



EMPLOYMENT APPLICATION

DATE: _____

Personal Information: (please print)

Full Legal Name			Social Security Number ____-__-____
Address			Telephone Number
City/State/Zip			E-mail Address
Date of Birth	Date You Can Start	Are You Employed Now? <input type="checkbox"/> Yes <input type="checkbox"/> No	Alternate Telephone Number
Have you ever been employed under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what name:			
Do you possess a valid Driver's License <input type="checkbox"/> Yes : # <input type="checkbox"/> No <input type="checkbox"/> CDL#		Has your driver's license ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach detailed explanation	
Have you ever been convicted of a crime in Idaho or Washington? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach a detailed explanation		Have you ever been convicted of a crime in any jurisdiction outside of Idaho or Washington? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach a detailed explanation	
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you Applying For: <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp	Referred by:	May We Contact Present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EDUCATION AND TRAINING: Include Technical and Construction Specific Courses

Have you obtained a high school diploma or GED certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Specialized Courses & Training	Name & Location	Diploma/Degree	Subject of Specialization

PROFESSIONAL & TECHNICAL INFORMATION

WA Registration No.	Expiration Date	Certificate No.	Expiration Date
If not licensed in Washington, have you applied? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Idaho Registration No.	Expiration Date	Certificate No.	Expiration Date
If not licensed in Idaho, have you applied? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Position applying for:	Wage desired:
Hours available:	Date available:

OTHER SPECIAL SKILLS – List Other Specific Skills You Have to Offer for This Job Opening:

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REFERENCES – Give the Names of Three Persons Not Related to You

Name	Address	Telephone	Occupation

EMPLOYMENT HISTORY

Dates: From	To	Company Name	City, State
Rate of Pay: \$	/hour		
Titles and Duties –			
Reason for Leaving		Supervisor's Name	Telephone Number

Dates: From	To	Company Name	City, State
Rate of Pay: \$	/hour		
Titles and Duties –			
Reason for Leaving		Supervisor's Name	Telephone Number

Dates: From	To	Company Name	City, State
Rate of Pay: \$	/hour		
Titles and Duties –			
Reason for Leaving		Supervisor's Name	Telephone Number

The information on this application is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

CERTIFICATION AND AUTHORIZATION

I AM AWARE THAT ALL POSITIONS REQUIRE REFERENCE CHECKS AND BACKGROUND CHECKS AS PRE-EMPLOYMENT QUALIFICATIONS. I CERTIFY THAT ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT. IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSIFICATION OR OMISSION OF INFORMATION IN ANY APPLICATION, INTERVIEW(S), PERSONNEL FORMS OR ANY OTHER DARDAN ENTERPRISES, INC. DOCUMENT MAY RESULT IN THE TERMINATION OF MY EMPLOYMENT. I ALSO AUTHORIZE THE COMPANIES OR PERSONS NAMED ABOVE TO PROVIDE TO DARDAN ENTERPRISES, INC. ANY INFORMATION REGARDING MY EMPLOYMENT, CHARACTER AND QUALIFICATIONS. I HEREBY RELEASE SAID COMPANIES AND PERSONS FROM ANY AND ALL LIABILITY FOR PROVIDING THIS INFORMATION. I UNDERSTAND AND AGREE THAT MY EMPLOYMENT, IF HIRED, IS FOR NO DEFINITE PERIOD AND MAY BE TERMINATED AT ANY TIME, AT WILL, WITH OR WITHOUT CAUSE, AND/OR WITHOUT PREVIOUS NOTICE. I FURTHER UNDERSTAND THAT NEITHER THIS DOCUMENT NOR ANY STATEMENT BY DARDAN ENTERPRISES, INC. SHOULD BE UNDERSTOOD TO CREATE A CONTRACT OF CONTINUING EMPLOYMENT. AS A CONDITION OF EMPLOYMENT, I AGREE TO FULLY AND COMPLETELY COMPLY WITH ALL POLICIES AND PROCEDURES, INCLUDING, BUT NOT LIMITED TO, ADHERENCE TO THE EMPLOYEE HANDBOOK. I HEREBY ACKNOWLEDGE THAT I HAVE READ AND AGREE TO THE ABOVE STATEMENTS.

SIGNATURE

DATE