

CASCADE BRIDGE, LLC

14215 NW 3rd Court, Vancouver, WA 98685
PH (360) 737-6576 . FAX (360) 737-6579

APPLICATION FOR EMPLOYMENT

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, or other protected classification.

Name _____ Date _____

Address _____
street city state zip

Telephone number _____ Are you over 18 years old? Yes No

Are you authorized to work in the U.S. on an unrestricted basis? Yes No

How did you learn of this opening? _____

Have you worked here before? Yes No

Have you been told the essential functions of the job or have you been shown a copy of the job description listing the essential functions of the job? Yes No

Can you perform these essential functions with or without reasonable accommodation? Yes No

Are there any hours, shifts or days you cannot or will not work? _____

Shift preferred _____ Part-Time _____ Full-Time _____

Are you willing to work overtime as required? Yes No

Do you have a valid driver's license? Yes No If yes, in what State? _____

Have you ever been convicted of a felony? Yes No (Conviction will not necessarily disqualify an applicant for employment.) If yes, describe conditions: _____

EDUCATION	NAME & LOCATION OF SCHOOL	YEAR GRADUATED	MAJOR	DIPLOMA/ DEGREE
High School				
College/Univ.				
College/Univ.				

Other Training/Education

In addition to your work history (reverse side), what other experiences, skills or qualifications would especially fit you for work with our company?

POSITIONS APPLIED FOR 1. _____ 2. _____

Wage or salary desired? \$ _____ When can you start? _____

WORK HISTORY

May we contact your present employer? Yes No

Most Recent Employer			Address	Telephone
Date Started	Starting Salary: \$	Per	Starting Position	
Date Left	Salary on Leaving: \$	Per	Position on Leaving	
Name and Title of Supervisor				
Description of Duties			Reason for Leaving	
Previous Employer			Address	Telephone
Date Started	Starting Salary: \$	Per	Starting Position	
Date Left	Salary on Leaving: \$	Per	Position on Leaving	
Name and Title of Supervisor				
Description of Duties			Reason for Leaving	
Previous Employer			Address	Telephone
Date Started	Starting Salary: \$	Per	Starting Position	
Date Left	Salary on Leaving: \$	Per	Position on Leaving	
Name and Title of Supervisor				
Description of Duties			Reason for Leaving	
Previous Employer			Address	Telephone
Date Started	Starting Salary: \$	Per	Starting Position	
Date Left	Salary on Leaving: \$	Per	Position on Leaving	
Name and Title of Supervisor				
Description of Duties			Reason for Leaving	

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the Company to make an investigation of any of the facts set forth in this application.

I understand that employment at this Company is "at will," which means that either I or the Company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager or executive of the Company, other than the president has any authority to alter the foregoing.

Date _____ Applicant's Signature _____

APPLICANT INFORMATION



All persons shall have the opportunity to obtain employment without discrimination because of race, creed, color, national origin, ancestry, sex, age, or disability.

As a federal contractor and/or subcontractor, Cascade Bridge, L.L.C. is obligated to compile statistical data on the status of job applicants. To help us comply with federal/state equal opportunity recordkeeping, reporting, and other legal requirements, please answer the questions below.

This Applicant Information form will be kept in a confidential file separate from any attached application for employment.

Completion of this form is strictly voluntary. Refusal to complete this form will have no bearing on employment opportunities.

ANSWER ALL QUESTIONS

PLEASE PRINT

Date:

Position(s) Applied For:

Age: Under 18 Yes No

Sex: Male Female

Race/Ethnic Group:

White

Black

Hispanic

American Indian/Alaskan Native

Asian/Pacific Islander/Indian Subcontinent

Referral Source:

Walk-In

Employee Referral

Employment Agency

Advertisement

State Employment Office

Miscellaneous

-----OFFICE USE ONLY-----

Disposition:

Hired

Qualified – Refused Offer: Money

Qualified – Refused Offer: Better Opportunity

Qualified – Refused Offer: Other

Not Qualified - Education

Not Qualified – Experience/Skills

Not Qualified - Other

Application No.:

Social Security No.:

