> Full Time <input type="checkbox"/> Temp./Seasonal <input type="checkbox"/> Part Time <input type="checkbox"/> On Call		What week days and hours are best for you?			What would be your second choice?		
Any prior commitments which would require absence of more than a few hours in the next 12 month? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please explain:							
Are you now, or do you expect to be engaged in any other business or employment? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please explain:							
List any certificates or licenses you hold related to your qualifications for the work you seek:				Fluent in other languages:		Typing Speed:	

Education

	School Name and Full Address	Attended Dates		Graduated?	Degree and Major Area	GPA
		From:	To:			
High School		N/A	N/A			
College/Univ.						Major
						Cumulative
College/Univ.						Major
						Cumulative
Trade, Other						Major
						Cumulative
Are you currently a student? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Explain:						
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, may we inquire of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Salary Desired: \$				Do you have a current Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No State _____		

Work History - Start with PRESENT or most recent employer. Include MILITARY experience or volunteer work if full time or your major activity.

Name of Organization		Employment Dates (Month and Year)		Type of Business or Industry	
		From	To		
Street Address			City	State	Zip
Supervisor Name and Title	Phone Number	Your Starting Pay	Your Ending Pay	Employment Status (FT, PT, Contract)	
Job Title(s), Duties and Skills Used				Reason for Leaving:	
Name of Organization		Employment Dates (Month and Year)		Type of Business or Industry	
		From	To		
Street Address			City	State	Zip
Supervisor Name and Title	Phone Number	Your Starting Pay	Your Ending Pay	Employment Status (FT, PT, Contract)	
Job Title(s), Duties and Skills Used				Reason for Leaving:	
Name of Organization		Employment Dates (Month and Year)		Type of Business or Industry	
		From	To		
Street Address			City	State	Zip
Supervisor Name and Title	Phone Number	Your Starting Pay	Your Ending Pay	Employment Status (FT, PT, Contract)	
Job Title(s), Duties and Skills Used				Reason for Leaving:	

Work History (Continued)

Name of Organization		Employment Dates (Month and Year)		Type of Business or Industry	
		From	To		
Street Address			City	State	Zip
Supervisor Name and Title	Phone Number	Your Starting Pay	Your Ending Pay	Employment Status (FT, PT, Contract)	
Job Title(s), Duties and Skills Used				Reason for Leaving:	

Other Skills and Qualifications

Please mention any other skills, qualifications or experience pertinent to the career you seek. (e.g. - Computers, software, machines, tools, special certifications, etc.)

References — Please do not include former employers.

Name	Occupation	Phone Number	E-Mail

Applicant's Statement

I hereby affirm that the information provided on this application, and accompanying letters or resume, is true and complete. I also agree and understand that any false or misleading information or significant omissions may disqualify me from consideration for employment or result in my immediate dismissal.

I authorize this employer to investigate my background thoroughly, including a full credit report, school, past employers, and criminal, and agree to assist in such investigation. I release and hold harmless and promise not to claim damages from any of my prior employers listed above for providing information. I agree to submit to any drug or alcohol test that may be required by the employer for my hiring or continued employment. I understand that refusal to take such tests may be cause for denial of employment or my termination. I also understand that employment may be conditioned upon an investigation into criminal convictions on record with local, State or Federal law enforcement authorities.

I understand that, if hired, my employment is not for any specific period or duration and is terminable at will by the employer or me at any time with or without cause or notice. I understand this application is NOT A CONTRACT.

I agree to present personal photo identification and proof of U.S. citizenship or documentation of my authorization to work and reside in the United States, promptly upon confirmation of hiring, and that failure to do so voids any offer of employment.

I understand that employment may be contingent upon a post-offer physical examination by a medical doctor.

Upon an offer of employment I authorize the examining doctor, clinic or organization to release to this employer any information requested to assess my ability to perform essential work functions or to assess potential risk of injury to myself or others.

