

Lake Chelan Building Supply

PO Box 411
Manson, WA 98831

Preliminary Questionnaire For Employment Consideration

Please print and sign

Name _____

Address _____

City/ State/ Zip _____

Phone: (Home) _____ (Work) _____

Present or last place of employment _____

Address _____

City/ State/ Zip _____

Your present or last job title _____

Briefly describe your present or last job's responsibilities _____

Briefly list your work skills and abilities _____

Date _____ Signature _____

Previous Employment History

Former Employers. List below previous employers, starting with last one first.

Date	Name and Address of Employer	Phone	Salary	Reason for Leaving
to				
to				
to				
to				
to				
to	U.S. Military (Branch)	Highest Rank	Duty	Salary

If employed, are you willing to take a physical examination at company expense? Yes No

Will you agree to take a random drug test if employed? Yes No

Are you willing to take a drug screening at our expense? Yes No

Have you ever applied to this company before? Yes No Where _____ When _____

Are you now employed? Yes No Where _____

May we inquire of your past and present employers? Yes No Telephone No. _____

In case of emergency, notify: (Name, Address, Phone) _____

1. I authorize investigation of all statements contained in this application. Yes No

2. I understand that misrepresentation or omission of facts called for is cause for dismissal and that my employment is substantially dependent on truthful answers to the foregoing inquiries. Yes No

3. I have read these statements and answers to these inquiries. Yes No

As an applicant for employment with this company, I understand the following:

- This application will remain on active file for 60 days. If I am not hired within 60 days, this application is no longer active and I will need to reapply for employment if I wish to be considered for a job with this company.
- Any misrepresentation or falsification of information or significant omission will be cause for rejection of my application or for subsequent discipline up to and including dismissal from employment if discovered at a later date.
- My employment is not guaranteed for any term, and my employment may be terminated by the company or myself at any time and for any reason. No management official is authorized to make any oral assurance or promised of continued employment.
- I authorize and consent to my current and prior employers, education institutions and persons or organizations named in this application (or accompanying resume) to release any information that may be required to make an employment decision.
- My employment is contingent upon the result of a drug screening analysis for any substance abuse if Lake Chelan Building Supply chooses to exercise that option. The results of such analysis may be grounds for disqualifying me or terminating my employment.
- If I am employed, I agree to comply with and be bound by the safety and health rules and regulations and rules of conduct of the company.

Date _____ Signature _____

-----Do Not Write – Employer’s Use-----

- Employers 1. _____
2. _____
3. _____
4. _____

Remarks:

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Authorization For Release Of Personal Data

I, the undersigned, hereby authorize and request any present or former employer, educational institution, law enforcement agency, financial institution, or other persons having personal knowledge about me to furnish Lake Chelan Building Supply, and/or its agents, with any and all information in their possession regarding me, in connection with application for or retention of employment. Further, I hereby release from liability and hold harmless all persons and corporations supplying this information to this company and/or its agents. A photocopy of this authorization is as effective as the original.

Signed _____ Date _____