



APPLICATION FOR EMPLOYMENT

Fill out and FAX to (206) 374-8209. CAF Main Office (425) 837-0025.

PERSONAL INFORMATION

Date: _____

Name: _____

Address: _____ Apt. No: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Email: _____

EMPLOYMENT DESIRED

Position: _____ Date you can start: _____

Hourly rate/monthly salary desired: \$ _____ Do you prefer: Full-time Part-time

If Part-time, hours per week desired: _____ Hours you are available to work: _____

Days of week you are available to work: S M T W T F S Are you available to work overtime? _____

Are you able to work: Weekends* Yes No Holidays* Yes No Nights* Yes No

** if required for the position for which you are applying*

How did you learn about this opening? _____

If applying for a currently listed position, please submit the filled position posting with this application and a copy of your resume.

EDUCATION

High School Name: _____ Graduated? Yes No

High School Location: _____ Course of Study: _____

Technical School Name: _____ Graduated? Yes No

Technical School Location: _____ Course of Study: _____

College/University Name: _____ Graduated? Yes No

College/University Location: _____ Course of Study: _____

Other Education/Training: _____ Graduated? Yes No

Other Education/Training Location: _____ Course of Study: _____

WORK EXPERIENCE

Please list **ALL** previous employment, beginning with the most recent and work backwards. If you need more room, you may attach another sheet of paper.

Employer's Name: _____ Employer's Phone Number: (____)_____

Employer's Address: _____

Employment Dates: From _____ to _____ Position Held: _____

Describe the job duties and type of equipment or tools used or operated: _____

Reason for leaving: _____ Starting Hourly Pay: \$_____ Final Hourly Pay: \$_____

Supervisor's Name & Title: _____ May we contact? Yes No

Employer's Name: _____ Employer's Phone Number: (____)_____

Employer's Address: _____

Employment Dates: From _____ to _____ Position Held: _____

Describe the job duties and type of equipment or tools used or operated: _____

Reason for leaving: _____ Starting Hourly Pay: \$_____ Final Hourly Pay: \$_____

Supervisor's Name & Title: _____ May we contact? Yes No

Employer's Name: _____ Employer's Phone Number: (____)_____

Employer's Address: _____

Employment Dates: From _____ to _____ Position Held: _____

Describe the job duties and type of equipment or tools used or operated: _____

Reason for leaving: _____ Starting Hourly Pay: \$_____ Final Hourly Pay: \$_____

Supervisor's Name & Title: _____ May we contact? Yes No

WORK EXPERIENCE CONTINUED

Employer's Name: _____ Employer's Phone Number: (____)_____

Employer's Address: _____

Employment Dates: From _____ to _____ Position Held: _____

Describe the job duties and type of equipment or tools used or operated: _____

Reason for leaving: _____ Starting Hourly Pay: \$_____ Final Hourly Pay: \$_____

Supervisor's Name & Title: _____ May we contact?

Employer's Name: _____ Employer's Phone Number: (____)_____

Employer's Address: _____

Employment Dates: From _____ to _____ Position Held: _____

Describe the job duties and type of equipment or tools used or operated: _____

Reason for leaving: _____ Starting Hourly Pay: \$_____ Final Hourly Pay: \$_____

Supervisor's Name & Title: _____ May we contact?

Employer's Name: _____ Employer's Phone Number: (____)_____

Employer's Address: _____

Employment Dates: From _____ to _____ Position Held: _____

Describe the job duties and type of equipment or tools used or operated: _____

Reason for leaving: _____ Starting Hourly Pay: \$_____ Final Hourly Pay: \$_____

Supervisor's Name & Title: _____ May we contact?

This is to inform you that as apart of our procedure for processing your employment application, the hiring company may use an independent agent or outside agency. This agent may make an investigative report, in which information is obtained through personal interviews with family members, business associates, financial sources, friends, neighbors, educational institutions, or other third parties with whom you are acquainted. By signing this document below, you are releasing any and all persons, companies, or other from any liability whatsoever for this purpose. You have the right to make a written request, within a reasonable period of time, for complete disclosure of additional information concerning the nature and scope of the investigation. I authorize investigations of all statements contained in this application. Omission of facts may result in my dismissal at any time. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without previous notice. I have read and understand the drug/alcohol policy on the reverse side of this application. I agree to undergo a medical examination, which includes a blood and urine analysis by a doctor, medical center, laboratory, hospital, or medically-qualified personnel, when requested by the company to determine whether alcohol or drugs are present in my system. I authorize the release of these test results and examination. In the event of an on-the-job injury, I authorize total release of medical records to CAF.

Signature: _____

Date: _____



DRUG & ALCOHOL POLICY STATEMENT

This is our policy regarding the use of alcohol, drugs, and possession of firearms in our workplace or off of company premises while conducting company business.

The Company recognizes alcohol and drug abuse as a potential health and safety issue and encourages employees to seek help. Voluntary efforts to seek such help, by itself, will not jeopardize any employee's job.

Employees are expected and required to report to work on time and in suitable mental and physical condition for work. It is our intent and obligation to provide a healthy, safe and drug free environment.

The manufacture, sale, distribution, possession or use of a controlled substance on company premises or while conducting company business off of company premises is prohibited. Violation of this policy will result in disciplinary action, up to and including termination and may have legal consequences.

The best interests of each employee are served when alcohol and drug abuse affecting job performance are recognized and treated as soon as possible. Everyone should feel good about working in a drug-free workplace; it is a matter of pride.

The use, possession, transportation or sale of explosives, unauthorized flammable materials, firearms, or other weapons by employees while on company premises or off of company premises while conducting company business is prohibited.

Without prior announcement other than this policy, when circumstances support reasonable suspicion, company officers and supervisors may carry out reasonable searches of individuals and their personal effects upon entry of company premises, while on company premises, off of company premises while conducting company business and when leaving company premises. Entry onto company premises or the use of company vehicle or personal vehicle while on company business constitutes consent to a search of a person and his/her personal effects, without limitation. Submission to such search of individuals, their persons, effects and vehicles is strictly voluntary. However, refusal will be considered insubordination and cause for disciplinary action, which can include dismissal from employment. The company must be sensitive to the manner in which a search is conducted, the scope of the search and the place where the search is conducted.

Employees must, as a condition of employment, abide by the terms of the above policy. Employees must report any conviction under a criminal drug statute for violations occurring on or off company premises while conducting company business. A report of a conviction must be made within five (5) days after the conviction.

Signature: _____

Date: _____