Signature of Applicant

Today's Date



2800 E. Main Avenue
Spokane, WA 99202-7004, USA

Application Information Release

I hereby authorize the below referenced educational institution to provide a full and complete official transcript related to my attendance, education, and graduation from the _____ to Spokane Ponderosa. Any applicable fee shall be provided for by Spokane Ponderosa.

I will hold the below referenced educational institution and Spokane Ponderosa, its employees, officers, directors, or agents, free of liability for the exchange of this information and any other reasonable and necessary information incident to the employment process.

Name: _____

Name While Attending: _____

Student ID or Social Security Number: _____

Dates of Attendance: _____

Year of Graduation: _____

The transcript shall be sent to:

Human Resources Department
Spokane Ponderosa
2800 E. Main Ave
Spokane, WA 99202-7004

Signature: _____

Date: _____

Exhibit A-4
Notice for Applicant/Employee
"Notice of Intent' and 'Authorization'
To Obtain an Investigative Consumer Report for Employment Purposes

The undersigned applicant/employee is hereby notified that Spokane Ponderosa (Employer) may obtain an investigative consumer report for employment purposes through ACRANet CBS Branch. Such report may include information as to character, general reputation, history of criminal convictions, employment, education, professional license, credit and/or driver's record history. Applicant/employee acknowledges that he/she is herein informed of his/her right to request within a reasonable period of time after receiving this notice, a complete and accurate disclosure of the nature and scope of the investigation requested. Such disclosure will be mailed or otherwise delivered to applicant within five days from the date of the applicant/employee's request for disclosure or such report was first requested by employer, whichever is the later.

Applicant/employee further authorizes the above named company to obtain an investigative consumer report through ACRANet CBS Branch for employment purposes at this time or anytime during the applicant/employee's tenure with employer.

I (Applicant/employee) am currently a resident of the state of Oklahoma OR the state of Minnesota:

Yes No

If yes, by state statute, I may receive a free copy of the report being prepared in association with this employment Screening investigation and a copy of my corresponding rights as a consumer. These documents will be mailed to me at the address indicated on this authorization form with 24 hours of completion.

Please provide me a copy of my credit report as indicated above

Print Full Name: _____

Former Name/Maiden Name (list all): _____

Address: _____

Previous Address: _____

Social Security Number: _____

Date of Birth: ____/____/____

(In order for factual information to be obtained & reported, your date of birth and social security number are requested. This information is used solely for verification purposes in compliance with the Fair Credit Reporting Act.)

Driver's License# (if applicable): _____ **State of Issue:** _____

(for any driving position in the state of WA, please complete the next page)

Signature: _____ **Date:** _____

NOTE:
The above information and attached exhibits are presented to assist you in compliance with the revised federal Fair Credit Reporting Act. They represent our understanding and interpretation of the amendments which became effective September 30, 1997 and November 2, 1998. ACRANet CBS Branch, Incorporated does not intend for this information and the related attachments to be construed as legal advice. We urge all subscribers to review their procedures and documents with their respective legal counsel.

Please retain this portion for your personal records

Para informacion en espanol, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.

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 or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.**

- **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 by expect to apply for employment with 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 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.
- **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 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.
- **You may limit "pres-screened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "pre-screened" offers for credit and insurance must include a toll-free phone 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 bureaus at 1-888-567-8688.
- **You may seek 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.

Please retain this portion for your personal records

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 Bureau:
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
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. Bureau of Consumer Financial Protection 1700 G Street NW Washington, DC 20006
- 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 Street, 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 Department of Transportation 400 Seventh Street SW Washington, DC 20590 Office of Proceedings, Surface Transportation Board Department of Transportation 1925 K Street NW Washington, DC 20423
Nearest Packers and Stockyards Administration area supervisor
Associate Deputy Administrator for Capital Access United States Small Business Administration 406 Third Street, SW, 8th 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