



Contracting, Inc.

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APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Pre-Employment Questionnaire - An Equal Opportunity Employer

Name: _____ Phone No: () _____

Street _____

City/State: _____ Zip: _____

You **Must** have a valid WA State Driver's License to be considered for employment.

Please list Driver's License number: _____

Are you 18 years or older? Yes No

If not, can you furnish a work permit? Yes No

Please provide us with your T-Shirt size for us to provide you with company issued t-shirts: _____

***** All candidates offered a position will be required to pass a pre-employment drug screening. *****

DESIRED EMPLOYMENT

Position: _____ Date you can start: _____

Desired Salary: \$ _____ Are you currently employed? No Yes

If so, may we inquire of your employer? No Yes - *Please provide contact info on Page 2*

How were you referred to our company?

Website Newspaper Craig's List Online Ad

Family/Friend Employment Agency Walk In Other Ad _____

EDUCATION

School Level	Name and Location of School	Years Attended	Graduated?	Subjects Studied
High School				
College				
Other				

CERTIFICATIONS:

Special Training and Certifications (examples: Forklift card, First Aid/CPR card, OSHA 10 training)

SERVICE RECORD, if any

Branch of Service: _____

Discharge Date and Rank: _____

Comments: _____

Have you been convicted of a felony within the last five years?

No

Yes

If yes, please explain (will not necessarily exclude you from consideration).

REFERENCES Below, give the names of three people you are not related to, whom you have known at least one year.

Name	Phone Number	Business/Relationship	Yrs Known
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

FORMER EMPLOYERS Below, list your last two employers, starting with the most recent first.

Name of previous employer: _____

Address: _____ City/State/Zip: _____

Phone No: () _____ Start Salary: \$ _____ End Salary: \$ _____

Start Date: _____ End Date: _____ Title: _____

Supervisor: _____ May we contact? Yes No

Description of Work/Duties: _____

Reason for leaving: _____

Name of previous employer: _____

Address: _____ City/State/Zip: _____

Phone No: () _____ Start Salary: \$ _____ End Salary: \$ _____

Start Date: _____ End Date: _____ Title: _____

Supervisor: _____ May we contact? Yes No

Description of Work/Duties: _____

Reason for leaving: _____

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information that they may have, personal or otherwise and release the company from all liability from damages that may result from the utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative."

Date

X _____
Signature of Applicant