



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

APPLICATION FOR EMPLOYMENT

Date: ____/____/____

Name: _____
Last First Middle

Address: _____ Telephone: (____) _____

Do you belong to a Union: *(Check One)* Yes No

If yes, with which union are you affiliated?

_____ How many years? _____

What type of work are you qualified for?

Are you at least 18 years old? (If under 18, employment is subject to verification that you are of minimum legal age.) *(Check One)* Yes No

Have you ever worked for this company? *(Check One)* Yes No If yes, when? _____

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? *(Check One)* Yes No

Who have you worked for in the past? (One or two names are sufficient)

I certify that the answers given by me are true and correct to the best of my knowledge and understand that any omission or misstatement of information on this application shall be grounds for rejection of this application or for immediate discharge if I am employed. I authorize you to investigate my references, employment record, education, and other related matters as may be necessary for an employment decision. I hereby release the Company, former employers, schools, and all other individuals from all liability when responding to inquiries connected with my application.

Date (Month/Day/Year): ____/____/____ Applicant's Signature: _____

Mountain Cascade, Inc. is an Equal Opportunity Employer

FOR MOUNTAIN CASCADE INC USE ONLY

Date called: ____/____/____

Result of call: _____

Comments: _____