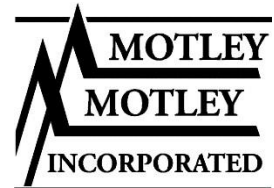




APPLICATION FOR EMPLOYMENT

6901 SR270 Pullman, WA 99163
office@motleymotley.com
509-872-3511 EXT 1



SELECT WHICH COMPANY YOUR ARE APPLING FOR



NAME: _____

DATE: _____

Valid Driver's License? Yes / No License # _____ State _____
Commercial Driver's License? Yes / No Class _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

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

INSTRUCTIONS - PLEASE READ

This is a general employment application required for all jobs. As the hiring process continues, you may be asked to provide a more detailed survey of your qualifications as they relate to a specific job or an additional authorization for release of information.

PERSONAL INFORMATION			
Present Street Address			
City		State	Zip
Mailing Address (if different from above)			
City		State	Zip
Home Telephone Number	Cell Phone Number	Emergency Contact Number	Email Address
Can you provide documentation you can be lawfully employed in the U.S.? Yes No			Are you at least 18 years of age? Yes No
Have you applied here before? Yes No		Have you ever been employed by this company before? Yes No	
If yes, dates of employment and in what position?			
Are You Currently Employed? Yes No		Salary Compensation Desired: / hr	
Position applied for: Laborer	Operator	Driver	Date available to start:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you done this kind of Work before? Yes No			

EDUCATION					
	School Name, State	Dates Attended		Degree & Major	GPA
High School					
College/Univ.					
Trade/Other					

EMPLOYMENT HISTORY			List past 10 years minimum(attach Add'l)		
Name of Organization			From/To:		
Type of Business or Industry					
Your job title(s) & Duties					
Your starting pay: \$	Your ending pay: \$	Reason for leaving:			
Name of Organization			From/To:		
Type of Business or Industry					
Your job title(s) & Duties					
Your starting pay: \$	Your ending pay: \$	Reason for leaving:			
Name of Organization			From/To:		
Type of Business or Industry					
Your job title(s) & Duties					
Your starting pay: \$	Your ending pay: \$	Reason for leaving:			
Name of Organization			From/To:		
Type of Business or Industry					
Your job title(s) & Duties					
Your starting pay: \$	Your ending pay: \$	Reason for leaving:			
Name of Organization			From/To:		
Type of Business or Industry					
Your job title(s) & Duties					
Your starting pay: \$	Your ending pay: \$	Reason for leaving:			

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 dismissal if hired.

I authorize this employer to investigate my background thoroughly, 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 test that may be required by the employer. I understand that the refusal to submit to testing will result in my disqualification for employment with this organization.

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 documentation proving my eligibility to work in the United States, and that failure to do so voids any offer of employment.

Applicant's Name (please print)

Signature of Applicant
By adding electronic signature, you are signing this Application electronically. You agree your electronic signature is the legal equivalent of your manual/handwritten signature on this Application.

Today's date

EMPLOYMENT APPLICATION
Equal Opportunity Employer

Thank you for your interest in working for us! Please review these important features of our hiring process:

1. Applications are accepted only when an opening within the organization exists.
2. Applications are active for 60 days or until the current hiring process is closed.
3. Applicants may be asked to review information about our mission, our high standards for employees and specific job requirements, and certify your understanding, before applying.
4. Due to the volume of applications received, we cannot notify each and every applicant not selected. Only those selected for further interviews will be contacted.
5. In some cases, internal candidates are considered alongside external applicants.
6. This application does not guarantee an interview or offer of employment.
7. All job offers may be contingent on satisfactory completion of background investigation, drug screen and a fitness for duty assessment. Job offers are not final until confirmed in writing.
8. Our employees deserve the best co-workers possible. Therefore we reserve the right to hire the best qualified person for the job.

Please initial and date after reading the hiring process above:



Motley-Motley, Inc / Pre-Mix, Inc (MMI/PMI)

Health Insurance Eligibility

INTRODUCTION

As a condition of your employment at MMI/PMI you may be, over time, eligible to receive health insurance benefits which are currently offered to those employees who qualify.

Employment Classification

Employees of MMI/PMI are classified as either "eligible" or "ineligible" for health insurance benefits based on our internal policies which all employees must abide by.

