



3 Kings Environmental, Inc.
PO Box 280
Battle Ground, WA 98604
Ph. (360) 666-5464 | Fax (360) 666-8202

Employment Application
An Equal Opportunity Employer

APPLICANT INFORMATION

Date: _____ Position Applied For: _____

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State Zip Code*

SSN: _____ DOB: _____

Phone: _____ Email: _____

Are you over 18? Yes No

Are you a citizen of the US? Yes No

If not, what type of Visa do you have? _____

Have you worked for 3 Kings, Inc. before? Yes No

Do you have any relatives employed by 3 Kings, Inc.? Yes No

If yes, list their name, location, and department: _____

Shift availability: Days Swing Graveyard Weekend

Languages you: Speak Read Write _____

Please check what type of work you are seeking:

- General Labor CDL Driver
- Asbestos Abatement Labor Equipment Operator
- Environmental/Hazmat Office/Administrative/Accounting
- Union Dispatched

By submitting this application, you acknowledge that you understand the physical demands of the type of work checked above, that any physical restrictions you have must be identified in writing prior to employment, and that you must provide a written statement of restrictions from a physician. Please refer to the last page of this application for physical requirements for each job type.

Initial that you have read the above statement _____

EDUCATION/TRAINING HISTORY High School Diploma GED

School	Name of School and Location	Graduated?	Degree Received/Major Year
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate Work		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Training (Significant job-related training, seminars):			

MILITARY HISTORY

Have you had previous military experience? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what country and branch of service?	
Date of Entry:	Separation:	Highest rank attained:	Honorable Discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No
Major duties performed:			

MOST RECENT EMPLOYMENT

Name of Employer:		Employer's address:		Phone number:	
Kind of Business:		Supervisor's Name and Phone Number:			
List the number of employees you supervised and list their job type:		Supervision / Leadwork (Check all that apply) <input type="checkbox"/> Assigning and Reviewing work <input type="checkbox"/> Handling Disciplinary problems <input type="checkbox"/> Rating Work Performance			
From (M/Y):	To (M/Y):	Total time in current or last position:	Your Job Title:		
Reason for Leaving:					
Duties (List all duties you performed)					

NEXT MOST RECENT EMPLOYMENT

Name of Employer:		Employer's address:		Phone number:	
Kind of Business:		Supervisor's Name and Phone Number:			
List the number of employees you supervised and list their job type:		Supervision / Leadwork (Check all that apply) <input type="checkbox"/> Assigning and Reviewing work <input type="checkbox"/> Handling Disciplinary problems <input type="checkbox"/> Rating Work Performance			
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Reason for Leaving:				
Duties (List all duties you performed)				

PROFESSIONAL REFERENCES

In addition to the employers previously listed, please provide 3 work-related or professional references.

Name: Address: Phone No.:	What is your professional relationship?
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PROFESSIONAL CERTIFICATES AND LICENSES HELD

List all Drivers Licenses Classes, Special Training Certificates and Professional Certifications which you currently hold.

Name: Number:	Name: Number:
Name: Number:	Name: Number:
Name: Number:	Name: Number:

APPLICANT AGREEMENT

Please read the following statements carefully, initial next to each one where indicated, and sign on the bottom.

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. No facts or circumstances that would affect the use of this record have been knowingly withheld. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered later.

Initial here: _____

I understand that my employment can be terminated, with or without cause, at any time at either the company's or my discretion. I understand that no management official other than the president of the company has any authority to enter into any agreement contrary to the foregoing or make any oral assurance or promise of continued employment.

Initial here: _____

I understand the requirements of the job and I grant my prospective employer or agent full authority to verify information I have provided via drivers records criminal corrections, index and register files.

Initial here: _____

I authorize persons, schools and previous employees and organizations named in this application (and accompanying resume, if any) to provide any relevant information that may be required to arrive at an employment decision.

Initial here: _____

I agree to release from all liabilities all persons or corporations supplying such information.

Initial here: _____

I **do** or **do not** (check one) authorize 3 Kings, Inc. to contact my previous employer(s) for the aforementioned information.

Initial here: _____

Signature

Date

APPLICANT REGISTER FORM

Name: _____

Date: _____

Position Applied For: _____

• **REFERRAL SOURCE:**

Newspaper Ad – Which Newspaper? _____

Internet

Rehire/Former Employee

Referred by Friend or Company Employee

Employment Division

Walk in/Other

• **AFFIRMATIVE ACTION INFORMATION**

Your Gender:

MALE FEMALE

Your Ethnicity:

ASIAN AMERICAN INDIAN-ALASKAN NATIVE BLACK

HISPANIC-OTHER HISPANIC-WHITE

NATIVE HAWAIIAN-PACIFIC ISLANDER WHITE

Are you a veteran?

Yes No

3 Kings, Inc. is an equal opportunity employer. The information requested is needed to comply with requirements for companies who are federal contractors and subcontractors. Although providing this information is voluntary, your cooperation is appreciated.

Physical Requirements for Job Type

Listed below are the general physical requirements by work type:

General Laborer	Lifting up to 50 lbs. Standing up to 5 hours Climbing a ladder
Asbestos Abatement	Use a respirator Lift up to 50 lbs. Standing up to 5 hours Bending over for up to 5 hours Climbing a ladder
Environmental/Hazmat	Lifting up to 50 lbs. Working with a shovel Climbing a ladder
CDL Driver	Sitting up to 5 hours Lifting up to 50 lbs. Climbing up a ladder Pushing up to 20 lbs. Pulling up to 20 lbs.
Equipment Operator	Lifting up to 5 hours Sitting up to 5 hours Climbing up a ladder Pushing up to 20 lbs. Pulling up to 20 lbs.
Office/Administrative	Sitting up to 5 hours Lifting up to 10 lbs. Climbing stairs

If you have any physical restrictions for the type of work you are applying for, you are required to list them below and provide a written statement from a physician stating you are physically able to meet these requirements.

Initial that you have read and understand the physical requirements: _____

Date: _____