

P.O. Box 1387 Sumner, WA. 98390 Ofc 253.627.1324 Fax 253.627.1397

APPLICATION FOR EMPLOYMENT

We consider applications for all positions without regard to race, color, religion, creed. national origin, age disability, marital or veteran status, sexual orientation, or any other legally protected status. WE ARE AN EQUAL OPPORTUNITY EMPLOYER.

Date			
Last Name	First Nan	ne	Middle
Address	City	State	Zip
Telephone/Cell Number		SSN	DOB
Single Married Shirt Size	Jacket S	ize	
Email Address		DOL#	Exp Date
In Case of Emergency Contact		Phone Number	
Position Applied for		Date Available to start	
Have you filed any application with	us before?		
Are you currently employed?			
May we contact your current employ	yer?		_



Employment History

Name of Company				
Address	City	State	Zip	
Phone Number				
Position Held	Wage	Dates of E	mployment	
Reason for Leaving: _				
Name of Company				
Address	City	State	Zip	
Phone Number				
Position Held	Wage	Dates of E	mployment	
Reason for Leaving:				



Employment History

Name of Company				
Address	City	State	Zip	
Phone Number				
Position Held	Wage	Dates of E	mployment	
Reason for Leaving: _				
Name of Company				
Address	City	State	Zip	
Phone Number				
Position Held	Wage	Dates of E	mployment	
Reason for Leaving:				



Employment History

Name of Company					
Address	City	,	State	Zip	
Phone Number					
Position Held	Wage	_	Dates of Empl	oyment	
Reason for Leaving: _					
Education					
High School	Location	Degree	Dates		Did you graduate?
College	Location	Degree	Dates		Did you graduate?
Technical	Location	Degree	Dates		Did you graduate?
Other Special Skills, Ce	rtificates or Educa	ation:			



Applicant's Statement: (Please Read and Sign Below)

I certify that all the employment information I included is true and correct. You have my permission to investigate all areas of my background. I also agree to take any test that would help verify or improve my knowledge or skills. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relations with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of CC Edwards Construction Inc. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an executive of the CC Edwards Construction Inc, 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 current and future rules and regulation of CC Edwards Construction Inc.

Name of Applicant (Print)

Signature of Applicant (Print)

Date

CC Edwards Construction Inc. Use:

Full Time
Part Time