

EMPLOYMENT APPLICATION

Ellensburg Cement Products
Po Box 938 ~ 2121 Hwy 97
Ellensburg, WA. 98926
info@ellensburgcement.com

PLEASE PRINT

Name: _____ Date: _____

Other names used: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Phone: () _____ Cell: () _____ Business: () _____

How were you referred to us?

Newspaper ad _____ Website _____
Current Employee _____ School _____
Walk in _____ Agency _____ Other _____

Name of referral source: _____

CDL: _____ Yes _____ No

Over 18: _____ Yes _____ No

TYPE OF WORK DESIRED

Indicate the position for which you are applying: _____

Do you wish to work: _____ Fulltime _____ Part time _____ Temporary

If part time, specify hours or days: _____

What is your minimum weekly salary requirement? _____

Date Available to work: _____

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

Please Note:

This application form was designed for use by persons applying for various types of positions, including but not limited to clerical, professional, technical, and administrative. Please answer the questions to the best of your ability. All information will be treated confidentially to the extent permitted by law. ECP reserves the right to terminate any employee or deny employment to any individual for making any false or misleading statements or material omission on his/her employment application.

EMPLOYMENT APPLICATION

SKILLS

Typing speed _____ words per minute

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 your computer operation abilities? _____

Other: _____

EDUCATIONAL DATA

School	Print Name, street address, state and zip code for each school	Degree, Major, or Type of Courses	No. years Completed
High School	_____	_____	_____

College	_____	_____	_____

Graduate School	_____	_____	_____

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

Other	_____	_____	_____

MILITARY EXPERIENCE

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

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

Briefly describe your duties: _____

GENERAL INFORMATION

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

Have you previously been employed with ECP? _____ Yes _____ No If yes, when? _____

Are any of your relatives employed with ECP? _____ Yes _____ No If yes, please list their name and department: _____

EMPLOYMENT APPLICATION

EMPLOYMENT HISTORY

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

Employer 1: _____

Address: _____

Telephone: _____

Employed: From: _____ To: _____ Month / Year

Supervisor name: _____ Your Job Title: _____

Duties: _____

Reason for leaving: _____

May we contact this employer? Yes No

Employer 2: _____

Address: _____

Telephone: _____

Employed: From: _____ To: _____ Month / Year

Supervisor name: _____ Your Job Title: _____

Duties: _____

Reason for leaving: _____

May we contact this employer? Yes No

Employer 3: _____

Address: _____

Telephone: _____

Employed: From: _____ To: _____ Month / Year

Supervisor name: _____ Your Job Title: _____

Duties: _____

Reason for leaving: _____

May we contact this employer? Yes No

EMPLOYMENT APPLICATION

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 ECP that you are acquainted with or know: _____

REFERENCES (NOT EMPLOYERS OR RELATIVES- LIST THREE)

Name: _____

Address: _____

Occupation: _____ Telephone: () _____

Name: _____

Address: _____

Occupation: _____ Telephone: () _____

Name: _____

Address: _____

Occupation: _____ Telephone: () _____

Emergency Contact

Name: _____

Address: _____

Telephone: () _____

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EQUAL OPPORTUNITY STATEMENT

Equal opportunity is the policy of this Employer and employment opportunities will NOT be limited because of race, color, religion, sex, nationality or any other protected status. This Employer affirmatively seeks to employ and advance qualified Veterans and disabled Veterans. Hiring, promotions, lay-offs, discharged, rates 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 in accordance with applicable law.

DRUG POLICY

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. This Employer also prohibits employees from working while under the influence of alcohol or controlled substances. If you are affected by or become an abuser of drugs or alcohol you may ask for help from your supervisor.

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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 provided 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 referenced person, corporation, company or other entity receiving this release from any and all possible damages, direct or consequential, immediate or remote, of 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 the original for all purposes whether such copy be by photo reproduction or an electronically transmitted facsimile.

Signature

Witness

Residing at: _____