Measurement Period

As a new employee of MMI/PMI you are currently being placed within our standard "measurement period" where we will closely monitor your hours worked over the next 3 consecutive months of your employment to determine your eligibility for health insurance benefits. This measurement period will begin upon your initial hire date. At the end of the 3 month measurement period you will be notified of your eligibility for company sponsored health insurance and will be given the opportunity to enroll should you choose to do so. Therefore during the next consecutive 3 months, you will be ineligible for our company sponsored health insurance plan and may want to consider an individual health insurance option for yourself and/or your family.

In order to assist you find a suitable health insurance option for yourself and/or your family we have resources to help. Among your many potential options, you may want to consider the Washington State Health Benefit Exchange. www.wahbexchange.org. You may qualify for subsidies to help offset the costs of your health insurance plan.

ACKNOWLEDGMENT

I acknowledge that I have received a copy of the MMI/PMI eligibility policy for health insurance benefits.

I am aware that I am currently "ineligible" for health insurance benefits and will fall within a "measurement period" that will commence from the start date of my employment.

I also am aware that MMI/PMI, at any time, may on reasonable notice, change, add to, or delete from the provisions of the company policies.

DISCLOSURE REGARDING BACKGROUND CHECK

MMI/PMI may obtain information about you for employment purposes from a third-party consumer reporting agency. This information may include but is not limited to, your criminal history, motor vehicle records, verification of employment, education, professional licenses, and other records as allowed by law.

The Company will only request information relevant to the position for which you are applying and in compliance with the Washington Fair Chance Act (RCW 49.94), the Fair Credit Reporting Act (FCRA) (15 U.S.C. § 1681), and applicable local ordinances.

You have the right to request additional disclosures and a summary of your rights under the FCRA.

Employee's Signature

By adding electronic signature, you are signing this Application electronically. You agree your electronic signature is the legal equivalent of your manual/handwritten signature on this Application.

Date

****COMPLETE ONLY IF APPLING FOR A CDL DRIVER POSITION****

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

SECTION 1

AUTHORIZATION

I, _____, hereby authorize:

Previous Employer: _____ (Print Name) _____ (First, M.I., Last) _____ Email: _____

Street Address: _____ Phone: _____

City, State, Zip: _____ Fax: _____

to release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substance Testing records within the previous 3 years from _____

(Date of Employment Application)

to: **Motley-Motley, Inc. / Pre-Mix, Inc**
6901 SR270
Pullman, WA 99163

CONFIDENTIAL FAX: 888-900-5766
CONFIDENTIAL EMAIL: jolene@motleymotley.com

In compliance with 49 CFR §§40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

→ _____ ←
Applicant's Signature By adding electronic signature, you are signing this Application electronically. You agree your electronic signature is the legal equivalent of your manual/handwritten signature on this Application. _____ Date _____

This information is being requested in compliance with 49 CFR §§ 40.25 and 391.23.

SECTION 2

ACCIDENT HISTORY

The applicant named above was employed by us. Yes No

Employed as _____ from (mm/yy) _____ to (mm/yy) _____

Did he/she drive motor vehicle for you? Yes No If yes, what type? Straight Truck Tractor/Semitrailer Bus

Cargo Tank Doubles/Triples Other (Specify) _____

ACCIDENTS: Complete the following for any accidents included on your accident registrar (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here if there is no accident register data for this driver.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____

Printed Name: _____ Signature: _____
Title: _____ Date: _____

SECTION 3

DRUG AND ALCOHOL HISTORY

If driver **was not** subject to Department of Transportation testing requirements while employed by this employer, please check here .

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person refused to submit to post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this person committed other violations of Subpart B or Part 382 or Part 40? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If this person has violated a DOT drug and alcohol regulation, did this person fail to undertake or complete a program prescribed by a Substance Abuse Professional (SAP) in your employ If yes, please end documentation back with this form. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? | <input type="checkbox"/> | <input type="checkbox"/> |

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown above.

Name: _____
Company: _____
Street: _____
City, State, Zip: _____ Phone: _____
Section 3 completed by (Signature) _____ Date: _____

SECTION 4

MODE OF COMMUNICATION

This form was sent to previous employer via (check one) Fax Mail Email Other _____
By _____ Date: _____

SECTION 5

RECEIPT INFORMATION

Complete the following when the requested information is obtained.

Information received from _____
Recorded by: _____ Method: Fax Mail Email Phone
Date: _____ Other _____