

ELLENSBURG CEMENT PRODUCTS, INC.
APPLICATION FOR EMPLOYMENT

PLEASE PRINT

Date: _____

Name: _____ Social Sec. No _____

Street: _____

City: _____

State: _____ Zip Code: _____

Area Code: _____ Business Telephone: _____

Area Code: _____ Home Telephone: _____

How were you referred to us? _____ Newspaper ad _____ School _____ Agency
 _____ Current Employee _____ On my own _____ Other

Name of referral source: _____

CDL: _____ Yes _____ No

Over 18 _____ Yes _____ No

Please Note: This application form was designed for use by persons applying for various types of positions clerical, professional, technical, and administrative. Please answer the questions to the best of your ability. All information will be treated confidentially.

TYPE OF WORK DESIRED

Indicate the position for which you are applying: _____

Do you wish to work: _____ Full Time; _____ Part time; _____ Temporarily? If part time, specify hours of days: _____

What is your minimum *weekly* salary requirement? _____

Date available for work _____

Do you have any commitments to another employer that might affect your employment with us?

SKILLS

Typing Speed _____ word per minute; Can you transcribe machine dictation? _____

Business machines you can operate: _____

What computer experience have you had? _____

a. Level of skill? _____

b. Years of operating experience? _____

c. What software have you used? _____

d. Describe you computer operations abilities. _____

Other: _____

EDUCATIONAL DATA

School	Print Name, Number and Street, City State and Zip Code for each School Listing	No of Years Completed	Degree, Major or Type of Courses
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High School	_____	_____	_____

College	_____	_____	_____

Graduate _____
School _____

Trade, Bus., _____
Night, or Corres. _____

Other _____

MILITARY EXPERINCE

Where you in U.S. Armed Forces? _____ Yes _____ No If yes, what branch? _____

Dates of duty: From: _____ To: _____ Rank at Separation: _____

Briefly describe your duties: _____

EMPLOYMENT HISTORY

List present employer or most recent employer first (use other side of this application, if necessary).

May we contact these employers? _____ Yes _____ No

Employer 1: _____

Address: _____

Telephone: _____

Employed: From _____ Month/Year
To _____ Month/year

Supervisor's Name: _____

Your Job Title: _____

Your Salary: Start _____ End _____

Duties: _____

Reason for Leaving: _____

Employer 2: _____

Address: _____

Telephone: _____

Employed: From _____ Month/Year
To _____ Month/year

Supervisor's Name: _____

Your Job Title: _____

Your Salary: Start _____ End _____

Duties: _____

Reason for Leaving: _____

Employer 3: _____

Address: _____

Telephone: _____

Employed: From _____ Month/Year
To _____ Month/year

Supervisor's Name: _____

Your Job Title: _____

Your Salary: Start _____ End _____

Duties: _____

Reason for Leaving: _____

Employer 4: _____

Address: _____

Telephone: _____

Employed: From _____ Month/Year
To _____ Month/year

Supervisor's Name: _____

Your Job Title: _____

Your Salary: Start _____ End _____

Duties: _____

Reason for Leaving: _____

GENERAL INFORMATION

Are you a U.S. Citizen? _____ Yes _____ No If no, what type of visa do you hold? _____

Have you ever been convicted of a criminal offence? _____ Date _____ Place _____

Nature: _____

(An affirmative answer will not automatically disqualify you from being considered for employment)

Have you previously applied for employment here? _____ Yes _____ No, If yes
when? _____

Have you previously been employed by this Employer? _____ Yes _____ No, If yes,
When? _____

Are any of your relatives employed here? _____ Yes _____ No If yes please list name and
department. _____

REFERENCES (NOT EMPLOYERS OR RELATIVES – LIST AT LEAST THREE)

Name: _____
Address: _____
Occupation: _____
Telephone: _____

Name: _____
Address: _____
Occupation: _____
Telephone: _____

Name: _____
Address: _____
Occupation: _____
Telephone: _____

Name: _____
Address: _____
Occupation: _____
Telephone: _____

Person to be notified in case of emergency:

Name: _____
Address: _____
Telephone: _____

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, articles/books published, activities, accomplishments, etc. (You may exclude all information indicative of age, sex, race, religion, color, national origin, or handicap.)

