



# DELTA SAND & GRAVEL CO. DELTA CONSTRUCTION CO.

999 DIVISION AVENUE | EUGENE, OREGON 97404 | PHONE (541) 688-2233 | FAX (541) 688-8610  
CCB# 62971

## APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Delta Sand & Gravel and Construction is an Equal Opportunity Employer/Affirmative Action Act and will receive applicant consideration of employment without regard race, religion, color, sex (including pregnancy and gender identity), sexual orientation, parental status, national origin, age, disability, family medical history or genetic information, political affiliation, military service, or any other protected category under applicable state and or federal laws.

Position(s) Applying For \_\_\_\_\_

Date: \_\_\_\_\_

1.		
2.		
3.		
4.		
Type of Employment Desired	<input type="checkbox"/> Full Time	<input type="checkbox"/> Seasonal <input type="checkbox"/> Full Time or Seasonal

### Personal Information

Last Name		First Name		Middle Int.
Address		City	State	Zip
Primary Phone	Alternate Phone			
Email Address				

Have you ever been employed by?	Delta Sand & Gravel Co. <input type="checkbox"/> YES <input type="checkbox"/> NO	Delta Construction Co. <input type="checkbox"/> YES <input type="checkbox"/> NO
IF "YES", Give Date(s)	Position(s)	Reason for Leaving
Are you 18 years of age or older to work in this industry?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you willing to work overtime if needed?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you willing to work Saturday or weekend work if needed?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have a valid and current Driver's License?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Can you perform the essential functions of this job with or without accommodations?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Additional Comments [if needed]		

**EMPLOYMENT HISTORY**

<b>Employer</b>						<b>Dates Employed</b>		
<b>Address</b>				<b>Phone</b>			<b>From</b>	<b>To</b>
<b>City</b>			<b>State</b>			<b>Zip Code</b>		
<b>Job Title</b>			<b>Immediate Supervisor &amp; Title Name</b>			<b>Reason for Leaving</b>		
<b>Summarize the Nature of Work Performed and Job Responsibilities</b>								
<b>Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR) while employed?</b>								
						<input type="checkbox"/> YES	<input type="checkbox"/> NO	
<b>If "yes", was your job designated a safety-sensitive function subject to the Drug and Alcohol Testing Requirements of 49CFR 40?</b>								
						<input type="checkbox"/> YES	<input type="checkbox"/> NO	

<b>Employer</b>						<b>Dates Employed</b>		
<b>Address</b>				<b>Phone</b>			<b>From</b>	<b>To</b>
<b>City</b>			<b>State</b>			<b>Zip Code</b>		
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<b>Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR) while employed?</b>								
						<input type="checkbox"/> YES	<input type="checkbox"/> NO	
<b>If "yes", was your job designated a safety-sensitive function subject to the Drug and Alcohol Testing Requirements of 49CFR 40?</b>								
						<input type="checkbox"/> YES	<input type="checkbox"/> NO	

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<b>Address</b>				<b>Phone</b>			<b>From</b>	<b>To</b>
<b>City</b>			<b>State</b>			<b>Zip Code</b>		
<b>Job Title</b>			<b>Immediate Supervisor &amp; Title Name</b>			<b>Reason for Leaving</b>		
<b>Summarize the Nature of Work Performed and Job Responsibilities</b>								
<b>Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR) while employed?</b>								
						<input type="checkbox"/> YES	<input type="checkbox"/> NO	
<b>If "yes", was your job designated a safety-sensitive function subject to the Drug and Alcohol Testing Requirements of 49CFR 40?</b>								
						<input type="checkbox"/> YES	<input type="checkbox"/> NO	

<b>Provide additional information that may be pertinent to the job you're applying for.</b>								
<b>List reason(s) for any gaps in employment.</b>								
<b>May we contact your current &amp; previous employers?</b>						<input type="checkbox"/> YES	<input type="checkbox"/> NO	
<b>If "NO", please explain.</b>								

**EDUCATION / TRAINING [Including Apprenticeships and Specialized Training]**

Type of School	Name & Location	Course of Study	Number of Years Completed	Did you Graduate?		
				Diploma	Degree	Major
High School (GED)						
Trade / Technical						
College / University						
Certification ( s )						

**EXPERIENCE: Please Identify you have in the Following Areas**

TRUCK DRIVING POSITIONS	TYPE OF EQUIPMENT	DURATION OF EXPERIENCE	
		Years	Months
Tractor – Trailer			
Dump Truck			
Ready Mix Truck			
Boom Truck			
Truck n Pup			
Water Truck			
Other			

