PO Box 5050
Livermore, CA 94551
(925) 373-8370 FAX (925) 373-0179

APPLICATION FOR EMPLOYMENT

DATE: _____

NAME: _____
LAST FIRST

ADDRESS:
_____
_____
_____

TELEPHONE: (_____)_____

DO YOU BELONG TO A UNION: *(Circle One)* YES NO

IF YES, WHICH UNION ARE YOU IN? _____

HOW MANY YEARS? _____

WHAT TYPE OF WORK ARE YOU QUALIFIED FOR?

_____

_____

_____

WHO HAVE YOU WORKED FOR IN THE PAST? (One or two names are sufficient)

_____

_____

_____

FOR MOUNTAIN CASCADE INC USE ONLY

Date called: _____

Result of call: _____

Comments: _____

_____

Mountain Cascade, Inc. is an Equal Opportunity Employer