



WE ARE AN EQUAL OPPORTUNITY EMPLOYER

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

TO ALL APPLICANTS,

Please remove this letter from the application and take it with you. It is yours to keep and refer to.

Thank you for applying to Halme Construction, Inc. We are happy you have chosen us as your prospective employer; you have made an excellent choice. As an applicant, it is natural for you to have a number of questions concerning the careers available, pay, benefits and what we expect from you as an applicant as well as, what you may expect from Halme Construction, Inc. You will hopefully find the answers to most of your questions in this letter. This letter explains our procedures for the initial application process.

CAREERS AVAILABLE AT HALME CONSTRUCTION, INC.

Halme Construction, Inc. has numerous positions on staff such as Laborers, Equipment Operators, Flaggers, Mechanics, Fuelers, Office and Management Staff who keep our projects running smoothly. The benefits are excellent, and the rate of pay is determined by industry standards, experience and education levels.

OUR APPLICATION PROCESS – WHAT YOU CAN EXPECT FROM US

1. To be treated fairly, with professionalism and respect. Halme Construction, Inc. is an equal opportunity employer.
2. Equal access to programs, services and employment. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a Human Resources Representative.
3. We consider applications to be active for 90 calendar days from the date we receive it.
4. We **receive** all applications, but we do not **accept** incomplete applications, or applications that are unreadable. So please print or type neatly on the application form.
5. We review all current received applications when a position becomes available. During this review we accept or reject applications for the position based on completeness and listed experience as related to the open position. Applications that are incomplete or unreadable will not be further considered, nor will the applicant be contacted.

STARTING TOWARDS A NEW CAREER – WHAT WE EXPECT FROM YOU

The first step is to fully complete your application for employment. We do not accept resumes' alone, but they may be attached to your application. If your application is accepted, **you will be contacted** by phone or mail for your initial testing and interview. **Please do not** call us. **We will contact** all applicants whose applications were accepted.

The initial testing / interview process is usually held at our main facility. If you are selected for this process, you will typically test / interview with numerous other applicants. Interviews are conducted by Halme Construction, Inc. Human Resources staff or other employees selected for the task. Successful applicants should expect their references to be contacted and may be invited for a secondary interview when a position becomes available. The secondary interview may result in a conditional offer of hire and pre-employment screenings for selected candidates.

Pre-Employment drug testing is required for all positions. Employment will require transfer to different work locations based on the location of our projects and employee assignment. This may include overtime, night, weekends and/or holiday hours. In accordance with Federal law, proof of identity and proof of authorization to work in the United States is required upon employment.

Our application process is lengthy and intensive for a reason; we intend to hire the best qualified applicants who share a desire for successful and rewarding careers at Halme Construction, Inc.

Jason Halme, President
Halme Construction Inc.



EMPLOYMENT APPLICATION

8727 W HWY 2 #100
 Spokane, WA 99224
 (509) 725-4200 – Office
 (509) 624-1523 – Fax
www.halmeconstruction.com

E-Mail: hr@halmeconstruction.com

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

IMPORTANT: This application must be **FULLY COMPLETED** for consideration. Do not leave any question or information block unanswered. If you do not know an answer to a question, write UNKNOWN in the block. If a question does not apply to you, place an N/A in the answer block. You may attach a resume to this application, but resumes alone will not be considered for employment.

SECTION 1) APPLICANT INFORMATION:

Position Applied for: Please choose one. <input type="checkbox"/> Carpenter <input type="checkbox"/> Iron Worker <input type="checkbox"/> Laborer <input type="checkbox"/> Laborer/Operator <input type="checkbox"/> Heavy Equipment Operator <input type="checkbox"/> Traffic Control <input type="checkbox"/> Mechanic <input type="checkbox"/> Fueler <input type="checkbox"/> Administrative/Office <input type="checkbox"/> Supervisory/Management <input type="checkbox"/> Pipe layer <input type="checkbox"/> Truck Driver		Application Date:
Date Available for Work:	Type of Employment Desired: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary: Date from _____ to _____ <input type="checkbox"/> Educational Co-Op	

Last Name:	First Name	Middle Initial	
Home Address:			
City:	State:	Zip Code:	
Mailing Address: (If different)			
City:	State:	Zip Code:	
Home Phone:	Cell Phone:	E-Mail Address:	

Past Addresses

	Street	City	State & Zip Code	How Long?
1				
2				
3				
4				

(Attach Sheet if More Space is Needed)

1. Are you under 18? **Yes** **No**

If yes, can you provide a minor work authorization? **Yes** **No** **N/A**

If you cannot furnish a minor work authorization, please explain why: _____

2. Are you now or have you previously been employed by Halme Construction, Inc.? **Yes** **No**

If yes, give position and dates: _____

3. If asked, can you provide proof of eligibility to work in the United States? **Yes** **No**

4. Are you able to meet attendance requirements which may include overtime, week-ends and nights? **Yes** **No**

5. Have you been convicted of a crime in the last seven (7) years? **Yes** **No** If yes, please attach an additional page with explanation.

