

APPLICATION FOR EMPLOYMENT



McDonald Excavating, Inc.
2719 Main Street
Washougal, WA 98671 Ph. (360) 835-8794

In compliance with federal and state equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non job-related medical condition or handicap.

Answer all questions. Please print legibly.

Position (s) applied for:		2. Date of application (Month/Day/Year): / /	
3. Name:			
4. Addresses for past three years (Use additional sheet if there's not enough room)			SSI No.:
Street address		Telephone	Mobile
City	State	Zip	How long?
Street address			
City	State	Zip	How long?
Are you a US citizen?			
In case of emergency notify:		Relationship:	
Address		Phone	
Have you worked for this company before?		If yes, where?	
Dates: From:	To:	Rate of pay:	Position:
Reason for leaving?			
Are you now employed?			
If not, how long since leaving last employment?			
Who referred you?		Rate of pay expected?	

PHYSICAL HISTORY

List any limitations that prevent you from performing the duties for the position you are applying for. Specify any medical waivers.
Are you physically capable of heavy manual work?
Would you be willing to take an examination?

ALL INFORMATION MUST BE COMPLETED BEFORE AN APPLICATION CAN BE CONSIDERED.

EMPLOYMENT HISTORY

ALL INFORMATION MUST BE COMPLETED BEFORE AN APPLICATION CAN BE CONSIDERED. USE ADDITIONAL SHEETS IF MORE ROOM IS NEEDED.

1. EMPLOYER			
NAME	<i>From</i>		<i>To</i>
ADDRESS	<i>Position</i>		
CITY	STATE	ZIP	<i>Wage</i>
CONTACT PERSON & PHONE		<i>Reason for leaving</i>	

2. EMPLOYER			
NAME	<i>From</i>		<i>To</i>
ADDRESS	<i>Position</i>		
CITY	STATE	ZIP	<i>Wage</i>
CONTACT PERSON & PHONE		<i>Reason for leaving</i>	

3. EMPLOYER			
NAME	<i>From</i>		<i>To</i>
ADDRESS	<i>Position</i>		
CITY	STATE	ZIP	<i>Wage</i>
CONTACT PERSON & PHONE		<i>Reason for leaving</i>	

4. EMPLOYER			
NAME	<i>From</i>		<i>To</i>
ADDRESS	<i>Position</i>		
CITY	STATE	ZIP	<i>Wage</i>
CONTACT PERSON & PHONE		<i>Reason for leaving</i>	

5. EMPLOYER			
NAME	<i>From</i>		<i>To</i>
ADDRESS	<i>Position</i>		
CITY	STATE	ZIP	<i>Wage</i>
CONTACT PERSON & PHONE		<i>Reason for leaving</i>	

Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____
 Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____
 Do you have any Child Support _____ Garnishment _____ or Other _____ YES _____ NO _____

In the past 2 years, have you tested positive, or refused to test, on a pre-employment drug or alcohol test administered by an employer where you applied for a safety sensitive position and were not hired? YES _____ NO _____

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize **McDonald Excavating and its assignees** to contact my former employers for the purpose of verifying the information I have provided. I further authorize **McDonald Excavating, Inc. and its assignees** to make any such additional inquiries that are necessary to qualify this application. I do hereby release **McDonald Excavating, Inc., its assignees and any of my former employers** from any and all liability which may result from obtaining and/or furnishing such information.

_____ (Applicant's signature)

_____ (Date)