

# Application for Employment



GENERAL INFORMATION			
FIRST NAME	M.I.	LAST NAME	DATE
STREET ADDRESS			
CITY		STATE (REGION)	ZIP (POSTAL CODE)
HOME PHONE	CELL PHONE	EMAIL	
How would you prefer to be contacted? <input type="checkbox"/> PHONE <input type="checkbox"/> TEXT <input type="checkbox"/> EMAIL		Are you 18 years of age or older? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Can you provide documentation to prove you are legally entitled to work in the united states? <input type="checkbox"/> YES <input type="checkbox"/> NO			
POSITION(S) APPLYING FOR			
How did you find out about the position you are applying for?			
<input type="checkbox"/> Indeed		<input type="checkbox"/> WorkSource	<input type="checkbox"/> Craigslist
<input type="checkbox"/> Cascade employee (name: _____)		<input type="checkbox"/> Other employment posting (name: _____)	<input type="checkbox"/> Other: _____
Have you worked for Cascade Dafo in the past?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
If you have worked for Cascade Dafo in the past, please indicate the starting and ending dates of employment.		START DATE	END DATE
What type of schedule are you interested in?		<input type="checkbox"/> Full-time (M-F, 8:30-5pm with mandatory overtime)	
		<input type="checkbox"/> Part-time (multiple schedule options available)	
We find some hobbies require skills that are similar to skills that make our production workers successful. Do any of your hobbies include?			
<input type="checkbox"/> Fine arts (sculpting, drawing, painting)		<input type="checkbox"/> Construction or mechanical hobbies	<input type="checkbox"/> Woodworking
<input type="checkbox"/> Culinary arts (cake decorating, baking, cooking)		<input type="checkbox"/> Esports, gaming, 3D printing, or programming	<input type="checkbox"/> Metal working
<input type="checkbox"/> Building Computers		<input type="checkbox"/> Sewing	
EMPLOYMENT HISTORY (Start with most recent)			
STARTING DATE	EMPLOYER NAME		SUPERVISOR'S NAME
ENDING DATE	Current employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO	SUPERVISOR'S PHONE
POSITION TITLE	JOB DUTIES		
REASON FOR LEAVING			

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STARTING DATE	EMPLOYER NAME		SUPERVISOR'S NAME
ENDING DATE	Current employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO	SUPERVISOR'S PHONE
POSITION TITLE	JOB DUTIES		
REASON FOR LEAVING			
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POSITION TITLE	JOB DUTIES		
REASON FOR LEAVING			

### FAIR CREDIT REPORTING ACT

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize Cascade Dafo, Inc. or Cascade Prosthetics and Orthotics, Inc. and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records.

I, \_\_\_\_\_, authorize the complete release of these records or data pertaining to me that an individual, company, firm, corporation or public agency may have. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish Cascade Dafo, Inc. or Cascade Prosthetics and Orthotics, Inc. or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's rights will be provided to me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I understand that employment with Cascade will be on a 90-day introductory period. If employed, I will abide by their rules and regulations. I understand that this application is not a contract of employment, nor does this application obligate Cascade in any way. Further, I give permission to contact any of my previously stated employers for information regarding my employment, excluding those I have requested not be contacted. All of the information I have supplied in this application is a full and complete statement of facts and it is understood that if any falsification were discovered, it would constitute grounds for dismissal upon discovery thereof. Additionally, I understand that a pre-employment drug test and background check will be required for employment.

SIGNATURE	DATE
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