



24419 N Hwy 395 Kettle Falls, WA 99141

Employment Application for Entry-Level

(An Equal Opportunity Employer)

Review the entire application before you begin, Legibility, Accuracy, Organization and completeness are important

Must be 18 or older to apply

Last name	First Name	Middle initial
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Mailing Address :

Phone: _____ Emergency Phone: _____

Alt Phone: _____ Emergency Contact: _____

Job Applied for: _____ Today's Date: _____

Are you seeking: Full time Part Time Temporary or Summer Employment

When are you available for employment? _____

What shifts are you available to work? Day Swing Night Rotating

Education	List any education (including degree, school, city and state) you completed that you believe qualifies you for the job for which you are applying.
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Training	Have you completed any training or classes relevant to the job for which you are applying? (examples: On-the-job safety training, military training, production training, etc.) Be specific
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Special Skills

Do you have any special skills or experiences that are relevant to the job for which you are applying?

Experience and Activities

We want employees to advance. Describe any job experience, school or other activities that demonstrate your desire and ability to advance or learn new skills.

Have you ever been in the military? Yes No

If yes, what branch? _____ From: _____

Rank at Discharge: _____ To: _____

Type of Discharge: _____

If other than honorable, please explain:

Have you ever worked for this company before Yes No If yes, When? _____

In what job position(s)? _____

Work Experience		
Please list your work experience beginning with your most recent job held Please give company name		
Employer:	Name of Last Supervisor:	Employment Dates:
Address:		From:
		To:
Phone:	Your last job Title:	
Reason for Leaving:		
List the jobs you held, duties performed, skills used or learned and advancements or promotions while you worked at this company:		
Employer:	Name of Last Supervisor:	Employment Dates:
Address:		From:
		To:
Phone:	Your last job Title:	
Reason for Leaving:		
List the jobs you held, duties performed, skills used or learned and advancements or promotions while you worked at this company:		

Employer:	Name of Last Supervisor:	Employment Dates:
Address:		From:
		To:
Phone:	Your last job Title	
Reason for Leaving:		
List the jobs you held, duties performed, skills used or learned and advancements or promotions while you worked at this company:		

References

Please list three references who can provide us with information about your qualifications to perform the job for which you are applying. Business or job-related references are preferable.

Name	Address	Telephone Number	Occupation

May we contact your present employer? Yes No, because (please state reason)

Certification

My signature below certifies that all information in this application is correct and complete to the best of my knowledge and belief and that I understand that providing false, inaccurate, incomplete or misleading information will result in the refusal of employment or termination of employment if discovered after date of hire. I acknowledge that the company will verify the accuracy and completeness of the information I have provided and I authorize each employer, school, or person I have named (or their representatives or agents) to provide information regarding my employment, education, character, and qualifications. I release all entities and individuals who provide information in accordance with this release from all liabilities for any damages that may result from furnishing information to the company. I understand that if I am employed, I must conform to the company's rules and regulations and that my employment is "at will" which means that the company or I may terminate my employment at any time for any reason.

Applicant's Signature

Date

COLUMBIA CEDAR INC.
CONSENT AND RELEASE
FOR ALCOHOL /DRUG TESTING
&
PHYSICAL EXAMINATION

NAME OF HIRE: _____

- I hereby consent to Columbia Cedar (Company) and its designated testing laboratory to perform tests on samples of urine, and or hair follicles to identify the presence of alcohol or illegal drugs, and I consent to give such samples. I also consent to the physical examination at the designated medical clinic. I understand that submission to such testing and examination is a condition of employment with Columbia Cedar.
- I fully understand that the job offer made to be my Columbia Cedar is conditioned upon the satisfactory results of my medical entrance exam and drug/alcohol test. I understand that if the medical entrance exam establishes that I cannot perform the essential functions of the job in a safe and efficient manner or the drug and alcohol test is positive, then the Company will withdraw the job offer.
- I further give my consent to Columbia Cedar's designated clinic and/or laboratory to release the results of said tests and examination to the Company.
- I understand that my refusal to sign this consent form without qualification, refusal to give samples, alteration or submission of a false sample, providing any false information to the Company and/or their designated testing facility, or refusal of the physical examination will result in my disqualification from further consideration for employment at Columbia Cedar.
- I acknowledge that Columbia Cedar has gone to expense to determine my eligibility for duty at Columbia Cedar, and I agree that, if for any reason, I leave the employment of Columbia Cedar before the probationary period of 90 (ninety) days, I will reimburse the Company in full for the cost of such testing and examinations. I further consent and agree that reimbursement for said testing will be deducted from my final paycheck.
- By my signature below, I confirm that I have read and fully understand this consent & release form and that I voluntarily give my consent and agreement as stated in this form.

Signature of Hire

Witness

Date

Date