Note: A conviction will not necessarily be a bar to employment. Each instance and explanation will be considered in relation to the position for which you are applying.

SECTION 2) EMPLOYMENT HISTORY:

1. **Have you ever been terminated or asked to resign from any job?** **Yes** **No**
If Yes, please explain the circumstances on a separate sheet and attach it to this application.

2. **Please explain fully any gaps in your employment history on a separate sheet and attach it to this application.**

Starting with your present employer, please account for your past work experience for the last ten (10) years. Please attach any supplemental information you think might be useful. However, be sure to fill out the application fully. You are responsible for ensuring that the contact information requested is accurate and complete. **DO NOT MARK THE APPLICATION "SEE RESUME"**.

Job Title:		Start Date:	End Date:
Employer Name:		Phone:	
Employer Address:			
Supervisor Name, Title and contact phone number:			
Co-worker Name, Title and contact phone number:			
Co-worker Name, Title and contact phone number:			
Starting Hourly Rate/Salary:	Ending Hourly Rate/Salary:	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please explain on a separate sheet.	
Reason for leaving:			
Nature of Work Performed and Job Responsibilities:			

SECTION 2) EMPLOYMENT HISTORY (continued)

Job Title:		Start Date:	End Date:
Employer Name:		Phone:	
Employer Address:			
Supervisor Name, Title and contact phone number:			
Co-worker Name, Title and contact phone number:			
Co-worker Name, Title and contact phone number:			
Starting Hourly Rate/Salary:	Ending Hourly Rate/Salary:	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please explain on a separate sheet.	
Reason for leaving:			
Nature of Work Performed and Job Responsibilities:			

Job Title:		Start Date:	End Date:
Employer Name:		Phone:	
Employer Address:			
Supervisor Name, Title and contact phone number:			
Co-worker Name, Title and contact phone number:			
Co-worker Name, Title and contact phone number:			
Starting Hourly Rate/Salary:	Ending Hourly Rate/Salary:	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please explain on a separate sheet.	
Reason for leaving:			
Nature of Work Performed and Job Responsibilities:			

SECTION 2) EMPLOYMENT HISTORY (continued)

Job Title:		Start Date:	End Date:
Employer Name:		Phone:	
Employer Address:			
Supervisor Name, Title and contact phone number:			
Co-worker Name, Title and contact phone number:			
Co-worker Name, Title and contact phone number:			
Starting Hourly Rate/Salary:	Ending Hourly Rate/Salary:	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please explain on a separate sheet.	
Reason for leaving:			
Nature of Work Performed and Job Responsibilities:			

Job Title:		Start Date:	End Date:
Employer Name:		Phone:	
Employer Address:			
Supervisor Name, Title and contact phone number:			
Co-worker Name, Title and contact phone number:			
Co-worker Name, Title and contact phone number:			
Starting Hourly Rate/Salary:	Ending Hourly Rate/Salary:	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please explain on a separate sheet.	
Reason for leaving:			
Nature of Work Performed and Job Responsibilities:			

SECTION 2) EMPLOYMENT HISTORY (continued)

Job Title:		Start Date:	End Date:
Employer Name:		Phone:	
Employer Address:			
Supervisor Name, Title and contact phone number:			
Co-worker Name, Title and contact phone number:			
Co-worker Name, Title and contact phone number:			
Starting Hourly Rate/Salary:	Ending Hourly Rate/Salary:	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please explain on a separate sheet.	
Reason for leaving:			
Nature of Work Performed and Job Responsibilities:			

If you need additional space for employment history of the last ten years, please attach a separate sheet using the same format. Please ensure that each of the questions asked are answered in the same order.

SECTION 3) EDUCATION, TRAINING, CERTIFICATES & LICENSES

Do you have a high school diploma, GED or equivalent? Yes No

List all schools attended, except elementary and middle schools:

Name of School	Location of School	Specify Degree or Certificate Earned

Do you have a valid driver's license?

