



900 S Dayton Ave.  
 Kennewick, WA 99336  
 www.ColumbiaIndustries.com  
 (509) 582-4142

# Application for Employment

NAME LAST			FIRST			MIDDLE			DATE OF APPLICATION		
PRESENT ADDRESS (NUMBER AND STREET, CITY, STATE, AND ZIP CODE)						HOME PHONE ( )			DAYTIME PHONE ( )		
PERMANENT ADDRESS (NUMBER AND STREET, CITY, STATE, AND ZIP CODE)						PHONE ( )			E-MAIL ADDRESS		
ARE YOU 18 YEARS OF AGE OR OLDER? <input type="checkbox"/> Yes <input type="checkbox"/> No						ARE YOU A CITIZEN OF THE UNITED STATES? <input type="checkbox"/> Yes <input type="checkbox"/> No					
HAVE YOU EVER BEEN EMPLOYED BY COLUMBIA INDUSTRIES? <input type="checkbox"/> Yes <input type="checkbox"/> No						WHEN? _____ WHERE? _____					
NAMES OF RELATIVES EMPLOYED BY COLUMBIA INDUSTRIES											
HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? <input type="checkbox"/> Yes <input type="checkbox"/> No											
IF YES, INDICATE WHEN, WHERE AND DESCRIBE OFFENSE: _____											
POSITION APPLYING FOR						DATE AVAILABLE TO START					
REFERAL SOURCE :											
<b>EDUCATION</b>											
HIGH SCHOOL						LOCATION (CITY AND STATE)					
DIPLOMA OR EQUIVELENT? <input type="checkbox"/> Yes <input type="checkbox"/> No						GED <input type="checkbox"/> Yes <input type="checkbox"/> No					
INSTITUTION/COLLEGE						SCHEDULED GRADUATION					
DATES OF ATTENDANCE						MAJOR					
DEGREE COMPLETED <input type="checkbox"/> Yes <input type="checkbox"/> No											
TYPE OF EMPLOYMENT DESIRED <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary						WHAT IS YOUR DESIRED SALARY RANGE? \$ _____					
ARE YOU ABLE TO MEET THE ATTENDANCE REQUIREMENTS OF THE POSITION? <input type="checkbox"/> Yes <input type="checkbox"/> No											
WILL YOU WORK OVERTIME IF REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No						IF NO, PLEASE EXPLAIN _____					
DRIVER'S LICENSE NUMBER IF DRIVING IS AN ESSENTIAL JOB FUNCTION _____ STATE _____											
Columbia Industries is an Equal Opportunity Employer. No applicant for employment will be excluded on the basis of race, color, creed, sex, age, national origin, marital status, disabled veteran status, Vietnam veteran era status or the presence of any physical, mental or sensory disability.											
<b>MILITARY SERVICE RECORD</b>											
DATE		PRIMARY ASSIGNMENTS				MILITARY OCCUPATIONAL SPECIALITY		SKILL OR RATING	GRADE OR RANK	BRANCH OF SERVICE	
FROM	TO										

**Application for Employment (continued)**

**WORK EXPERIENCE** (USE ADDITIONAL SHEET IF NECESSARY – NEXT PAGE)

MOST RECENT EMPLOYER MAY WE CONTACT TO VERIFY?  Yes  No

ADDRESS

DATES OF EMPLOYMENT	TO				NAME OF SUPERVISOR:	PHONE NUMBER:
	MO	YR	MO	YR		

POSITION(S)

FINAL BASE SALARY	COMMISSION AND/OR BONUS	REASON FOR LEAVING:
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NAME OF COMPANY

ADDRESS

DATES OF EMPLOYMENT	TO				NAME OF SUPERVISOR:	PHONE NUMBER:
	MO	YR	MO	YR		

POSITION(S)

FINAL BASE SALARY	COMMISSION AND/OR BONUS	REASON FOR LEAVING:
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NAME OF COMPANY

ADDRESS

DATES OF EMPLOYMENT	TO				NAME OF SUPERVISOR:	PHONE NUMBER:
	MO	YR	MO	YR		

POSITION(S)

FINAL BASE SALARY	COMMISSION AND/OR BONUS	REASON FOR LEAVING:
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**ACTIVITIES/AWARDS/HONORS**

- |    |  |  |
|----|--|--|
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |
| 6. |  |  |

REFERENCES	TELEPHONE	YEARS KNOWN
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| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |

**LIST ANY ADDITIONAL INFORMATION YOU WOULD LIKE US TO CONSIDER**


<b>WORK EXPERIENCE</b>				
MOST RECENT EMPLOYER			MAY WE CONTACT TO VERIFY? <input type="checkbox"/> Yes <input type="checkbox"/> No	
ADDRESS				
DATES OF EMPLOYMENT	TO	NAME OF SUPERVISOR:		PHONE NUMBER:
MO   YR	MO   YR			
<b>POSITION(S)</b>				
FINAL BASE SALARY	COMMISSION AND/OR BONUS		REASON FOR LEAVING:	
NAME OF COMPANY				
ADDRESS				
DATES OF EMPLOYMENT	TO	NAME OF SUPERVISOR:		PHONE NUMBER:
MO   YR	MO   YR			
<b>POSITION(S)</b>				
FINAL BASE SALARY	COMMISSION AND/OR BONUS		REASON FOR LEAVING:	
NAME OF COMPANY				
ADDRESS				
DATES OF EMPLOYMENT	TO	NAME OF SUPERVISOR:		PHONE NUMBER:
MO   YR	MO   YR			
<b>POSITION(S)</b>				
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MO   YR	MO   YR			
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MO   YR	MO   YR			
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MO   YR	MO   YR			
<b>POSITION(S)</b>				
FINAL BASE SALARY	COMMISSION AND/OR BONUS		REASON FOR LEAVING:	
NAME OF COMPANY				
ADDRESS				

Employment at Columbia Industries is on an "at-will" basis and is for no definite period and regardless of the date or method of payment of wages or salary, be terminated at any time with or without cause. Other than the president of Columbia Industries, no supervisor, manager, or other person, irrespective of title or position, has authority to alter the at-will status of your employment or to enter into any employment contract for a definite period of time with you. Any agreement with you altering your at-will employment status must be in writing and signed by the President of Columbia Industries and /or Human Resources Manager.

I expressly authorize, without reservation, Columbia Industries, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that if driving is a part of the position I am applying for, I will need to obtain and submit a driving record from the Department of Motor Vehicles.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that if it is a requirement of the job to obtain the Hepatitis/Tetnus series, Columbia Industries will pay for these shots. However, should I leave the employment of Columbia Industries prior to six months, I will be required to repay a portion of that cost, and \$60 will be deducted from my last paycheck.

This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of Columbia Industries is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in written and signed by Columbia Industries' President and/or Human Resource Manager.

I also understand that if I am hired, I will be required to pass a criminal background check, drug screen, and provide proof of identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard.

If employed, I agree that all material created and produced whether in written, graphic or broadcasting form, all inventions, new or changes in processes developed during my employment, are the exclusive property of the company to use and/or sell and that subsequent to my employment with this company.

I will not disclose, use or reveal any confidential information related to the company without first obtaining written consent from an officer of the company.

I certify that all information I have provided in order to apply for and secure work with Columbia Industries is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I hereby apply for employment upon the basis and understanding that such employment may be terminated at any time upon notice given to me personally or sent to my last known address.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_