



Inland Northwest Precast

P.O. Box 610, Newman Lake, WA 99025 Phone: 509-710-2789



Employment History- A resume may be attached but is not acceptable in LIEU of completing this application. List your last ten (3) years of employers. Assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below. If more sheets are needed, additional sheets may be attached.

Last Name:	First Name:	Middle Name:
Address:	City:	State:
Zip Code:	Telephone Number: ()	

Employer	Telephone ()	Dates Employed	Summarize job duties and responsibilities
		to From	
Address		Hourly rate / Salary	
		Starting	
Your job title		\$ Per	
		Final	
Immediate Supervisor & Title		\$ Per	
Reason for leaving			

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		to From	
Address		Hourly rate / Salary	
		Starting	
Your job title		\$ Per	
		Final	
Immediate Supervisor & Title		\$ Per	
Reason for leaving			

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		Final		
Immediate Supervisor & Title		\$	Per	
Reason for leaving				

Comments (including any explanations of any gaps in employment)

Are you now or do you expect to be engaged in any other business or employment?

Yes

No

If yes, please explain

Indicate the areas in which you have experienced or can operate equipment at an efficient and productive speed

Classification	Models or Brands	Duration (years)
LOADER		
BACKHOE		
DOZER		
GRADER	Finish Yes <input type="checkbox"/> No <input type="checkbox"/>	
PAVER / SCREEN		
ROLLER		
RAKER		
LABORER		
FLAGGER	Certification Yes <input type="checkbox"/> No <input type="checkbox"/>	
CRUSHER		
ASPHALT PLANT		
MECHANIC		
WELDER	Certification Yes <input type="checkbox"/> No <input type="checkbox"/>	
CARPENTER		
CONCRETE		
CLERICAL		
DISPATCH		
ELECTRICIAN	License Type	
ESTIMATOR		
DRAFTING		
PURCHASING		
DUMP TRUCK		
TRUCK & TRAILER		
READY MIX TRUCK		
OTHER		

Summarize special skills and qualifications not listed above

State any additional information you feel may be helpful to us in considering your application.

Education

Years completed (circle) 4 5 6 7 8 9 10 11 12	College/ University 1 2 3 4	Graduate/ Professional 1 2 3 4	
	High school	College / University	Graduate / Professional
School name			
Diploma/degree			
Course of study			
Specialized Training			

Give name, address and telephone number of three references who are NOT related to you and are not previous employers.

May we contact your present employer? (if currently employed)

Yes

No

What date would you be available for work?

start date : _____

Are you willing to relocate if job requires it?

Yes

No

Are you willing to work overtime if job requires it?

Yes

No

Have you ever been convicted of a felony?

Yes

No

Such convictions may be relevant if job related, but does not bar you from employment. If yes, please explain.

CDL

Yes

No

First Aid Card

Yes

No

DRIVERS

If employed as a driver for Inland Northwest Precast, you will receive a Federal Motor Carrier Safety Regulations (FMCSR) handbook which you will be required to read and sign.

PROOF OF ELIGIBILITY TO WORK

I ACKNOWLEDGE THAT EMPLOYMENT IS CONTINGENT UPON BEING ABLE TO PROVE MY ABILITY TO LEGALLY WORK IN THE UNITED STATES.

APPLICANT'S STATEMENT

THE INFORMATION PROVIDED IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT A MISREPRESENTATION OR OMISSION BY ME ON THIS APPLICATION OR DURING THE INTERVIEW PROCESS WILL BE CAUSED FOR CANCELLATION OF THE APPLICATION OR DISMISSAL, IF EMPLOYED.

I AUTHORIZE THE COMPANY TO VERIFY THE INFORMATION CONTAINED IN THIS APPLICATION. I FURTHER AUTHORIZE AND REQUEST THAT ALL OF MY PRESENT AND FORMER EMPLOYERS AND THOSE INDIVIDUALS I HAVE LISTED AS PERSONAL REFERENCES FURNISH INFORMATION ABOUT MY EMPLOYMENT RECORD, INCLUDING A STATEMENT OF THE REASON FOR THE TERMINATION OF MY EMPLOYMENT, WORK PERFORMANCE, ABILITIES, AND OTHER QUALITIES PERTINENT TO MY QUALIFICATIONS FOR EMPLOYMENT, HEREBY RELEASING THEM FROM ANY AND ALL LIABILITY FOR DAMAGES ARISING FROM FURNISHING THE REQUESTED INFORMATION.

I ALSO UNDERSTAND THAT I WILL BE REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF EMPLOYER AS THEY NOW EXIST AND AS THEY ARE AMENDED FROM TIME TO TIME AT THE COMPANY'S SOLE OPTION. ANY OFFER I RECEIVE FROM THE COMPANY IS CONTINGENT UPON MY SUCCESSFUL COMPLETION OF THE COMPANY'S TOTAL PRE-EMPLOYMENT SCREENING PROCESS. I ACKNOWLEDGE THAT FOR CERTAIN JOBS I MAY BE REQUIRED TO SUBMIT TO PRE-EMPLOYMENT DRUG TESTING AND/OR TO TAKE A PHYSICAL. COMPLIANCE IS A REQUISITE FOR EMPLOYMENT.

I UNDERSTAND THAT I WILL NOT HAVE A CONTRACT OF EMPLOYMENT BETWEEN MYSELF AND THE COMPANY, FOR ANY SPECIFIED PERIOD OF TIME. I ALSO UNDERSTAND THAT SUBJECT TO APPLICABLE LAWS, THE EMPLOYMENT RELATIONSHIP IS AN "AT WILL" RELATIONSHIP. AS SUCH, IT MAY BE TERMINATED BY MYSELF, OR BY THE COMPANY, AT ANY TIME, FOR ANY REASON AND WITH OR WITHOUT NOTICE. THIS APPLICATION IS NOT AN OFFER OF EMPLOYMENT.

SIGNATURE OF APPLICANT

DATE