Yes No

Note: A valid driver's license is required for positions where vehicle or equipment operation is an essential job duty.

List all valid drivers' licenses, flagger certifications or other government issued licenses you currently have.

State	License Number	Type	Date of Expiration

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Approx. # of Miles (Total)
		To	From	
Straight Truck				
Tractor/Semi-Trailer				
Tractor/2 Trailers				
Other				

Accident Record for Past Three (3) Years or More (Attach Sheet If More Space is Needed)

Dates	Nature of Accident (Head-on, Rear-End, Upset, Etc.)	Fatalities	Injuries

Traffic Convictions and Forfeitures for the Past Three (3) Years (Other Than Parking Violations)

Location	Date	Charge	Penalty

(Attach Sheet if More Space is Needed)

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

B. Has any license, permit or privilege ever been suspended or revoked? Yes No

If The Answer to Either A or B is Yes, Attach a Statement Giving Full Details

SPECIAL SKILLS / QUALIFICATIONS:

List any special skills or qualifications you may possess:

MACHINERY / EQUIPMENT OPERATING SKILLS

List any specialized machinery or equipment that you can operate. Please include any certification dates and the names and contact numbers of the person(s), company or agency that provided the training:

SECTION 4) REFERENCES:

A. List two (2) **PERSONAL** references who know you well enough to provide current information about yourself. **DO NOT** list relatives or former employers as personal references. These persons should be aware that they may be contacted by Halme Construction, Inc. as a part of the application process.

YOU ARE RESPONSIBLE FOR ENSURING THAT THE REFERENCE INFORMATION IS FULLY COMPLETED AND ACCURATE.

1) NAME: _____ PHONE NO: _____
RELATIONSHIP: _____
EMAIL ADDRESS: _____
MESSAGE PHONE: _____ YEARS KNOWN: _____

2) NAME: _____ PHONE NO: _____
RELATIONSHIP: _____
EMAIL ADDRESS: _____
MESSAGE PHONE: _____ YEARS KNOWN: _____

B. List three (3) **BUSINESS / PROFESSIONAL** references that know you and your work style, or work habits well enough to provide current information about you. These persons can include co-workers, supervisors, landlords or other business contacts. These persons should be aware that they may be contacted by Halme Construction Inc. as a part of the application process.

1) NAME: _____ PHONE NO: _____
COMPANY NAME: _____
BUSINESS ADDRESS: _____
TITLE: _____ YEARS KNOWN: _____
RELATIONSHIP: _____

2) NAME: _____ PHONE NO: _____
COMPANY NAME: _____
BUSINESS ADDRESS: _____
TITLE: _____ YEARS KNOWN: _____
RELATIONSHIP: _____

3) NAME: _____ PHONE NO: _____
 COMPANY NAME: _____
 BUSINESS ADDRESS: _____
 TITLE: _____ YEARS KNOWN: _____
 RELATIONSHIP: _____

**DECLARATION AND CERTIFICATE OF UNDERSTANDING
 &
 PERMISSION TO OBTAIN INFORMATION**

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I give Halme Construction, Inc., (hereinafter referred to as employer) the right to contact and obtain information from all references, current and former employers, and educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and other representatives from seeking, gathering and using such information and all other persons, corporations or organization for furnishing such information.

I understand that the employer does not unlawfully discriminate in employment and no questions on this application will be used for the purpose of limiting or excusing any application from consideration for employment on a basis prohibited by local, state or federal law.

I understand that this application is current for only 90 calendar days. At that time, if I have not heard from the employer and still wish to be considered for employment, I will be required to fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or defined duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that such assurances must be in writing and signed by an authorized officer.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA. I also understand that if I need some form of accommodation to complete this application it is my responsibility to notify the employer.

I also understand that if I am offered a position with employer, I will be required to provide proof of identity, legal work authorization, and pass a pre-employment drug test, and a non-discriminatory physical assessment screen as a condition precedent to my employment by employer.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant:	Date:
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Application Survey

Halme Construction, Inc. is evaluating our recruitment efforts. We are requesting your assistance in completing the following survey so we can improve our recruiting efforts. Thanks!

How did you learn about Halme Construction, Inc.?

