



Application For Employment BOSS Construction Services, LLC

111 Nyberg Rd (16th E)
Pacific, WA 98047
Phone (253) 863-3881 Fax (253) 863-8436

We are an equal opportunity employer

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

(Please Print)

Position(s) Applied For		Date of Application	
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other: _____	

Last Name		First Name		Middle Name	
Address: Number	Street	City	State	Zip Code	
Telephone Number(s)			Social Security Number		

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

If yes, date: _____

Have you ever been employed with us before? Yes No

If yes, date: _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Are you willing to accept a position that requires extensive travel? Yes No

Do you have a criminal record? Yes No

(This will not necessarily disqualify an applicant from employment.)

If Yes, please explain: _____

Have you ever had any job-related training in the United States Military? Yes No

If Yes, please describe: _____

What wage range are you looking for? _____

Do you have a valid CDL license? Yes No

If Yes, what classes or endorsements? _____

If No, are you willing to obtain one? _____

Are you familiar with USDOT commercial driving laws including hours of service logging? Yes No

If Yes, where did you gain experience? _____

Are you physically or otherwise *unable* to perform the duties of the job for which you are applying? Yes No

Education

	Elementary School	High School	Undergraduate College	Graduate College
School Name and Location				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Did you receive a Diploma or Degree?				
Describe Course of Study				

What was your Grade Point Average when you left High School? _____ When you left College? _____

Describe any specialized training, apprenticeship, skills, and extra-curricular activities	
Describe any honors you have received	
State any additional information you feel may be helpful to us in considering your application	

Indicate any foreign languages you can speak, read, and/or write.

	Fluent	Good	Fair
Speak			
Read			
Write			

Activities

List professional, trade, business, or civic activities and offices held.

You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, handicap, or any other protected status.

Hobbies

List any hobbies or other extra-curricular interests.

Business References

Give name, address, and telephone number of two references who are *not* related to you and are *not* previous employers.

1. _____

2. _____

Personal References

Give name, address, and telephone number of two personal references.

1. _____

2. _____

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 any other protected status.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

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

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 180 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer. By my signature, I attest that I have a clean driving record, am currently drug free, and agree to abide by all company drug testing policies.

Signature of Applicant

Date