

# Quality Fence Builders, Inc

## APPLICATION FOR EMPLOYMENT

Quality Fence Builders, Inc. is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability or national origin. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

### PERSONAL INFORMATION

Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name \_\_\_\_\_

Present Address \_\_\_\_\_

Permanent Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Are you 18 years of age or older?  Yes  No

Referred by: \_\_\_\_\_ Are you legally authorized to work in the US?  Yes  No

Do you possess a valid  Yes

Driver's License?  No Number: \_\_\_\_\_ State: \_\_\_\_\_

Have you ever been  Yes

Convicted of a felony?  No If yes, please explain: \_\_\_\_\_

### EMPLOYMENT DESIRED

Position \_\_\_\_\_ Date You Can Start: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Are You Employed Now?  Yes  No If So May We Inquire of Your Present Employer?  Yes  No

Ever Applied to this Company Before:  Yes  No When? \_\_\_\_\_

### EDUCATION

	Name and Location of School	Circle Last Year Completed	Did you Graduate?	Subjects Studied and Degree (s) Received
High School	_____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College	_____	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business or Correspondence School	_____	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Military Experience	_____	Years _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	

### GENERAL

Subjects of Special Study or Related Work and Education \_\_\_\_\_

Job Related Skills (Clerical, Light Industrial, Fence Installation, Certifications, etc.) \_\_\_\_\_

**FORMER EMPLOYERS** List below your last four employers, starting with the **last one first**.

Month/Year of Employment	Name, Address and Phone Number of Employer	Salary (upon leaving)	Position/Title	Reason for Leaving
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

**REFERENCES** List below three persons **not related** to you, whom you have known at least one year.

NAME	ADDRESS	PHONE NUMBER	YEARS ACQUAINTED
1			
2			
3			

*If you are to be hired by Quality Fence Builders, Inc., you will be required to attest to your identity and employment eligibility, and to present true and accurate documents confirming your identity and employment eligibility, including, but not limited to, eligibility to work in the United States as required by the Immigration Reform and Control Act of 1986. You cannot be hired if you do not comply with these requirements.*

**AUTHORIZATION**

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application, medical examination, and/or drug examination and related documentation is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by Quality Fence Builders, Inc.

I understand that any employment is conditioned on a background check. I authorize Quality Fence Builders, Inc. to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to Quality Fence Builders, Inc., without giving me prior notice of such disclosure. In addition, I release Quality Fence Builders, Inc., any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

If I am offered employment I agree to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by Quality Fence Builders, Inc. and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to Quality Fence Builders, Inc. the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examination and drug test, and if I am hired a condition of my employment will be that I abide by Quality Fence Builders, Inc.'s Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate Quality Fence Builders, Inc. to hire. If hired, I agree to abide by all Company work rules, policies and procedures. Quality Fence Builders, Inc. retains the right to revise its policies or procedures in whole or in part at any time.

**I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or Quality Fence Builders, Inc.. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon Quality Fence Builders, Inc. unless made in writing.**

**Date** \_\_\_\_\_ **Signature** \_\_\_\_\_

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## Affirmative Action Program Applicant Self-Identification Form

In order to comply with certain governmental recordkeeping and reporting requirements for the administration of civil rights laws, we invite all applicants to voluntarily self-identify their race and ethnicity. This information will not be used to influence our hiring decision. Submission of this information is voluntary and refusal to provide it will not subject the applicant to any adverse treatment. All information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

### Section 1: Applicant Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position Applying For: \_\_\_\_\_

### Section 2: Please Check All That Apply (see reverse for definitions)

#### Race or Ethnic Identity

- Hispanic or Latino (White Race Only)
- Hispanic or Latino (All Other Races)
- American Indian or Alaskan
- Asian
- Native Hawaiian or Pacific Islander
- Black or African American
- White

#### Gender

- Female
- Male

#### Veteran Status

- Vietnam Era Veteran
- Special Disabled Veteran
- Other Eligible Veteran

#### Other

- Other

Individual with Disabilities

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I do not wish to self identify. Signature: \_\_\_\_\_

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## **EEOC Race/Ethnic Identification Categories**

**Hispanic or Latino (White Race Only)** – All persons Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish Culture or origin, and of the white race.

**Hispanic or Latino (All Other Races)** - All persons Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish Culture or origin, regardless of race.

**American Indian or Alaskan Native** – All persons having origins in any of the original peoples of North American and South America (including Central America), and who maintain tribal affiliation or community attachment.

**Asian** – All persons having origins in any of the original people of the Far East, Southeast Asia, or the Indian Subcontinent including for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

**Native Hawaiian or Pacific Islander** – All persons having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

**Black or African American** – All persons having origins in any of the Black racial groups of Africa.

**White** – All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

### **Individual with Disabilities:**

Defined as a person who 1) has a physical or mental impairment which substantially limits one or more of his or her major life activity, 2) has a record of such impairments, or 3) is regarded as having such impairments. For purposes of this definition, an individual with disabilities is substantially limited if he or she is likely to experience difficulty in securing, retaining or advancing in employment because of the disability.

**Veteran of the Vietnam Era** – Defined as a veteran who 1) served on active duty in the Republic of Vietnam between February 28, 1961 and May 7, 1975, or 2) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released there-from with other than a dishonorable discharge, or 3) was discharged or released from active duty for a service connected disability if any part of his or her active duty was performed between August 5, 1964 and May 7, 1975.

**Special Disabled Veteran** – Defined as a veteran who is entitled to disability compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Veteran's Administration for a disability of 30% or more, or (ii) rated at 10% or 20% in the case of a veteran who has been determined under Section 1506 to have a serious employment disability, or a person who was discharged from active duty because of a service-connected disability.

**Other Eligible Veteran** – Defined as any veteran who served in a "war" declared by Congress, in a campaign or on an expedition for which a campaign badge, a service medal, or an expeditionary medal has been awarded.

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