**EXPERIENCE: Please Identify you have in the Following Areas [continued]**

EQUIPMENT OPERATOR POSITIONS	TYPE OF EQUIPMENT	DURATION OF EXPERIENCE	
		Years	Months
Backhoe			
Bobcat			
Crusher			
Dozer			
Farm Tractor			
Forklift			
Loader			
Motor Grader			
Packer (tractor)			
Paver			
Paver/Shovel			
Roller			
Screen Plant			
Wash Plant			
Asphalt plant			
LABOR POSITIONS	TASKS	Years	Months
Laborer (common)			
Laborer ( concrete)			
Laborer ( gravel)			
Laborer (paving)			
Flagger		Certification	<input type="checkbox"/> YES   <input type="checkbox"/> NO
Raker			
Carpenter			
MAINTENANCE	POSITIONS	Years	Months
Electrician			
Mechanic			
Parts Department			
Welding		License Type	

OTHER	POSITIONS	Years	Months
Estimator			
Drafting			
Dispatch			
Clerical			
Purchasing			
Pile Driver -		Underground Pipe	
Summarize any additional training, skills, licenses and /or certifications that may qualify you as being able to perform job-related functions in the position(s) for which you are applying for.			

**PROFESSIONAL REFERENCES [do not list relatives or previous supervisors listed above]**

NAME	ADDRESS	RELATIONSHIP	PHONE
1.			
2.			
3.			
DRIVERS LICENSE NUMBER	STATE	CLASS	
<b>I authorize Delta Sand &amp; Gravel and Delta Construction to access my driving record:</b>			
<b>SIGNATURE:</b>		<b>DATE:</b>	

**AFFIDAVIT- APPLICANT'S STATEMENT**

**I understand and agree that:**

Although management makes every effort to accommodate individual preferences, business need may at any time make the following conditions mandatory: overtime, shift work, weekend work, or evening work.

I understand that if I am employed in an "at will" state, Delta can change wage, benefits and employment conditions at any time. Employment with this organization is considered an "at will" state, the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.

If a job offer is made by the company, I agree to submit to a post-offer, pre-employment drug screening test as a condition of employment. I understand that an offer of employment is conditioned upon the results of said testing being satisfactory to the company.

I understand that any misrepresentation, material omission, or false/misleading information supplied on my application or during my interview may result in the cancellation of this application or my immediate termination of employment.

My signature authorizes Delta to make such investigation and inquiries of my personal, employment and other related matters as may be necessary in arriving at an employment decision.

I hereby release employers, schools or persons from all liability in rendering to inquiries in connection with my application. I authorize said companies, schools or persons named in this employment application to release information regarding my employment, academic records, character and qualifications.

I authorize said companies to release information from DOT regulated drug & alcohol testing records. I authorize release of alcohol tests, positive drug tests, refusal to test, other violations of DOT agency regulations, and documentation of competition of the return-to-duty following a rule violation, any other information obtained from previous employers of a drug & alcohol rule violation.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49CFR 391.23(d) and (e).

I understand that I have the right to review information provided by current previous employers, have errors in the if information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer, and have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

I understand the nothing contained in this employment application or in the granting of an interview creates a contract between Delta and me for employment or for any other benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon **Delta Sand & Gravel and Construction**.

If a conditional offer of employment is extended to me by **Delta Sand & Gravel and Construction**, I understand I may be asked to authorize a background check, which may include a motor vehicle, criminal, education and employer verification and/or a credit check based on the position for which I am being considered.

**I have read and understand the above. I also certify that answers given herein are true and complete to the best of my knowledge.**

Applicant's Signature

Date

**PLEASE COMPLETE IF APPLYING FOR A POSITION THAT REQUIRES DRIVING A COMPANY VEHICLE**

**AFFIDAVIT TO AUTHORIZE RELEASE OF EMPLOYMENT DRIVING RECORD  
WITH DRUG TEST RESULT INFORMATION**

<b>Complete all information on form:</b>		
<b>1. Mail completed form to:</b> <b>2. or Fax to: 541-688-8610</b>	<b>DELTA SAND AND GRAVEL CO.</b> <b>ATTN: HUMAN RESOURCES</b> <b>999 DIVISION AVE</b> <b>EUGENE , OR 97404</b>	
<b>I, _____, of _____</b> <small>Print Name <span style="margin-left: 200px;">Print Address</span></small>		
<b>Authorize the release of my employment driving record including drug test result to be reported to Delta Sand and Gravel Co.</b>		
<b>Driver's License Number</b>	<b>State of Issue</b>	<b>Date of Birth</b>

**Applicants Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The information below will be used where applicable for request concerning your driving record to comply with DOT and state regulations.

