



JTI COLFAX, LLC

Po Box 111 - Colfax, Wa 99111 - (509)397-4371

Application For Employment

General :

Name: _____

Address: _____

Telephone: () _____ Social Security # : _____

Date Available for Employment: _____

If employed and under 18, can you furnish a work permit? () Yes () No

Have you ever been employed by this Company? () Yes () No

Are you employed now? () Yes () No

May we contact your present employer? () Yes () No

if yes, give name: _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status () Yes () No

Type of work desired: _____

Wages Desired: _____

Do you have a valid driver's license in this state ? () Yes () No
license # _____

Can you perform the essential functions of the job(s) for which you are applying? () Yes () No

Are you available to work () Full-Time () Part-Time () Over-Time

This Company is an equal employment opportunity employer. All applicants will be considered without regard to age, color, national origin, religion, sex or other protected status in accordance with applicable federal and state equal employment opportunity laws.

Education :

	Elementary	High	College	Graduate
School Name				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Course of Study:				

Special Skills, Qualifications and Considerations :

Summarize special skills and qualifications, volunteer activities, military experience, employment or other activities related to the job you are seeking

References:

List 3 non-relatives who are familiar with your qualifications and actual work history and ability

	Name	Occupation/Relationship	Years Known	Telephone
1				
2				
3				

Employment Experience :

Start with your present or last job. List your last 4 jobs in order. Do not omit any job.

1)

	Employed	
Employer	From _____ mo/yr	Supervisors Name
Address	to _____ mo/yr	Your job position

Telephone number

Your Salary (hourly) : Starting / Ending	Duties
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What did you like most about your job?

What did you like least about your job?

Reason For Leaving: _____

2)

_____ Employer	Employed From _____ mo/yr to _____ mo/yr	_____ Supervisors Name
_____ Address		_____ Your job position
_____ Telephone number		
_____ Your Salary (hourly) : Starting / Ending		_____ Duties
_____ What did you like most about your job?		
_____ What did you like least about your job?		
_____ Reason For Leaving:		

3)

_____ Employer	Employed From _____ mo/yr to _____ mo/yr	_____ Supervisors Name
_____ Address		_____ Your job position
_____ Telephone number		
_____ Your Salary (hourly) : Starting / Ending		_____ Duties
_____ What did you like most about your job?		
_____ What did you like least about your job?		
_____ Reason For Leaving:		

4)

_____ Employer	Employed From _____ mo/yr to _____ mo/yr	_____ Supervisors Name
_____ Address		_____ Your job position
_____ Telephone number		
_____ Your Salary (hourly) : Starting / Ending		_____ Duties
_____ What did you like most about your job?		
_____ What did you like least about your job?		
_____ Reason For Leaving:		

Please Read the following statements carefully before signing this application. Only those applications that are signed and dated are considered valid. If you have any questions regarding this statement, please ask before signing.

I certify that all answers and statements I have made on this application (and resume or other supplementary materials) are true and complete without omissions. I understand that any false information will be grounds for refusal to hire or for immediate discharge if I am employed. I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character and qualifications

() Yes () No

I understand that my employment may be subject to the satisfactory results of any pre-employment examination required by the Company, including a mandatory blood and/ or urine test to detect drug usage. I will be responsible for familiarizing myself with all rules and regulations of the Company as they presently exist or are later modified. I recognize that my employment can be terminated at the discretion of the company or at my option, without notice, at any time, except as specifically set forth in writing in a current individual employment agreement.

() Yes () No

I also understand that no representative of the Company has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in a current written agreement signed by the President.

() Yes () No

I have read, understand and agree with the above.

Signature of Applicant

Date

This application is valid for only ninety (90) days from the date signed. To be considered for any job openings after the ninety (90) days, a new job application must be submitted.