

# APPLICATION FOR EMPLOYMENT



2000 Kentucky Street • Bellingham, WA 98229  
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Falsification or material misrepresentation of any information supplied by the applicant on this employment application form will be grounds for rejecting his or her application for employment and for dismissal if the falsification or misrepresentation is discovered after the individual is hired.

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Date Application Submitted: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street, Route and Apartment Number)

Address: \_\_\_\_\_  
(City, State, Zip Code)

• Last grade completed in Grammar School \_\_\_\_\_ In High School \_\_\_\_\_ Other Education \_\_\_\_\_

• Name of High School attended and location \_\_\_\_\_

• Name of College or Vocational School and location \_\_\_\_\_

• Person to be contacted in case of an emergency (name, phone number & address): \_\_\_\_\_

**FORMER EMPLOYERS:** (List below last 4 employers, starting with the most current one first)

Month/Year	Name/Address of Employer	Wage/Salary at Leaving	Job Title	Reason for Leaving	Name of Supervisor
From _____ To _____					
From _____ To _____					
From _____ To _____					
From _____ To _____					

**AVAILABILITY:** Please list hours/days you specifically can NOT work.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

You are not required to disclose information about physical limitations that you believe will not interfere with your capability to do the job. On the other hand, if you want the employer to consider special arrangements to accommodate a physical or mental impairment, you may identify that impairment in the space provided and suggest the kind of accommodation that you believe would be appropriate.

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**PLEASE READ CAREFULLY**

1. **Equal Employment Opportunity:** Lithtex NW is an equal opportunity employer. We do not discriminate against applicants or employees on the basis of race, color, religion, sex, national origin, age or physical or mental disability. This policy of nondiscrimination extends to all terms, conditions and privileges of employment and to all personnel actions.
2. **Authorization by Applicant:** I (the applicant) authorize Lithtex NW to contact my former employers and references listed on this application, and I authorize such individuals and organizations to release information required by Lithtex NW. The information I have supplied on this application and by way of any oral statements is true and accurate, and I understand that any intentional misstatement by me may result in immediate dismissal.
3. **Employment at Will:** In consideration of my employment, I agree to conform to the rules and regulations of Lithtex NW, and understand that my employment and compensation may be terminated with or without notice, at any time, at the option of either the Company or myself. I understand that no other company official has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, except by a written document dated and signed by myself and an officer of the Company.

I understand that this application will remain effective for a period of thirty (30) days from the date submitted, and, thereafter, that I must re-apply if I wish to continue to be considered for employment.

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Applicant's Signature

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Date

**VOLUNTARY CONSENT AND RELEASE OF LIABILITY FOR DRUG/ALCOHOL TESTING**

I understand that, for my protection and for the protection of others with whom I will be working, it is the Company's policy to prohibit the use, possession, or sale of illegal or unauthorized drugs and alcoholic beverages on Company property or during working hours. Illegal and/or unauthorized drugs include the following: marijuana; narcotics; all other drugs not prescribed by a licensed physician for use by the person possessing them; and excessive quantities of prescribed drugs which may adversely influence performance or behavior.

My signature below constitutes voluntary consent to the Company's request for me to provide urine and/or blood samples for alcohol and drug analysis. I fully understand that failure to cooperate with any request for a blood or urine sample for chemical analysis may result in discipline up to and including immediate discharge. I further agree to release and hold harmless the Company and its employees and agents from any and all liability whatsoever on account of, or arising from, this request to furnish a blood and/or urine sample, the test of such sample, or disclosure of the results of any such chemical analysis.

I am taking the following medications: \_\_\_\_\_

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Applicant's Signature

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Date

(The period for which your application will remain valid will vary depending on your recruiting needs. Normally, this period will be 30, 60, 90, or 120 days depending on employee turnover. Limiting the viability of the application will serve to limit your exposure to claims on the application and hiring process.)