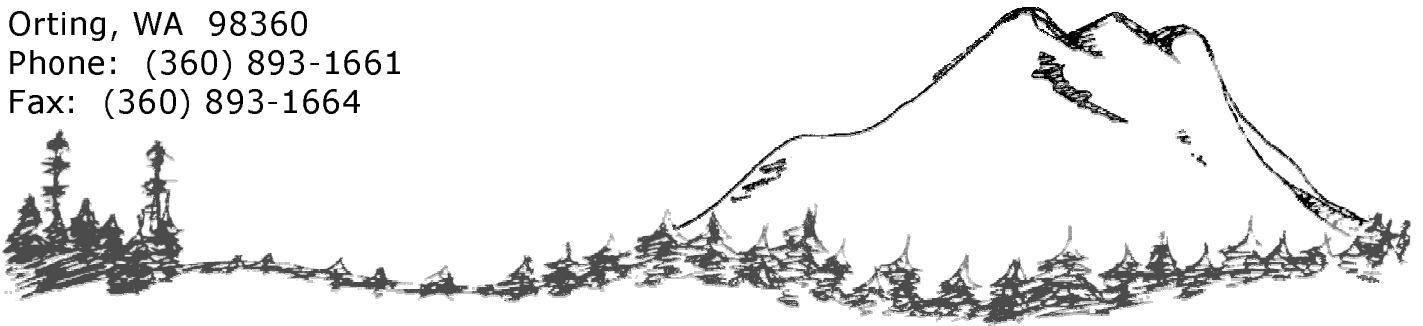


WASHINGTON ROCK QUARRIES, INC.

P.O. Box 1806
Orting, WA 98360
Phone: (360) 893-1661
Fax: (360) 893-1664



EMPLOYMENT APPLICATION

GENERAL INFORMATION					
NAME (LAST, FIRST MIDDLE)			PHONE		SOCIAL SECURITY #
ADDRESS				DATE OF BIRTH	
CITY	STATE	ZIP	DRIVERS LICENSE #		STATE
EMERGENCY CONTACT NAME				PHONE	
HAVE YOU EVER BEEN REFUSED AUTOMOBILE INSURANCE?		<input type="checkbox"/> YES <input type="checkbox"/> NO		LIST ANY AUTOMOBILE CITATIONS OR ACCIDENTS IN THE LAST 3 YEARS	
DO YOU HAVE A CURRENT FIRST AID CARD? (REQUIRED)		<input type="checkbox"/> YES <input type="checkbox"/> NO			
WILL VISA OR IMMIGRATION STATUS PREVENT LAWFUL EMPLOYMENT?		<input type="checkbox"/> YES <input type="checkbox"/> NO			
WHAT BRANCH OF THE MILITARY HAVE YOU SERVED IN? (IF APPLICABLE)			DATE ENTERED	DATE DISCHARGED	
EXPERIENCE OF TRAINING					
REFERENCES					
GIVE THE NAME OF 3 PERSONS, NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST 3 YEARS.					
NAME				PHONE	
ADDRESS			CITY	STATE	ZIP
NAME				PHONE	
ADDRESS			CITY	STATE	ZIP
NAME				PHONE	
ADDRESS			CITY	STATE	ZIP

This application for employment will be kept active for 7 days.

EDUCATION

NAME & LOCATION OF SCHOOL	YEARS COMPLETED (CIRCLE)	GRADUATE?	DEGREE RECEIVED
HIGH SCHOOL	1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE	1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
TRADE, BUSINESS	1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYMENT HISTORY

LIST MOST CURRENT EMPLOYER FIRST				
NAME OF EMPLOYER		EMPLOYMENT DATES		WAGE/SALARY
		TO		
ADDRESS	CITY	STATE	ZIP	PHONE
		REASON FOR LEAVING		
NAME OF EMPLOYER		EMPLOYMENT DATES		WAGE/SALARY
		TO		
ADDRESS	CITY	STATE	ZIP	PHONE
		REASON FOR LEAVING		
NAME OF EMPLOYER		EMPLOYMENT DATES		WAGE/SALARY
		TO		
ADDRESS	CITY	STATE	ZIP	PHONE
		REASON FOR LEAVING		

I CERTIFY THAT ALL STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT. IF ANY INFORMATION SUBMITTED IS FALSE IT COULD BE CAUSE FOR DISMISSAL. I UNDERSTAND THAT THIS APPLICATION IN NO WAY CONSTITUTES A CONTRACT OF EMPLOYMENT, AND THAT MY EMPLOYMENT IS AT THE WILL OF MYSELF AND/OR THE EMPLOYER.

SIGNATURE OF APPLICANT	DATE

Notice to Applicants of the Requirements Regarding Drug and Alcohol Testing Under U.S. DOT Rules - Federal Highway Administration.

As a prospective employee after January 1, 1996 you will be required to pass a urine drug test and test negative before a conditional offer of employment is considered final.

Notice to Non DOT Regulated Applicant of Drug and Alcohol Testing Requirements.

As a prospective employee you will be requested to provide a urine specimen subsequent to a conditional offer of employment. The urine will be examined for the presence of certain drugs which have a potential for abuse and high risk behavior at work.

If your test result is found to be positive, your conditional offer of employment will be withdrawn.

SIGNATURE OF APPLICANT

DATE