Infrastructure Technology Solutions Application for Employment

This application form is intended for use in evaluating your qualifications for employment. Cascade Lumber and Manufacturing is an equal opportunity employer and does not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the company. After an offer of employment, and prior to reporting to work, you may be required to submit to a drug screen and medical examination by a medical professional designated by the company.

Applicant name:			Date:	
Position(s) applied for:				
Address: (Street/PO BOX)				
(Street/PO BOX)		(City)		(Zip Code)
Telephone #:	So	ocial Security #:		
Type of employment desired:				
Date you will be available to start w				
Are you able to meet the attendance requirements?			Yes	No
Do you have any objection to working overtime if necessary?			Yes	No
Can you travel if required by this position?			Yes	No
Have you ever been previously employed by our organization?			Yes	No
Can you submit proof of legal employment authorization and identity?			Yes	No
If you are under 18, can you furnish a work permit if it is required?			Yes	No
Have you ever been convicted of a				No
If yes, please explain (a conviction	will not automat	ically bar employme	ent):	
Driver's license number (if driving	is an essential jo	ob duty):		
How were you referred to us?				
Employment History				
Please provide all employment info	rmation for your	nast five employers	e starting with the mo	net
recent. Provide your employer's con		past five employers	s starting with the me	ost
recent. Flovide your employer's con	impiete address.			
Employer:		Position held:		
Address:				
Telephone #:				
Immediate supervisor and title:				
Dates employed: from	to	Salary	<i>y</i> :	
Job summary:				
Reason for leaving:				
Employer:		Position held:		
Address:Telephone #:				
Immediate supervisor and title:				
Dates employed: from			7.	
Job summary:		Saiai	y ·	
Reason for leaving:				
Reason for leaving.				
Employer:		Position held:		
Address:				
Telephone #:				
Immediate supervisor and title:				
Dates employed: from	to	Salary	v:	
Job summary:				
Reason for leaving:				

Employer:	Position held:
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Dates employed: from	to Salary:
Reason for leaving:	
Employer:	Position held:
Telephone #:	
Immediate supervisor and title:	
Dates employed: from	to Salary:
Job summary:	
Reason for leaving:	
Other Skills and Qualificat Summarize any job-related training,	ions skills, licenses, certificates, and/or other qualifications:
High school:	completed, course of study, and any degrees earned:
Technical Training:	
-	
References	
List 3 references' names, telephone r	numbers, and years known (do not include relatives).
application from all previous employers, edu- potential employer and its representatives f decisions and all other persons or orga- misrepresentation or material omission made application or immediate termination of en- employed, I acknowledge that there is no sp an agreement or contract for employment. A with or without cause, at any time, so long as is the policy of this organization not to refu- disability because of that person's need for a am employed, I will be required to provide so of being hired. Failure to submit such pr employment. I also understand that the ill requires, I am willing to submit to drug testing	o contact, obtain, and verify the accuracy of information contained in this cational institutions, and references. I also hereby release from liability the for seeking, gathering, and using such information to make employment anizations for providing such information. I understand that any eby me on this application will be sufficient cause for cancellation of this imployment if I am employed, whenever it may be discovered. If I am electrical length of employment and that this application does not constitute accordingly, either I or the employer can terminate the relationship at will, at there is no violation of applicable federal or state law. I understand that it use to hire or otherwise discriminate against a qualified individual with a reasonable accommodation as required by the ADA. I understand that if I attisfactory proof of identity and legal work authorization within three days foof within the required time shall result in immediate termination of legal use of drugs is prohibited during employment. If company policy are to detect the use of illegal drugs prior to and during employment.
Amplicant ciamatura	Doto
Applicant signature:	Date: