

APPLICATION FOR EMPLOYMENT	DATE
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NAME (LAST, FIRST,MIDDLE) ARE YOU 18? YES NO	TELEPHONE NUMBER		
ADDRESS		MESSAGE NUMBER		
CITY,STATE, ZIP		E-MAIL ADDRESS		
ARE YOU LEGALLY AUTHORIS	ZED TO WORK IN THE UNITED STATES YESNO	Are you 18 years of age or older YES NO		
ARE YOU APPLYING FOR: FULL PART	WHAT SHIFTS WILL YOU WORK: TEMP DAYS EVENINGS NIGHTS		CONTACT FORMER EMPLOYERS YESNO	
EMPLOYMENT HISTORY- BEGIN WITH MOST RECENT EMPLOYMENT LIST 3				
1. DATE: FROM TO	COMPANY NAME	CITY, STATE	TELEPHONE NUMBER	
TITLES AND DUTIES		SALARY		
REASON FOR LEAVING	SUPERVISOR'S NAME, PHONE NUMBER			
2. DATE: FROM TO	COMPANY NAME	CITY, STATE	TELEPHONE NUMBER	
		,		
TITLES AND DUTIES		SALARY		
REASON FOR LEAVING	SUPERVISOR'S NAME, PHONE NUMBER			
3. DATE: FROM TO	COMPANY NAME	CITY, STATE	TELEPHONE NUMBER	
TITLES AND DUTIES		SALARY_		
REASON FOR LEAVING	SUPERVISOR'S NAME, PHONE NUMBER			
POSITION APPLYING FO	DR DATE YOU CAN START_	S	ALARY DESIRED	

EDUCATION/TRAINING NAME AND LOCATION OF SCHOOL NO. OF YEARS SUBJECTS STUDIED **HIGH SCHOOL** GED COLLEGE TRADE SCHOOL OR OTHER TRAINING SPECIAL SKILLS CDL FORKLIFT BOOM LIST COMPUTER SKILLS <u>US MILITARY SERVICE OR NAVAL SERVICE</u> RANK PRESENT NATIONAL GUARD SERVICE **REFERENCES** GIVE THE NAME OF THREE PERSONS NOT RELATED TO YOU NAME ADDRESS PHONE OCCUPATION

I CERTIFY THE INFORMATION ON THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

ADDRESS

PHONE NUMBER

SIGNATURE_____DATE_____

Return Completed Application to:

IN CASE OF EMERGENCY NOTIFY

NAME

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