



Skagit Aggregates, LLC
 PO Box 398, Clear Lake, WA 98235
 360-826-3077

Employment Application

Programs, services, and employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodation for the application or interview. Please return this form to office@skagitaggregates.com

Applicant Data				
Full Name:				
Address:		City:	State:	Zip:
Position Applying For:				
Phone:		Email:		
How were you referred to Skagit Aggregates:				
Date Available to Start: / /			Salary Requirements:	
Have you ever worked for this company: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, when?				
Are you legally allowed to work in the United States: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Type of employment desired: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal				
Driver's License Number (if applicable to position)				
State:			Expiration Date: / /	
Education				
School	Name	Location	Course of Study	Degree Obtained
High School/GED				
College/University				
Graduate School				
Vocational/Special				
Military				
Military Service <input type="checkbox"/> Yes <input type="checkbox"/> No Branch: _____				
Specialized Training: _____				
Summarize Your Special Skills or Qualifications				



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Previous Employment (being with most recent)

Company Name:			
Address:	City:	State:	Zip:
Phone:	Email:	Supervisor:	
Starting Job Title:		Ending Job Title:	
Responsibilities:			
Reason for Leaving:			

May we contact this employer for a reference: Yes No

Company Name:			
Address:	City:	State:	Zip:
Phone:	Email:	Supervisor:	
Starting Job Title:		Ending Job Title:	
Responsibilities:			

May we contact this employer for a reference: Yes No

Company Name:			
Address:	City:	State:	Zip:
Phone:	Email:	Supervisor:	
Starting Job Title:		Ending Job Title:	
Responsibilities:			

Reason for Leaving:

May we contact this employer for a reference: Yes No

Personal References

Name	Relationship	Email	Phone

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, and other related matters as may be necessary to an employment decision. I hereby release employers, schools, or individuals from all liability when responding to inquiries in connection with my application. In the event that I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge from employment.

Signature of Applicant: _____ Date: _____