OTHER EMPLOYEES

State the names of persons working for this Employer that you are acquainted with or know: _____

EQUAL OPPORTUNITY STATEMENT

Equal opportunity is the policy of this Employer and employment opportunities will NOT be limited because of race, color, religion, sex or nationality and will be so applied. This Employer affirmatively seeks to employ and advance qualified Veterans of Vietnam and disabled Veterans. Hiring promotions, lay-offs, discharge, rate of pay, training and other employment activities will be consistent with this Equal Opportunity Statement. The Employer abides by the principles of the Age Discrimination in Employment Act (ADEA) and does not unlawfully discriminate on the basis of age. This Employer complies with the Americans with Disabilities Act (ADA) and will make a reasonable accommodation to a worker or applicant with a known disability when requested to make an accommodation.

DRUG POLCY

It is the policy of this Employer to maintain a drug free work place. Employees who are observed in possession or using controlled substances (drugs) will be terminated and may have criminal actions filed against them. If you are affected by or become an abuser of drugs or alcohol you may ask for help from you supervisor.

APPLICANT SIGNATURE, AUTHORIZATION AND AGREEMENT

I the below signed, make this application as an inducement to this Employer to employ Applicant. I have read this completed application, including Equal Opportunity Statement and I certify that entries made by me are without omissions and are a full, truthful account of my present and past activities. I authorize and give the right to this Employer to make a thorough, vigorous investigation of all entries made on this form by me and other materials I have provided. By my signature I release any and all parties from any and all liabilities for any and all statements, writings, conversations or communications of any form, with this Employer regarding any entry on this application and other material I have provided. Any false or misleading statement or entry on this form and other material I have provided is cause sufficient for my immediate termination, if I am employed.

NO CONTRACT

I understand that if employed I am employed AT WILL and that no contract between myself and this Employer is created by my completion of this application, my receiving employment, my continued employment or my receiving benefit of employment of any type. No promises of any form or nature have been made to me, no guarantee of any length of employment is or shall be binding on this Employer, unless in writing. I reserve the right to terminate my employment at any time and the Employer has the same right at any time.

I agree to physical or other testing when such testing is reasonably necessary in determining job related abilities or reasonable expectation of successfully performing the job to the Employer's standards. I agree to abide by Employer's rules and policies including the prohibition against any form of sexual or other harassment of another employee or citizen. I agree to participate in Employer sponsored benefit programs. My signature certifies that I have read this application in detail and am in complete agreement with the contents.

Signature of Applicant

Date Signed

AUTHORIZATION TO RELEASE INFORMATION

1. _____ 2. _____
Print Name of Applicant Date

I authorize any person, corporation, company agency or other entity, whose name and address I provide in my application or other materials I have provided to Ellensburg Cement Products, Inc., to release information.

AUTHORIZATION

I the above named applicant, the below signed, do hereby authorize the receiving person, corporation, company or other entity to FULLY AND COMPLETELY DISCLOSE any and all facts regarding my employment, character, work habits, skills, or other employment oriented information requested by this Employer, or their agents, who bears this authorization and to whom I have provided with your Name and Address as a reference.

RELEASE

I the above applicant, the below signed, hereby RELEASE AND HOLD HARMLESS the above reference person, corporation, company or other entity receiving this release from any and all possible damages, direct or consequential, immediate or remote, or all forms or types, that I may sustain or allege to sustain by virtue of the above named person, corporation, company, or other entity from complying with my request to fully and completely comply with the investigation, inquiry or interests of this Employer to whom I have made an Application of Employment and is the bearer of this Authorization. I have given my consent to reproduce this release and such copy shall be considered to be the original for all purposes whether such copy be by photo reproduction or an electronically transmitted facsimile.

Signature

Witness

Residing at: _____
