

# Dawson

405 32<sup>nd</sup> Street  
Bellingham, WA 98225  
(360) 756-1000

**NOTE: PLEASE ASK IF YOU NEED ASSISTANCE COMPLETING THIS APPLICATION**

INFORMATION				
LAST NAME:	FIRST NAME:	MIDDLE IN:		
PRESENT ADDRESS:	CITY:	STATE:	ZIP:	
E-MAIL:	CELL:	HOME PHONE:		
POSITION APPLIED FOR?				
WAGE/SALARY DESIRED?		DATE AVAILABLE FOR WORK?		
AVAILABLE: <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights	APPLYING FOR: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary			
Will visa or immigration status prevent lawful employment? <input type="checkbox"/> Yes <input type="checkbox"/> No (Proof of right to work in the U.S. will be required if hired.)				
Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, employment is subject to minimum legal age requirements.)				
Do you have a Non-Compete, Non-Disclosure, or other agreement that might restrict your employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever previously applied to or been employed by this company? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes to above, please list dates & projects worked on: _____ _____ _____				
Were you known by any other name at any job or school listed on this application? What name(s)?				
At which school(s)/employer(s) were you known by this other name?				
EDUCATION				
	Name and Location of School	Years Completed	Did you graduate?	Degrees Received
High School				
College				
Trade, Business, or				
Graduate school				
HEAVY CONSTRUCTION/JOB REQUIREMENT INFORMATION				
The position you are applying for may require frequent and heavy lifting, frequent bending and stooping, walking over rough terrain, climbing and working from ladders, high level scaffolding and/or platforms, as well as, exposure to environmental hazards such as noise, dust or hazardous chemicals.				
DO YOU HAVE THE ABILITY TO PERFORM THE JOB FOR WHICH YOU ARE APPLYING, WITH OR WITHOUT REASONABLE ACCOMODATIONS? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, please explain:</i> _____				
SKILLS				
Indicate other skills, licenses, or certifications related to the position you are seeking: _____ _____ _____				

**EQUAL OPPORTUNITY EMPLOYER**

**EMPLOYMENT RECORD (INCOMPLETE APPLICATIONS CANNOT BE ACCEPTED)**

Please list your employment history below beginning with the most recent employer, include U.S. military service.

If currently employed, may we contact your employer?  Yes  No

Employer \_\_\_\_\_ City/State \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
 Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
 Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
 Duties \_\_\_\_\_

Employer \_\_\_\_\_ City/State \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
 Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
 Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
 Duties \_\_\_\_\_

Employer \_\_\_\_\_ City/State \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
 Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
 Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
 Duties \_\_\_\_\_

**PROFESSIONAL REFERENCES**

Please list three persons, other than relatives, who we may contact about your professional work experience.

Name	Years Known	Relationship	Telephone Number

I certify that the information given by me is true and complete to the best of my knowledge. I understand that if I am employed, the discovery that I gave false information during the application process may result in immediate dismissal.

I authorize the Company to which I am providing this application (Dawson Construction) and/or Asure Consulting to investigate all statements contained in this application and to request information about me from previous employers, educational institutions, and references. I expressly authorize my previous employers to provide information and opinions concerning my work and work habits. Further, I release all parties (including the Company and Asure Consulting) and persons connected with any requests for information from all claims, liabilities, and damages for whatever reason, arising out of furnishing any information. If employed, I release Dawson Construction from any liability for future references it may provide regarding my work history with the Company.

Due to the large number of applications that Dawson Construction receives, I understand the Company cannot guarantee that my application will be considered for any or all open positions they may have or that my application will be considered for any specific time.

In the event of employment, I understand that I am required to abide by all current and subsequently issued rules and regulations of the Company and that my employment may be terminated, at any time, with or without notice, by either party.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## Invitation to Self-Identify - Applicant

We are a government contractor subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. To comply with these laws, we invite you to self-identify in various categories below. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information is kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those which 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.

**PLEASE CHECK ALL APPLICABLE BOXES BELOW.** (The categories and definitions listed follow EEOC guidelines.)

**GENDER:** I belong to the following classification:

- Female                       Male                       Decline to Answer

**RACE/ETHNICITY:** I belong to the following classification:

- |   |  |
|---|--|
| <input type="checkbox"/> <u>Hispanic or Latino</u> (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.)  | <input type="checkbox"/> <u>Native Hawaiian or Other Pacific Islander ~ not Hispanic or Latino</u> (A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)   |
| <input type="checkbox"/> <u>Black or African American ~ not Hispanic or Latino</u> (A person having origins in any of the black racial groups of Africa.)   | <input type="checkbox"/> <u>American Indian or Alaskan Native ~ not Hispanic or Latino</u> (A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.) |
| <input type="checkbox"/> <u>White ~ not Hispanic or Latino</u> (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)  | <input type="checkbox"/> <u>Two or More Races ~ not Hispanic or Latino</u> (All persons who identify with more than one of the above five races.)  |
| <input type="checkbox"/> <u>Asian ~ not Hispanic or Latino</u> (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.) | <input type="checkbox"/> Decline to Answer   |

**PROTECTED VETERAN:** I belong to the following classification:

- I identify as one or more of the classifications of Protected Veterans as defined below:

**Protected Veteran** includes disabled veterans, recently separated veterans, active duty wartime or campaign badge veterans, and Armed forces service medal veterans defines as follows:

- A **disabled veteran** is one of the following:
  - 1) 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**
  - 2) a person who was discharged or released from active duty because of a service-connected disability.
- A **recently separated veteran** means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An **active duty wartime or campaign badge veteran** means 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.
- An **Armed forces service medal veteran** means 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 an Armed Forces service medal was awarded pursuant to Executive Order 12985.

I am not a protected veteran.

I decline to answer.

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Position Applied For:** \_\_\_\_\_

**How did you hear about this position:** \_\_\_\_\_

## Voluntary Self-Identification of Disability

Form CC-305  
Page 1 of 1

OMB Control Number 1250-0005  
Expires 04/30/2026

Name:  
Employee ID:

Date:

(if applicable)

### Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

### How do you know if you have a disability?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

### Please check one of the boxes below:

- Yes, I have a disability, or have had one in the past  
No, I do not have a disability and have not had one in the past  
I do not want to answer

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

### For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title:

Date of Hire: