

H.F. Hauff Company, Inc.

2921 Sutherland Dr. ~ Yakima, WA 98903
Phone: 509-248-0318 Fax: 509-248-0914

NAME	DATE	PHONE
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STREET ADDRESS	CITY	STATE
		ZIP CODE

EMPLOYMENT DESIRED POSITION	START DATE	SALARY DESIRED
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ARE YOU EMPLOYED?	IF SO, WHERE
EVER APPLIED TO THIS COMPANY BEFORE?	WHEN?

EDUCATION	NAME AND LOCATION OF SCHOOL	GRADUATED	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

WHAT ARE YOUR HOBBIES AND INTERESTS?

WHAT LANGUAGES TO YOU SPEAK FLUENTLY?	READ	WRITE
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U.S. MILITARY OR NAVAL SERVICE	RANK	PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES
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IN CASE OF EMERGENCY NOTIFY NAME	ADDRESS	PHONE
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FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH THE LAST ONE FIRST)

DATE MONTH & YEAR	NAME & PHONE OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM TO				
FROM TO				

FROM TO				
FROM TO				

PHYSICAL REQUIREMENTS

TASK	YES	NO
ARE YOU ABLE TO CLIMB 30 FOOT TOWER?		
ARE YOU ABLE TO LIFT 50 LBS?		
ARE YOU ABLE TO CARRY 50 LBS?		
ARE YOU ABLE TO OPERATE A FORKLIFT?		
ARE YOU ABLE TO WALK UP TO 400 FEET WHILE CARRYING TOOLS WEIGHING UP TO 30 LBS?		
ARE YOU ABLE TO TRAVEL OUT OF TOWN FOR UP TO A WEEK AT A TIME?		
DO YOU HAVE YOUR OWN MECHANIC TOOLS?		
DO YOU HAVE A CDL?		
DO YOU HAVE A CLEAN DRIVING RECORD?		

REFERENCES (LIST THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME	PHONE	BUSINESS	YEARS KNOWN

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL, FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

DATE	SIGNATURE
DATE	INTERVIEWED BY

THIS FORM HAS BEEN DESIGNED TO COMPLY WITH STATE AND FEDERAL FAIR EMPLOYMENT PRACTICE LAWS PROHIBITING DISCRIMINATION ON THE BASIS OF AN APPLICANT'S SEX OR MINORITY STATUS. QUESTIONS DIRECTLY OR INDIRECTLY REFLECTING SUCH STATUS HAVE BEEN INCLUDED ONLY WHERE NEEDED TO DETERMINE A BONA FIDE OCCUPATIONAL QUALIFICATION OR FOR OTHER PERMISSABLE PURPOSES, SUCH QUESTIONS ARE APPROPRIATELY NOTED ON THE APPLICATION. NOTWITHSTANDING THESE EFFORTS, THE MANUFACTURER OF THIS FORM ASSUMES NO RESPONSIBILITY AND HEREBY DISCLAIMS ANY LIABILITY FOR INCLUSION IN THIS FORM, OF ANY QUESTIONS UPON WHICH A VIOLATION OF STATE AND FEDERAL FAIR EMPLOYMENT PRACTICE LAWS MAY BE BASED.

DO NOT WRITE BELOW THIS LINE

REMARKS:

HIRED		FOR DEPT		POSITION		WILL REPORT		WAGES	
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