



CLIFF THORN CONSTRUCTION, LLC

EMPLOYMENT APPLICATION

Cliff Thorn Construction is an equal opportunity employer and does not discriminate against any employee or job applicant because of race, color, religion, national origin, sex, disability, or age.

PERSONAL INFORMATION

DATE: _____

Full Name:	Social Security No.:	Phone Number:
Street Address:		City:
State:	Zip Code:	Referred By:

EMPLOYMENT DESIRED

Position you are applying for:	Date you can start:	Desired salary:
Are you currently employed? YES <input type="checkbox"/> NO <input type="checkbox"/>	If needed, are you willing to work overtime, weekends and/ or holidays? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you applied with us before? YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when and where did you apply with us?	

EDUCATION

Name & Location	Yrs. Attended	Graduation date	Major
High school			
College			
Trade or Business School			

GENERAL INFORMATION

List special skills, training, Licenses or certificates:	
U.S. Military or Naval Service:	Rank:

FORMER EMPLOYERS (List below your last 4 employers starting with the last one first.)

Date Month and year	Name of employer	Ending Salary	Position	Reason for Leaving	May we contact?
From					YES <input type="checkbox"/> NO <input type="checkbox"/>
To					
From					YES <input type="checkbox"/> NO <input type="checkbox"/>
To					
From					YES <input type="checkbox"/> NO <input type="checkbox"/>
To					
From					YES <input type="checkbox"/> NO <input type="checkbox"/>
To					

REFERENCES (Please list 3 Personal or professional references.)

Name	Relation to you	How long have you known each other?	Their phone number	Their e-mail address

DRIVING AND CRIMINAL HISTORY

Do you have a valid Driver’s license? YES <input type="checkbox"/> NO <input type="checkbox"/>
Please tell us about any driving infractions that are on your record: _____ _____ _____
Do you give CTC permission to check your driving records at any given time? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you been convicted of a felony in the last 5 years? YES <input type="checkbox"/> NO <input type="checkbox"/>
If you answered yes, please explain: _____ _____ _____
You may add additional sheets of paper if you need more room to explain your conviction.
Do you allow CTC to perform a background check at any given time? YES <input type="checkbox"/> NO <input type="checkbox"/>

I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company terminated.

Signature of Applicant: _____ Date: _____

Please attach a copy of your resume and driving abstract with this application. You can obtain a copy from the Department of Licensing or online at: dol.wa.gov/driverslicense/requestyourrecord.html