- Halme Construction, Inc. Web Site
- Advertisement or Publication. Please specify:
 - Craigslist / Indeed
 - Job Site Sign
 - Other Publication: _____
- Organization or School. Please specify: _____
- Referred by Halme Construction, Inc. Employee: If so, who? _____
- Walk in
- Work Source

Equal Employment Opportunity

Halme Construction, Inc. is an equal opportunity employer. We would like your assistance in our record keeping, reporting, and other legal requirements. Providing this information is voluntary and will not be used by Halme Construction, Inc. in making any decisions related to your employment with the company.

- Black (not of Hispanic origin) – All persons having origins in any of the Black racial groups of Africa.
- Hispanic, of Cuban, Mexican, Puerto Rican, Central or South American or other Spanish culture or origin regardless of race.
- White (not of Hispanic origin) – All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- American Indian or Alaskan Native – All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.
- Asian or Pacific Islander – All persons having origins in any of the original peoples of the Far East, Southeast Asia, Indian Subcontinent or the Pacific Islands.

Sex:

- Male Female

Disability:

Are you an individual with a disability? No Yes If Yes, please explain disability:

Veteran:

No Yes Military Branch: _____

Active From: _____ thru: _____



Background Screeners — of America —

18344 Oxnard St. Suite #101
Tarzana, CA 91356
Tel: 866-570-4949 | Fax: 866-570-5656
clientservices@wescreenusa.com

Disclosure And Authorization For Consumer Reports

Disclosure

In connection with my application for employment (including contract or volunteer services) or application for tenancy with Halme Construction, Inc., at 8727 W. Hwy 2 #100 Spokane, WA 99224, I understand consumer reports will be requested by you ("Company"). These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, reason for termination of employment, work experience, reasons for termination of tenancy, former landlords, education, accidents, licensure, credit, etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, judgments, bankruptcy proceedings, evictions, criminal records, etc., from federal, state, and other agencies that maintain such records.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work or tenant performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

Authorization

I hereby authorize procurement of consumer report(s) and investigative consumer report(s) by Company. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for Company to procure such reports at any time during my employment, contract, or volunteer period. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information.

This authorization is conditioned upon the following representations of my rights:

I understand that I have the right to make a request to the consumer reporting agency: Background Screeners of America ("Agency"), 18344 Oxnard Street, Ste. 101, Tarzana, CA 91356, telephone number 866-570-4949, upon proper identification, to obtain copies of any report furnished to Company by the Agency and to request the nature and substance of all information in its files on me at the time of my request. The request includes the sources of information and the Agency, on Company's behalf, to provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to Company obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency's privacy policy at their website: www.wescreenusa.com

California, Minnesota and Oklahoma Residents:

I understand that if the Company is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report Company receives on me at the time the report is provided to Company. By checking the following box, I request a copy of all such reports be sent to me. Check here:

I have read and I understand this page.

.....→

_____ Applicant Initials

California Applicants:

As a California applicant, I understand that I have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 a.m. to 5:00 p.m. (PTZ) Monday through Friday) to obtain all information in Agency's file for my review. I may obtain such information as follows: 1) In person at the Agency's offices, which address is listed above. I can have someone accompany me to the Agency's offices. Agency may require this third party to present reasonable identification. I may be required at the time of such visit to sign an authorization for the Agency to disclose to or discuss Agency's information with this third party; 2) By certified mail, if I have previously provided identification in a written request that my file be sent to me or to a third party identified by me; 3) By telephone, if I have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in my file to me and if the file contains any information that is coded, such will be explained to me.

New York Applicants:

I understand that if I am applying for employment in New York, that I have the right to receive a copy of Article 23-A of the New York Correction Law _____(initial if this applies).

Washington Applicants:

I understand that if the report is provided to an employer in the State of Washington, that I can contact the following office for more information regarding my rights under Washington state law in regard to these reports: State of Washington Attorney General, Consumer Protection Division, 800 5th Ave, Ste. 2000, Seattle, Washington 98104-3188, (206) 464-7744.

Please complete all of the fields below:

I understand that I have rights under the Fair Credit Reporting Act and I acknowledge receipt of the Summary of Rights.

Last Name:	First:	Middle: Please check box if you do not have a middle name. <input type="checkbox"/>
Social Security #:		Date of Birth:
Email: (This is a required Field)		
Current Address:		Previous Address:
Street:	Street:	
Apt or Unit #:	Apt or Unit #:	
City: State: Zip:	City: State: Zip:	
Drivers Lic. #:		State Issuing:
Former Name/Alias:		

X _____
Applicant Signature

Date: _____