APPLICATION FOR EMPLOYMENT

CHECK ONE: DATE: _____

☐ Spokane Mfg. Plant 10507 E. Montgomery Dr. Spokane Valley, WA 99206	☐ Corporate Office 2310 N. Molter Rd. Ste. 206 Liberty Lake, WA 99019	☐ Salt Lake City Mfg. Plant 5323 Harold Gatty Drive, Bldg. 3 Salt Lake City, UT 84116	☐ Spokane Distribution Center 16311 E. Euclid Ave. Bldg. S-23 A Spokane Valley, WA 99216
☐ Boise Distribution Center 824 E. Fargo Nampa, ID 83687	☐ Auburn Distribution Center 1520 15th Street NW, Ste. 110 Auburn, WA 98001	☐ SLC Distribution Center 5281 Harold Gatty Drive Salt Lake City, UT 84116	☐

NAME:_____
LAST FIRST MIDDLE OTHER NAMES USED

ADDRESS:_____
STREET CITY/STATE ZIP

PHONE NUMBER: ( )_____
CELL PHONE #: ( )_____ EMAIL: _____

RELATIVES THAT WORK HERE:_____ REFERRED BY:_____

CAN YOU PROVIDE PROOF OF ELIGIBILITY FOR EMPLOYMENT IN THE UNITED STATES: _____ ARE YOU OVER 18?: _____ DATE YOU CAN START? _____

POSITION DESIRED: _____ PAY RANGE EXPECTED?_____

ARE YOU WILLING TO RELOCATE: _____ SHIFTS WILLING TO WORK: DAY SWING GRAVEYARD

FORMER EMPLOYEE? _____YES _____ NO IF YES, PLEASE PROVIDE DATES, LOCATION, POSITION _____

EVER APPLIED TO THIS COMPANY BEFORE?_____IF YES, WHEN, LOCATION AND WHAT POSITION?_____

HAVE YOU BEEN CONVICTED OF A **MISDEMEANOR** OR **FELONY** OR RELEASED FROM PRISON WITHIN THE LAST **TEN YEARS?**_____ IF YES, DESCRIBE IN FULL, INCLUDING DATES (EXISTENCE OF A CONVICTION RECORD WILL NOT NECESSARILY BAR YOU FROM EMPLOYMENT): _____
_____
_____

MILITARY SERVICE: BRANCH: _____ FROM: _____ TO: _____
RANK ON DISCHARGE: _____ MILITARY EDUCATION/TRAINING---MILITARY DUTIES/EXPERIENCE: _____
_____

SCHOOL	NAME AND LOCATION	GRADUATED		DATE	COURSES OR MAJOR	GPA
		YES	NO			
HIGH SCHOOL						
COLLEGE						
OTHER (SPECIFY)						

SPECIAL TRAINING, SKILLS, LICENSES OR CERTIFICATIONS (FIRST AID, MACHINES OPERATED, MEASUREMENT TOOLS, HAND TOOLS, ETC.): _____
_____
_____

COMPUTER SKILLS/SOFTWARE_____
HOBBIES AND VOLUNTEER ACTIVITIES: _____
_____

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CASCADE WINDOWS IS A DRUG FREE WORK PLACE. THERE WILL BE DRUG SCREENING PRIOR TO EMPLOYMENT

EMPLOYMENT HISTORY: LIST LAST FOUR EMPLOYERS REGARDLESS OF TIME SPAN—BEGIN WITH MOST RECENT

	COMPANY NAME		TELEPHONE ( )
	ADDRESS CITY STATE		EMPLOYED (MONTH/YEAR) FROM: TO:
	SUPERVISOR	YOUR JOB TITLE	RATE OF PAY START: LAST:
	DESCRIPTION OF DUTIES—SKILLS USED		REASON FOR LEAVING

	COMPANY NAME		TELEPHONE ( )
	ADDRESS CITY STATE		EMPLOYED (MONTH/YEAR) FROM: TO:
	SUPERVISOR	YOUR JOB TITLE	RATE OF PAY START: LAST:
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	DESCRIPTION OF DUTIES—SKILLS USED		REASON FOR LEAVING

REFERENCES: PLEASE PROVIDE NAMES AND CONTACT INFORMATION FOR WORK-RELATED PROFESSIONAL RELATIONSHIPS

NAME	PHONE NUMBER	OCCUPATION	YEARS KNOWN
1.			
2.			
3.			

I hereby affirm that the information provided on this application, and accompanying letters or resume, is true and correct. I also agree and understand that any false or misleading information or significant omissions may disqualify me from consideration for employment or result in my immediate dismissal. I authorize → Cascade Windows to investigate my background thoroughly and to make any investigations and inquiries as necessary to confirm my qualifications. I release and hold harmless all Parties, Persons, Employers, Schools and Organizations from all liability for any damages that may result from furnishing such information.
I understand that, if hired, my employment is not for any specific period or duration and is terminable at will by Cascade Windows or me at any time with or without cause. I understand this application is NOT A CONTRACT. I agree to present personal photo identification and proof of U.S. citizenship or documentation of my authorization to work and reside in the United States, promptly upon confirmation of hiring, and that failure to do so voids any offer of employment.

APPLICANT SIGNATURE:_____ **DATE**:_____
THIS APPLICATION WILL BE CONSIDERED FOR 60 DAYS, AFTER THAT, APPLICANTS MUST REAPPLY