



Application For Employment

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

- **A copy of a current, valid Driver's license is required with all applications**
- We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.
- **Capstone Construction** prides itself in being a **"Drug Free"** workplace. Drug testing is required upon offer of employment **and** random drug testing will be conducted on an ongoing basis.

PART 1: GENERAL INFORMATION: (PLEASE PRINT)

Position applied for: _____ Date: _____

How did you learn about us?

Advertisement__ Friend__ Walk-in__ Employment Agency__ Relative__ Other__

Name: _____

Address: _____

Telephone: Home: _____ Cell: _____ SS#: _____ - _____ - _____

E-Mail Address: _____

If you are under 18 years of age, can you provide required proof of eligibility to work? Yes__ No__

Have you ever filed an application with us before? Yes__ No__

If Yes, give date _____

Have you ever been employed with us before? Yes__ No__

If Yes, give date _____

Are you currently employed? Yes__ No__

May we contact your current employer? Yes__ No__

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status will be required upon employment) Yes__ No__

On what date would you be available for work? _____

Are you available to work: __ Full Time __ Part Time __ Shift Work __ Temporary

Are you currently on "lay off" status and subject to recall? Yes__ No__

Can you travel if a job requires it? Yes__ No__

WASHINGTON

(509) 468-4981 * FAX (509) 468-5081

Mailing: P.O. Box 388 * Nine Mile Falls, WA 99026 / Physical: 2917 E. Francis * Spokane, WA 99208

IDAHO

Office (208) 664-8038 * Fax (208) 667-3806 * P.O. Box 1728 * Post Falls, ID 83877



PART 2: BACKGROUND INFORMATION

Have you been convicted of a felony? Yes__ No__ If Yes, please explain _____

Do you have a valid WA State Driver’s License? ___Yes ___No

What is your means of transportation? _____

Driver’s License #: _____ State of issue: _____ : ___Operator _ Commercial (CDL)
Expiration Date: _____;

Have you had any accidents during the past three years? ___Yes ___No : How Many? _____

Have you had any driving violations (tickets) in the past three years? ___Yes ___No : How Many? _____

PART 3: EDUCATION AND TRAINING

SCHOOL TYPE NAME OF SCHOOL LOCATION (City & State) DEGREE: Y N DATES ATTENDED

HIGH SCHOOL _____

BUSINESS/ TECH/ VOC _____

COLLEGE/UNIVERSITY _____

OTHER (Specify) _____

Do you speak, read or write any foreign languages? ___Yes ___NO ; Which languages _____

Describe any specialized training, apprenticeship, skills and extra-curricular activities: _____

Describe any job-related training received in the United States Military: _____

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PART 4: EMPLOYMENT HISTORY – Begin with your most recent job to your first job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. List each job separately. If you need additional space, attach a separate sheet (s)

Job Title: _____ : Dates Worked from: _____ to _____ : Pay \$ _____ Per _____

Name of Employer: _____ Name of Supervisor: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone Number : (____) - _____ - _____ : Reason for leaving: _____

Duties Performed: _____

Job Title: _____ : Dates Worked from: _____ to _____ : Pay \$ _____ Per _____

Name of Employer: _____ Name of Supervisor: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone Number : (____) - _____ - _____ : Reason for leaving: _____

Duties Performed: _____

Job Title: _____ : Dates Worked from: _____ to _____ : Pay \$ _____ Per _____

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Duties Performed: _____

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List professional, trade Business or civic activities and offices held. *You may exclude membership which would reveal gender, religion, national origin, age, ancestry, disability or other protected status.*

PART 5: ADDITIONAL INFORMATION

Other Qualifications: *State any additional information you feel may be helpful to us in considering your application*

Specialized Skills: *List any equipment operated or specialized skills related to employment:* _____

PART 6: REFERENCES:

1. _____
(Name) (Phone #)
2. _____
(Name) (Phone #)
3. _____
(Name) (Phone #)

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PART 7: DATE AND SIGNATURE: *To be accepted you must sign and date this application*

I certify that the answers given herein are true and complete to the best of my knowledge. This application shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I understand that the employer follows an employment-at-will policy, in that I or the employer may terminate my employment at any time, for any reason consistent with applicable state or federal law with or without cause. I understand that this application is not a contract for employment. I understand that to be employed I must be authorized to work in the United States, and I must show the employer documents that will prove this if I am offered employment by the employer.

I understand that the company may verify the information that I have provided on this application, on related papers, and in interviews, I authorize any individuals, schools and employers listed on this application to provide any information requested about me and I release them from all liability to damages in providing this information.

I understand that false, untruthful or misleading answers are cause for the rejection of this application and/or refusal for employment to be offered and if employed, a cause for dismissal. I understand also that I am required to abide by all rules and regulations of the employer.

Date/Month/Year

Signature

_____/_____/_____

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview **Yes** **No**

Remarks

Date

Employed Yes No

Date of Hire _____

Job Title _____ Hour/Rate \$ _____ Salary \$ _____ Supervisor _____

BY: _____

Name and Title

Date

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