



**Western Flooring, Inc.**  
 PO Box 323, Pine Valley, CA 91962  
 PH: 858-560-5557/FX: 858-560-5558  
[www.western-flooring.com](http://www.western-flooring.com)  
 Lic# 790953

## Employment Application

An Equal Opportunity Employer

### Please Print

Date	Last Name	First Name	Middle
<b>Present Address</b>			
No. & Street	City	State	Zip Code
<b>Permanent Address (if different from present address)</b>			
No. & Street	City	State	Zip Code
Business Phone	Home Phone	Email Address	

### Employment Desired

Position applying for: \_\_\_\_\_

Are you applying for:

- Regular full-time work?.....  Yes  No
- Regular part-time work?.....  Yes  No
- Temporary work, e.g., summer or holiday work?.....  Yes  No

What days and hours are you available for work? \_\_\_\_\_

If applying for temporary work, during what period of time will you be available?

Are you available for work on weekends?.....  Yes  No

Would you be available to work overtime, if necessary?.....  Yes  No

If hired, what date can you start work? \_\_\_\_\_

### Personal Information

How did you hear about our company and this job opening?  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever applied before? \_\_\_\_\_  Yes  No

If yes, when? \_\_\_\_\_  
 \_\_\_\_\_

# Employment Application

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Why are you applying to work here?

\_\_\_\_\_

\_\_\_\_\_

If hired, would you have a reliable means of transportation to and from work?  Yes  No

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

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?  Yes  No

.....  
If no, describe the functions that cannot be performed.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

## Education, Training, and Experience

School	Name and Address	No. of Years Completed	Did you Graduate?	Degree or Diploma
High School	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Name			
	_____			
	Address			
	_____			
	City	State	Zip Code	

Vocational/ Business	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Name			
	_____			
	Address			
	_____			
	City	State	Zip Code	

Do you have any other experience, training, qualifications, or skills that you feel make you especially suited for work here?  Yes  No

If so, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Employment Application

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## Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). You must complete this section even if attaching a resume.

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Type of Business

\_\_\_\_\_  
Your Supervisor's Name

\_\_\_\_\_  
Address & Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

**Dates of  
Employment:**

\_\_\_\_\_  
From

\_\_\_\_\_  
To

\_\_\_\_\_  
Your Position and Duties

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

May we contact this employer for a reference?..... Yes  No

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\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Type of Business

\_\_\_\_\_  
Your Supervisor's Name

\_\_\_\_\_  
Address & Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

**Dates of  
Employment:**

\_\_\_\_\_  
From

\_\_\_\_\_  
To

\_\_\_\_\_  
Your Position and Duties

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

May we contact this employer for a reference?..... Yes  No

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\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Type of Business

\_\_\_\_\_  
Your Supervisor's Name

\_\_\_\_\_  
Address & Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

**Dates of  
Employment:**

\_\_\_\_\_  
From

\_\_\_\_\_  
To

\_\_\_\_\_  
Your Position and Duties

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

May we contact this employer for a reference?..... Yes  No

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# Employment Application

## References

List below three persons not related to you who have knowledge of your work performance within the last three years.

_____	_____	_____
First Name	Last Name	Phone Number
_____	_____	_____
Address & Street	City	State      Zip Code
_____	_____	
Occupation	No. of Years Acquainted	

_____	_____	_____
First Name	Last Name	Phone Number
_____	_____	_____
Address & Street	City	State      Zip Code
_____	_____	
Occupation	No. of Years Acquainted	

_____	_____	_____
First Name	Last Name	Phone Number
_____	_____	_____
Address & Street	City	State      Zip Code
_____	_____	
Occupation	No. of Years Acquainted	

# Employment Application

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## Please Read Carefully, Initial Each Paragraph and Sign Below

\_\_\_\_\_  
Initials

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application.

\_\_\_\_\_  
Initials

I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_  
Initials

I hereby authorize Western Flooring, Inc. to thoroughly investigate my references, work record, education and other matters related to my suitability for employment (excluding criminal background information) unless otherwise specified above. I further authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_  
Initials

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

\_\_\_\_\_  
Initials

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire. The Company will consider qualified applicants, including those with criminal histories, in a manner consistent with state and local "Fair Chance" laws.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

# Employment Application

## INDUSTRIAL ESSENTIAL FUNCTIONS

The answers you provide to the following questions will be used as a guide to assist in your safe job placement, based on an 8-10 hour day, 40+ hours a week. Please answer all questions honestly and completely. If you have any questions please email them to [info@dowlingconst.com](mailto:info@dowlingconst.com)

Applicant Name: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

### WRIST REPETITION

Defined as repetitious movement of your wrists. Does include, but is not limited to: *SANDING, PULLING LUMBER, STACKING, ETC.*

Please check at what weight range you can **safely** perform the above functions.

- 0 - 15 lbs. [ ]
- 16 - 25 lbs. [ ]
- 26 - 50 lbs. [ ]
- 51 - 99 lbs. [ ]
- 100+ lbs. [ ]

Do you require any accommodations for the weight checked above?

YES NO

List \_\_\_\_\_

### PUSHING/PULLING

Defined as using upper body and arms to move objects from place to place.

Please check at what weight range you can **safely** perform the above functions.

- 0 - 15 lbs. [ ]
- 16 - 25 lbs. [ ]
- 26 - 50 lbs. [ ]
- 51 - 99 lbs. [ ]
- 100+ lbs. [ ]

Do you require any accommodations for any of the above?

YES NO

List \_\_\_\_\_

### FINGER DEXTERITY

Defined as the ability to use ones fingers for specific tasks.

(check all that you can safely perform)

- Small, delicate work [ ]
- Moderate sized work [ ]
- Large, bulky work [ ]
- Repetitive finger movement [ ]

Do you require any accommodations for any of the above?

YES NO

List \_\_\_\_\_

### FLEXIBILITY

Defined as a person's ability to move and bend their body with reasonable ease and comfort.

Can you safely do the following for 8-10 hours a day?:

- Bend at the waist? Y / N
- Twist from side-to side? Y / N
- Squat down? Y / N
- Crawl on hands & knees? Y / N
- Kneel? Y / N
- Stand while stationary Y / N
- Walking and standing Y / N

Do you require any accommodations for any of the above?

YES NO

List \_\_\_\_\_

### LIFTING OR CARRYING

Defined as a person's ability to use lower body & upper body strength to move objects from place to place.

Please check the appropriate boxes indicating the possible maximum weights that can be handled safely.

Consistent	Yes	No	Max. lbs.
Lifting to waist			
Lifting to chest			
Lifting overhead			
Lifting & walking			
Occasional			
Lifting to waist			
Lifting to chest			
Lifting overhead			
Lifting & walking			

Do you require any accommodations for any of the above?

YES NO

List \_\_\_\_\_

### OTHER

In this section list any additional problems or atmospheres that you would need accommodations for, or conditions and/or jobs

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### WORK ATMOSPHERE

Defined as the surrounding environmental conditions

present in a workplace.

Can you work in the following?

- Heights Y / N
- Close Quarters Y / N
- In Crowds Y / N
- Dirty/Dusty areas Y / N
- Extreme Heat Y / N
- Extreme Cold Y / N
- Wet Conditions Y / N
- Fumes (paint, wood, etc) Y / N
- Chemicals Y / N
- Household / Industrial Y / N
- Animals/Insects Y / N
- Plants/Pollens Y / N

Do you require any accommodations for any of the above?

YES NO

List \_\_\_\_\_