



WEST

MATERIALS

A division of West Industries

(For Office Use Only – Do Not Fill)

Date: \_\_\_\_\_ Superintendent: \_\_\_\_\_

Approved By: \_\_\_\_\_ Pay Rate \$ \_\_\_\_\_

Application Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Personal Information

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ Message Phone # (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
Street City, State Zip Code

Email Address (If available) \_\_\_\_\_

Date Available for work \_\_\_\_\_ Wage Requested \$ \_\_\_\_\_

Driver's License: Yes \_\_\_ No \_\_\_ Type \_\_\_\_\_ License # \_\_\_\_\_ Exp.date \_\_\_\_/\_\_\_\_/\_\_\_\_

Willing to Travel: Yes \_\_\_ No \_\_\_ Any Special Licenses: \_\_\_\_\_

Resume included with this application: Yes \_\_\_ No \_\_\_

Education

School Name Courses:

High School \_\_\_\_\_ Diploma: Yes / No

College \_\_\_\_\_ Degree: \_\_\_\_\_

Trade/business school \_\_\_\_\_ Certification: \_\_\_\_\_

Other Training \_\_\_\_\_

Work Experience Special Skills:

\_\_\_\_\_  
\_\_\_\_\_

Former Employers

Name/Address Former Employers (starting with the most recent):

1 \_\_\_\_\_ Date Hired \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ Rate of Pay \$ \_\_\_\_\_

\_\_\_\_\_ Position \_\_\_\_\_

\_\_\_\_\_ Reason for Leaving \_\_\_\_\_



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Former Employers Con't.

2 \_\_\_\_\_ Date Hired \_\_\_/\_\_\_/\_\_\_ Date Left \_\_\_/\_\_\_/\_\_\_ Rate of Pay \$\_\_\_\_\_

\_\_\_\_\_ Position \_\_\_\_\_

\_\_\_\_\_ Reason for Leaving \_\_\_\_\_

3 \_\_\_\_\_ Date Hired \_\_\_/\_\_\_/\_\_\_ Date Left \_\_\_/\_\_\_/\_\_\_ Rate of Pay \$\_\_\_\_\_

\_\_\_\_\_ Position \_\_\_\_\_

\_\_\_\_\_ Reason for Leaving \_\_\_\_\_

References (of those known for at least 1 year)

Name	Address	Phone#
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Limitations: Do you have any limitations which would prohibit you from performing any task? If yes, Please Explain:

\_\_\_\_\_  
\_\_\_\_\_

Drug Screen Policy Initial Hire: New hires are required to take a drug screen. If you are found to be positive, you will not be hired. Probable Cause: If you are suspected of drug use or sales, you will be required to take a drug test. If the results are positive, you will be required to pay for the test, and may be terminated. Injury: If you are injured on the job and have to seek medical attention, you will be required to take a drug test. If the results prove to be positive, you are responsible for the payment of the drug test, and may be terminated. Refusal: Refusal to take a drug test under any circumstances may result in immediate termination.

You will be required to sign an employment contract again outlining the above.

- I have read and understand the Drug Screen Policy and agree to the conditions.
- I have read Safety Statement and agree to the conditions.
- I have read the Code of Conduct and agree to the conditions.

I certify that my responses above are true and complete. I understand that the West Materials, LLC will rely on this information. Untrue or incomplete response may disqualify me from collecting workman's compensation benefits for later, related on-the job injuries and may be grounds for discharge.

I authorize West Materials, LLC to obtain information from any prior employer regarding me, and I release West Materials, LLC and all prior employers from liability arising from the release of information about me.

Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_