



Application for Employment

Please submit to: accounting@cascadecement.com
Or fax to: 616-554-5521

Name (Last, First):		Social Security #:		Date:
Address:		City:	State:	Years here:
Prior Address:		City:	State:	Years here:
Cell #:	Home #:	Referred? YES NO	By Who?:	
Email:			Are you 18 or older: YES NO	
Desired Position:		Date you can start:		Desired Salary:

	Currently employed? YES NO	If so, may we inquire of your present employer? YES NO	
	Ever applied to this company before: YES NO		When:

High School:	Years attended:	Did you graduate: YES NO	
College:	Years attended:	Did you graduate: YES NO	Major/Minor:
Trade/Business School:	Years attended:	Did you graduate: YES NO	Studied:
Special Training/Skills:			

U.S. Military/Naval Service:	Rank:
------------------------------	-------

Former Employers

Name of business:	Salary:	Position:
Duration of employment:	Reason for leaving:	
Name of business:	Salary:	Position:
Duration of employment:	Reason for leaving:	
Name of business:	Salary:	Position:
Duration of employment:	Reason for leaving:	

References

Name:	Phone #:	Years Known:	Association:
Name:	Phone #:	Years Known:	Association:
Name:	Phone #:	Years Known:	Association:

Other

Have you been convicted of a crime? YES NO	If YES, Felony Misdemeanor Both
Explain:	



Authorization

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the *Americans with Disabilities Act (ADA)* and other relevant federal and state laws.

I understand and consent that a drug and medical test will be mandatory prior to my employment and grounds for the right not to hire. I understand and consent that a consumer credit report and/or criminal background check may also be necessary prior to employment. I also understand that these reports and results will not automatically result in disqualification from employment, depending on the role I am being considered for. Finally, I understand and consent to ongoing driver's license records verifications.

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

Signature:	Date:
------------	-------

Job Applicant Interview

Date:	Applicant:	Interviewed by:
-------	------------	-----------------

Remarks:

Neatness:	(not)	1	2	3	4	5	(very)
-----------	-------	---	---	---	---	---	--------

Character:

Ability for the job:	(none)	1	2	3	4	5	(great)
Personality fit here:	(not good)	1	2	3	4	5	(great fit)

Hired: YES / NO	For Position:	Start Date:
-----------------	---------------	-------------

Salary:	Full / Part Time
---------	------------------

Approved:	Printed Name: _____
Date:	Signed: _____