

Application For Employment

DeAtley Crushing Company

4307 Snake River Avenue
P.O. Box 759
Lewiston, Idaho 83501
208-743-6550

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

(PLEASE PRINT)

Date of Application _____

Position(s) Applied For _____

Referral Source: Advertisement Friend Relative Walk-In
 Employment Agency Other _____

Name _____
LAST FIRST MIDDLE

Address _____
NUMBER STREET CITY STATE ZIP CODE

Telephone (_____) _____ Social Security Number _____
Area Code

Are you over 18 years of age? Yes No

Have you filed an application here before? Yes No If Yes, give date _____

Have you ever been employed here before? Yes No If Yes, give date _____

Are you employed now? Yes No May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed
in this country because of Visa or Immigration status? Yes No
(Proof of citizenship or immigration status may be required upon employment.)

On what date would you be available for work? _____

Are you available to work Full Time Part-Time Shift Work Temporary

Are you on a lay-off and subject to recall? Yes No

Can you travel if a job requires it? Yes No

List any reason known to you why you might be unable to perform consistently and promptly the position(s) you have applied for.

Have you been convicted of a felony within this last 7 years? Yes No
(Conviction will not necessarily disqualify applicant from employment.)

If Yes, please explain _____

If applying for driving position, please answer the following questions:

State license number and expiration date of vehicle licensed permit, Operator# _____ Chauffer # _____ ICC # _____

Medical Card? _____

List motor vehicle accidents: _____

List all violations of motor vehicle laws other than parking during last three years _____

Has your driver's license ever been revoked or denied? Yes _____ No _____. If so, attach statement stating facts and circumstances.

REFERENCES

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

HEAVY LIFTING ACKNOWLEDGEMENT

All positions require heavy lifting, strenuous physical labor and potentially long work hours. Employees must be able to continuously lift items 50 pounds or more on a daily basis. I acknowledge that I am physically able to do the work listed above and have no physical ailments that would preclude me from performing all job duties.

Applicant Name

Applicant Signature

Date

Witness

By typing in your name in the signature area it is considered your signature and therefore you agree to the terms and conditions.

BACKGROUND CHECK AUTHORIZATION

I authorize DeAtley Crushing Company to obtain a full legal, criminal and employment history through previous employers or any law enforcement agency.

Applicant Name

Applicant Signature

Date

Witness

By typing in your name in the signature area it is considered your signature and therefore you agree to the terms and conditions.

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

1	Employer	Telephone ()	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title		Hourly Rate/Salary		
			Starting	Final	
Supervisor					
Reason for Leaving					
2	Employer	Telephone ()	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title		Hourly Rate/Salary		
			Starting	Final	
Supervisor					
Reason for Leaving					
3	Employer	Telephone ()	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title		Hourly Rate/Salary		
			Starting	Final	
Supervisor					
Reason for Leaving					
4	Employer	Telephone ()	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title		Hourly Rate/Salary		
			Starting	Final	
Supervisor					
Reason for Leaving					

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience _____

Applicant Data Record

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a **Confidential File** separate from the Application for Employment.

(PLEASE PRINT)

Date _____

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Referral Source: Advertisement Friend Relative Walk-In

Employment Agency Other _____

Name _____ Phone (_____) _____
LAST FIRST MIDDLE Area Code

Address _____
NUMBER STREET CITY STATE ZIP CODE

Affirmative Action Survey

Government agencies require periodic reports on the age, sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information is voluntary.

Date of Birth: _____

Check one:

Male Female

Check one of the following:

Race/Ethnic Group: White Black Hispanic

American Indian/Alaskan Native Asian/Pacific Islander

Education

	Elementary					High				College/University				Graduate/ Professional			
School Name																	
Years Completed: (Circle)	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe Course of Study																	
Describe Specialized Training, Apprenticeship, Skills and Extra-Curricular Activities																	

Honors Received:

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

Applicant's Statement

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 as may be necessary in arriving at an employment decision and release DeAtley Crushing Company from any and all liability concerning collection and use of information. I understand that this application is not and is not intended to be a contract of employment.

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 abide by all rules and regulations of the company.

By typing in your name in the signature area it is considered your signature and therefore you agree to the terms and conditions.

Signature of Applicant

Date

For Personnel Department Use Only

Arrange Interview Yes No

Remarks _____

Interviewer Date

Employed Yes No. Date of Employment _____

Job Title _____ Hourly Rate/Salary _____ Department _____

By _____
NAME AND TITLE DATE

This Application for Employment and Application Data Record is sold for general use throughout the United States. DeAtley Crushing Company assumes no liability for the inclusion in said form of any questions which, when asked by the employer for the job applicant, may violate State and/or Federal Law.

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open

Yes

No

Position(s) Considered For: _____

Date _____

NOTES: