



West Coast Materials

EMPLOYMENT APPLICATION

West Coast Materials is 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 preference, or physical or mental disability.

Instructions

Drivers should direct this application to one of the following locations and hiring managers.

<u>WCSG Location</u>	<u>Contact Name</u>	<u>Phone Number</u>	<u>Fax Number</u>
BUENA PARK	JOHN R STRUIKSMA	800-522-0282	714-562-2758
PALM SPRINGS	JOE OROZCO	866-923-4772	760-399-5939
SAN DIEGO	MIKE WILLINGHAM	800-266-2837	619-561-3916
SACRAMENTO	JR SYBESMA	800-734-3053	916-386-8179
OAKDALE	DON VAN VLIET	209-847-3054	209-847-6274
VISALIA	JIM OLIVER	559-802-1150	559-802-1155

All other inquiries should be directed to mike@wcs.com

APPLICATION FOR EMPLOYMENT

West Coast Materials, Inc.

AFFILIATES:

Material Sales Unlimited
 Resource Building Materials
 Sunrise Ready-Mix
 Valley Building Materials
 WC Logistics

WC Management
 WC Wood Industries
 West Coast Aggregates
 West Coast Sand & Gravel

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PERSONAL				
Last Name	First Name	Middle Name	Application Date	
Have you ever used another name? <input type="checkbox"/> YES <input type="checkbox"/> NO. 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: _____ _____			Social Security #	Home Telephone #
Street Address: _____			Cell Phone #	
City: _____ State: _____ Zip _____			Email address	
			Are you at least 18 years old? <input type="checkbox"/> YES <input type="checkbox"/> NO	
			If under 18, do you have a work permit? <input type="checkbox"/> YES <input type="checkbox"/> 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
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? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, for what Position? _____	Have you ever been employed by West Coast Materials or its affiliates before? <input type="checkbox"/> YES <input type="checkbox"/> 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 <input type="checkbox"/> YES <input type="checkbox"/> 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.? <input type="checkbox"/> YES <input type="checkbox"/> NO	Will you be able to perform the essential job functions for the position you are applying for <input type="checkbox"/> YES <input type="checkbox"/> NO			
If hired, will you be able to work overtime? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have adequate and reliable transportation to and from work? <input type="checkbox"/> YES <input type="checkbox"/> 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

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 \$ _____
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. (DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE ACKNOWLEDGMENT AND AGREEMENT).

Print Full Name _____

Signature _____ Date _____

PRE-EMPLOYMENT INQUIRY RELEASE-NON DOT

In connection with, and for the duration of my employment (including contract for services) with you, I understand that investigative background inquiries are to be made on myself including consumer, criminal, driving, and other reports. This information will, in whole or in part, be obtained from California Drug Testing Associates (CDTA), Your National Compliance Solution, 9275 Sky Park Court, Suite 105, San Diego, CA 888.908.2382. These reports will include information as to my character, work habits, performance and experience along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information from various federal, state and other agencies which maintain records concerning my past activities relating to my driving, credit, civil and other experiences as well as claims involving me in the files of insurance companies. This also may be used to obtain worker's compensation records.

Please Print Clearly

First Name

Middle Name

Last Name

Alias/Maiden Name (s)

Current Address

City

State

Zip

Driver's License Number

State

*Date of Birth

Social Security Number

*Date of Birth is being requested in order to obtain accurate retrieval of records.

I authorize, without reservation, any party or agency contacted by this employer to furnish the above mentioned information.

Applicant's Signature

Date

Name of Prospective Employer

Please check here to have a copy of your consumer report sent directly to you. Applicants may receive a copy from either the prospective employer or CDTA.

Notice to California Applicants

Under Section 17896.22 of the California Civil Code, you have the right to request from CDTA, upon proper identification, the nature and substance of all information in its files on you, including the sources of information, and the recipients of any reports on you which CDTA has previously furnished within the two-year period preceding your request. You may view the file maintained on you by CDTA during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services. Upon making a written request, you may receive a summary report via telephone.

