



20628 Broadway Ave.  
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CURBING • STRIPING • SEAL COATING • ASPHALT REPAIR • SWEEPING • PARKING LOT MAINTENANCE • DETECTABLE WARNING SYSTEMS • ADA RETROFITS

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Application for Employment**

TILCO Vanguard Inc. is a drug free workplace. All new hires will be required to take and pass a drug test prior to employment.

Personal Information: \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
If less than 1 year at current address

Home Phone #: \_\_\_\_\_ Other Phone #: \_\_\_\_\_ Are you 18 years of age or older? (circle one) **Y / N**  
 WA Driver's License #: \_\_\_\_\_ Do you have a CDL? (circle one) **Y / N** If yes, what class? \_\_\_\_\_

**You will be required to apply for and take a test for your CDL within 60 days of employment (If you do not have a CDL)**

Do you have reliable transportation? (circle one) **Y / N**

In case of emergency, notify: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Position Desired?: \_\_\_\_\_ Date you can begin work: \_\_\_\_\_ Are you employed now? (circle one) **Y / N**

May we inquire about you with past or present employers? **Y / N** Have you applied at TILCO before? **Y / N** When? \_\_\_\_\_

**Education**

	Name & Location of School	Circle Last Year Completed				Did you Graduate?		When?	Majors?
		1	2	3	4	Yes	No		
High School	_____					Yes	No	_____	_____
	_____								
College	_____					Yes	No	_____	_____
	_____								
Trade School	_____					Yes	No	_____	_____
	_____								

**General**

Are you involved in any services or outside duties that would conflict with your work schedules? (circle one) **Y / N** If yes, explain: \_\_\_\_\_

List any special skills or training you have in general, or specifically pertaining to this job: \_\_\_\_\_

Do you have any health problems, or previous injuries that would prevent you from working here? (circle one) **Y / N** If yes, explain: \_\_\_\_\_

**References**

(Please list 5 persons not related to you)

Name	Address	Phone #	Years known	Relationship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Employment History**

(Please list your last 5 employers, starting with your most recent)

Date (Month/Year)	Company Name	Phone #	Position Held	Ending wage	Reason for Leaving
From: _____/_____/_____ To: _____/_____/_____	_____	_____	_____	_____	_____
From: _____/_____/_____ To: _____/_____/_____	_____	_____	_____	_____	_____
From: _____/_____/_____ To: _____/_____/_____	_____	_____	_____	_____	_____
From: _____/_____/_____ To: _____/_____/_____	_____	_____	_____	_____	_____

**Authorization**

I authorize TILCO Vanguard Inc. to verify all of the above, as well as any credit reports, criminal records, or any appropriate resources necessary to verify the validity of any aforementioned statements. Any inquiry necessary to substantiate same is permissible as indicated and authorized by my signature below. I understand that misrepresentation or omission of facts is cause for dismissal and further, I understand that any employment if given is for no definite period and can be terminated without any previous notice.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Consent Form For Drug & Alcohol Testing – Authorization For Release of Drug Testing Results**

Drivers License #: \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

I freely and voluntarily agree to submit to a urinalysis (drug screen) or breath test as part of my application for or continued employment. I understand that refusing to submit to the urinalysis or breath test may disqualify me from further consideration for employment or may result in termination.

I authorize the collector and laboratory to release information regarding the testing and the test results or statement showing that the test result was positive or negative to the company's designated official and MRO.

I understand that my alteration of this consent form, refusal to consent or to cooperate in the collection of urine specimens or my refusal to authorize the release of the results to the company will be grounds for termination.

I understand that a positive test result is grounds for termination or being excluded from employment consideration.

I further understand that:

- 1) All urine specimens will be tested for signs of alteration or dilution
- 2) Tampering with specimens or intentionally using any means to conceal drug or alcohol use is strictly prohibited.
- 3) Evidence of specimen tampering may result in immediate termination or revocation of any offer of employment
- 4) Specimens showing signs of dilution may not be acceptable and may result in re-testing.

**Notification Regarding Testing Concerns**

Applicants and employees are required to immediately notify the Company President if there is an unusual occurrence during the collection process that the employee (or potential employee) felt may jeopardize the credibility or accuracy of the test.

I have read and understand the above statements and consent to the collection and testing of the urine or breath specimen. I agree that a Photostat copy of this authorization is as valid and effective as the original at any time hereafter, irrespective of the date thereof. I authorize TILCO Vanguard Inc. to use any photographs, which might be taken throughout employment, to be used for advertising purposes.

I have read in full and understand the above statements and conditions of employment.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_



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## Before we can process your application,

A 3 year Driver's Abstract (dated within 6 months of submitting your application) must be attached.  
Make sure to keep a copy for your records, because we are unable to return it once submitted to us.

For your convenience, we have listed Licensing offices in the area:

Lynnwood

18023 Hwy 99 Suite E  
Lynnwood WA. 98037  
(425) 672-3406

Everett

5313 Evergreen Way  
Everett WA. 98203  
(425) 356-2967

Smokey Point

3704 172<sup>nd</sup> St. NE Suite K-1  
Arlington WA. 98223  
(360) 653-1545

Shoreline

18551 Aurora Ave. N. Suite 100  
Shoreline, WA. 98133  
(425) 670-8376

\*\* The cost for the abstract is \$10.00