



## Employment History

Please list most recent employer first.

Company Name

Street address

City

State

Zip Code

May we contact employer?  Yes  No

Starting Job Title

Final Job Title

Supervisor's Name and Title

Phone

Reason for Leaving

Job Duties

Dates of Employment

From (mo/yr) To (mo/yr)

Starting Rate of Pay (\$)

Ending Rate of Pay (\$)

Company Name

Street address

City

State

Zip Code

May we contact employer?  Yes  No

Starting Job Title

Final Job Title

Supervisor's Name and Title

Phone

Reason for Leaving

Job Duties

Dates of Employment

From (mo/yr) To (mo/yr)

Starting Rate of Pay (\$)

Ending Rate of Pay (\$)

Company Name

Street address

City

State

Zip Code

May we contact employer?  Yes  No

Starting Job Title

Final Job Title

Supervisor's Name and Title

Phone

Reason for Leaving

Job Duties

Dates of Employment

From (mo/yr) To (mo/yr)

Starting Rate of Pay (\$)

Ending Rate of Pay (\$)

## Business Reference Data

Please do not list family and/or friends.

Name

Email Address

Phone

Business Relationship

## Read Carefully and Sign

I certify that the information contained in this application is correct to the best of my knowledge, and I understand that any misstatement or omission of information is grounds for ending the hiring process or dismissal. I authorize verification of information provided on this application; and authorize the references listed above to give you all pertinent information concerning my previous employment; and release all parties from all liability for any damage that may result from furnishing same. In consideration of my employment, I agree to conform to the rules and regulations. I further agree that either I or the Company may terminate my employment with or without cause and with or without prior notice, at any time. Finally, I understand that no representative of the Company other than an Executive Officer has the authority to enter into any agreement for employment for any specified period or time, or to otherwise alter the foregoing.

Signature

Date

ARRIS KOLLMAN TRUCKING, INC.  
DBA/LITTLE CREEK ROCK QUARRY  
PO BOX 106  
ABERDEEN WA 98520

Telephone (360) 432-8330  
Telephone (360) 532-0351  
Fax (360) 532-0424

---

---

AUTHORIZATION FOR CONSUMER REPORT  
DISCLOSURE AND RELEASE

In connection with my application for employment (including contracts for services) with ARRIS KOLLMAN TRUCKING, INC., I understand that consumer reports which may contain public record information may be requested from a third party agency. These reports may include: names and dates of previous employers; reason for termination; work experience; accident history; credit; criminal records from state, federal and other agencies who maintain such record; and driving records.

I authorize, without reservation, any party or agency contacted by ARRIS KOLLMAN TRUCKING, INC., or any agency representing them, to furnish the above-mentioned information.

If I am hired, or if I am a current employee of the company, this authorization shall serve as an ongoing authorization for the company to obtain consumer reports at any time during my employment or contract period.

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_

SS#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

---