



APPLICATION FOR EMPLOYMENT

DATE ___ / ___ / ___

NAME _____
LAST FIRST MIDDLE

SOCIAL SECURITY NO. _____
DATE OF BIRTH ___ / ___ / ___

PERSONAL INFORMATION

STREET/MAILING ADDRESS

CITY STATE ZIP

DAYTIME TELEPHONE NUMBER EVENING TELEPHONE NUMBER

PERSON TO NOTIFY IN CASE OF EMERGENCY

NAME RELATION

STREET/MAILING ADDRESS

CITY STATE ZIP

DAYTIME TELEPHONE NUMBER EVENING TELEPHONE NUMBER

POSITION(S) APPLIED FOR _____

WHO REFERRED YOU? _____

EDUCATION

	NAME/CITY, STATE	HIGHEST LEVEL COMPLETED	DEGREE AND MAJOR
HIGH SCHOOL			
COLLEGE			
GRADUATE SCHOOL			
TRADE SCHOOL			

WORK HISTORY

PLEASE LIST PREVIOUS POSITIONS, BEGINNING WITH MOST RECENT.

EMPLOYER		FROM	___/___/___
ADDRESS		TO	___/___/___
CONTACT PERSON		JOB TITLE	
PHONE NUMBER		SALARY	
JOB DUTIES			
REASON FOR LEAVING			

EMPLOYER		FROM	___/___/___
ADDRESS		TO	___/___/___
CONTACT PERSON		JOB TITLE	
PHONE NUMBER		SALARY	
JOB DUTIES			
REASON FOR LEAVING			

EMPLOYER		FROM	___/___/___
ADDRESS		TO	___/___/___
CONTACT PERSON		JOB TITLE	
PHONE NUMBER		SALARY	
JOB DUTIES			
REASON FOR LEAVING			

REFERENCES

NAME	OCCUPATION	ADDRESS	TELEPHONE

Is there anything you wish to add -special skills, training, etc.?

Are you over 18 years of age? YES ___ NO ___

Can you submit a work permit if under 18 years of age? YES ___ NO ___

Have you ever been convicted of a felony or misdemeanor? YES ___ NO ___

Do not include minor traffic violations. A conviction will not necessarily bar employment. All factors involved will be considered. If yes, when and where?

Any job offer may require or be contingent upon passing a physical examination and or drug test. You may also be required to submit proof of U.S. citizenship.

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, financial, or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to comply with all rules and regulations of Hat Creek Construction and Materials, Inc. In addition, I understand that employment with Hat Creek Construction & Materials, Inc. is "at will" and that termination of employment without prior notice can occur with or without cause.

DATE

APPLICANT'S SIGNATURE