	State of Issue	License #	Type	Endorsement	Expiration Date
<b>List All Unexpired Driver Licenses</b>					

Have you EVER been denied a license, permit, or privilege to operate a motor vehicle?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Has any license, permit or privilege EVER been suspended or revoked?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you EVER been disqualified subject to Section 391 of the Federal Motor Carrier Safety Regulations?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you EVER tested positive, adulterated a sample or refused a drug or alcohol test?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you EVER had an alcohol test with a result of 0.04 or higher?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If any of answer to the above questions (A-E) is yes, please explain:		

**Please list all commercial and private motor vehicle accidents for the past 3 years.**

	DATES	NATURE OF ACCIDENT (HEAD ON, REAR-END, UPSET, ETC.)	INJURIES / FATALITIES
<b>LAST ACCIDENT</b>			
<b>NEXT PREVIOUS</b>			
<b>NEXT PREVIOUS</b>			

IF NO VEHICLE ACCIDENTS TO REPORT, PLEASE CHECK HERE:  NO

IF NO TRAFFIC VIOLATION TO REPORT, PLEASE CHECK HERE:  NO

**PLEASE LIST ALL TRAFFIC VIOLATION ON YOUR RECORD DURING THE PAST 3 YEARS**

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED

(Including revocation, suspension or withdrawal of an operator's license, but no parking violations)

ADDITIONAL INFORMATION

VOLUNTARY SELF-IDENTIFICATION FORM FOR APPLICANTS

The company is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites applicants to voluntarily self-identify their race or ethnicity along with protected Veteran status. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Form with fields for Name (Last | First | Middle), Phone #, Gender (Female, Male), Address, City, State, and Zip Code.

ETHNIC BACKGROUND: (CHECK ONE)

- White (not Hispanic or Latino) - A person having origins in any of the original peoples or Europe, the Middle East, or North Africa.
Black or African American (not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.
American Indian or Alaskan Native (not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America...
Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
Native Hawaiian or Other Pacific Islanders (not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
Two or More Races (not Hispanic or Latino) - All persons who identify with more than one of the above five races.

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974 as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212(VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment:

- Disabled Veteran: A Veteran of the U.S. Military, ground, naval or air service who is entitled to compensation ( or who but for the receipt of military retired pay would be entitled to compensation ) under laws administered by the Secretary of Veterans Affairs OR a person who was discharged or released from active duty because of a service - connected disability.
Recently Separated Veteran: Any Veteran during the three-year period beginning on the date of such Veteran's discharge or release of active duty in the U. S. Military, ground, naval, or air service.
Active duty wartime or campaign badge Veteran: A Veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
Armed Forces service medal Veteran: A Veteran who, while serving on active duty in the U.S. military, ground, naval or air service participated in a United States military operation for which Armed Forces service medal was awarded pursuant to Executive Order 12985.

Veteran Status: If you believe you belong to any of the categories of protected Veterans listed above, please indicate by checking the appropriate box below. As a government contractor subject to VEVRAA, we request this information to measure the effectiveness or the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

- I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE.
I AM NOT A PROTECTED VETERAN.

Protected Veterans may have additional rights under USERRA-the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty of not for the absence due to service. For more information, call the U. S. Department of Labor's Veteran Employment a Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

**HOW DID YOU HEAR TO US?**

<input type="checkbox"/> Newspaper Ad (name of newspaper)	<input type="checkbox"/> Private Placement Firm (name)	<input type="checkbox"/> State Agency   Workforce Agency (name)
<input type="checkbox"/> School Placement Office (name)	<input type="checkbox"/> Website: deltasg.com	<input type="checkbox"/> Employee Referral (provide name)

**OTHER**

<input type="checkbox"/> Name of Referral Source	
<input type="checkbox"/> Disabled Individual Referral Source	
<input type="checkbox"/> Minority Referral Source	
<input type="checkbox"/> Veteran Referral Source	
<input type="checkbox"/> Female Referral Source	
<input type="checkbox"/> Social Media (Facebook, Twitter, LinkedIn, Indeed)	

Applicant's Signature	Applicant's Name (print)	Date of Application
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An Equal Opportunity Employer/Affirmative Action employer. All qualified and qualifiable applicants will receive consideration for employment without regard to race, color, religion, gender, national origin, gender identity, disability, age, marital status, protected Veteran status, creed, status with regard to public assistance, sexual orientation, or any other protected category under applicable state/federal law.

-Confidential Information – Return to Human Resources Department-