

EMPLOYMENT APPLICATION

Available in person or www.cementdistributors.com



Cement Distributors, Inc.

17501 59th Ave, Arlington, WA 98223

360-403-7335 | Fax: 360-403-7718

Cement Distributors, Inc., believes that our employees are our most valuable assets, and that the success of a company is determined by the quality of its employees.

CDI is committed to hiring the best and the most qualified drivers, dispatchers, mechanics, and administrative support. We take pride in providing top notch, year-round training, and support for you to have a successful career with us in the dry bulk trucking industry.

CDI is a regional dry bulk trucking company hauling cement, sand, fly ash, and other dry bulk commodities throughout Washington, Oregon, Idaho, British Columbia, and more!

Cement Distributors, Inc., was originally founded in 1938 and then reincorporated under Bruce Walden in 1975 as a family-owned and operated business.

CEMENT DISTRIBUTORS, INC. IS AN EQUAL OPPORTUNITY EMPLOYER.



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APPLICATION FOR EMPLOYMENT

We appreciate your interest in working at Cement Distributors, Inc. As an equal opportunity employer, our employment practices are in accordance with the laws that prohibit discrimination due to race, sex, sexual orientation, age, disability, or national origin. This application form was designed for use by persons applying for various types of positions—professional, technical, clerical, and administration. Please answer only the questions that apply. All information will be treated confidentially.

PLEASE TYPE OR PRINT

Name: _____
Last First Middle

Address: _____
Street City State Zip

Email Address: _____

Telephone No. _____ Business No. _____

Do you have a legal right to work in the United States? ____ Yes / ____ No

Position applying for: _____ Salary Desired: _____

Date available to start: _____ Full or Part Time? _____

How were you referred to us? ____ Job Search Website ____ On my own ____ CDI Employee ____ Agency ____ Other

Name of Referral Source: _____

Have you worked for this company before? _____ Reason for leaving: _____

Dates: From _____ to _____ Position: _____ Rate of pay: _____

If hired, you will be required to: supply photo identification, Social Security card, and/or other proof of authorization to work in the United States.

EMERGENCY CONTACT

IN CASE OF AN EMERGENCY OR ILLNESS, PLEASE CONTACT:

Name: _____ Daytime Telephone: _____

Relationship to you: _____ Address: _____

FOR OFFICE USE ONLY

DATE APPLICATION SUBMITTED: _____ POSITION: _____

INTERVIEW DATE & TIME: _____ IF HIRED, START DATE: _____

EMPLOYMENT HISTORY

This portion of the application must be completed even if a resume is submitted. Starting with the most recent employer, list full and part-time jobs, summer or volunteer work during the last 10 years. Include periods of military service, self-employment, and unemployment. Please leave no unexplained gaps. Attach separate sheet if necessary.

LAST OR PRESENT EMPLOYER:	TELEPHONE:
ADDRESS:	EMPLOYED (MONTH/YEAR) FROM: To:
SUPERVISOR'S NAME AND TITLE:	EARNINGS START: LAST:
STATE JOB TITLE AND LIST OF JOB RESPONSIBILITIES:	REASON FOR LEAVING:

LAST OR PRESENT EMPLOYER:	TELEPHONE:
ADDRESS:	EMPLOYED (MONTH/YEAR) FROM: To:
SUPERVISOR'S NAME AND TITLE:	EARNINGS START: LAST:
STATE JOB TITLE AND LIST OF JOB RESPONSIBILITIES:	REASON FOR LEAVING:

LAST OR PRESENT EMPLOYER:	TELEPHONE:
ADDRESS:	EMPLOYED (MONTH/YEAR) FROM: To:
SUPERVISOR'S NAME AND TITLE:	EARNINGS START: LAST:
STATE JOB TITLE AND LIST OF JOB RESPONSIBILITIES:	REASON FOR LEAVING:

LAST OR PRESENT EMPLOYER:	TELEPHONE:
ADDRESS:	EMPLOYED (MONTH/YEAR) FROM: To:
SUPERVISOR'S NAME AND TITLE:	EARNINGS START: LAST:
STATE JOB TITLE AND LIST OF JOB RESPONSIBILITIES:	REASON FOR LEAVING:

May we contact your current employer? ___ Yes / ___ No Reason: _____

EDUCATION AND TRAINING

	NAME OF SCHOOL	CITY AND STATE	MAJOR SUBJECT	DEGREE/DIPLOMA AND # OF YEARS ATTENDED
HIGH SCHOOL				
COLLEGE / UNIVERSITY				
COLLEGE / UNIVERSITY				
OTHER				

LIST AWARDS, SCHOLARSHIPS, HONORS RECEIVED (INCLUDE PUBLICATIONS, INVENTIONS, TECHNICAL AWARDS, ETC.) _____

LIST PROFESSIONAL CERTIFICATIONS OR DESIGNATIONS, AND DATE RECEIVED _____

SKILLS & QUALIFICATIONS

Other qualifications such as special skills, abilities or honors that should be considered:

Types of computer, software, and other equipment you are qualified to operate or repair:

Professional licenses, certificates, or registrations:

Additional skills, including supervisor skills or other career/occupation related skills that you would like to bring to the employer's attention:

REFERENCES: PROFESSIONAL COLLEAGUES

NAME:	FIRST	M.I.	LAST	EMPLOYER/POSITION	YEARS KNOWN	BUSINESS PHONE NO.
1						
2						
3						

APPLICANT STATEMENT

This application will be kept in the Company's active files until the position for which it was submitted is filled. If the applicant is not hired, the applicant must complete a new application to be considered for employment.

I hereby authorize the Company, either on its own or by and through an agent, to thoroughly investigate my references, work record, education and other matters related to my suitability for employment, such as criminal conviction; and, further, authorize my present employer or any former employer or any other party, including any Government or law enforcement agency, and 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, except those which would indicate age, race, creed, color, sex, sexual orientation, or national origin. 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. I agree to abide by all rules and regulations of the company, and I understand that false statements of consequential omissions of any kind are sufficient grounds for denying employment or for dismissal.

I have read and understand the above statement. This application is complete and accurate to the best of my knowledge.

Signature: _____ Date: _____

THE INFORMATION BELOW HAS BEEN PROVIDED BY THE APPLICANT TO BE CONSIDERED FOR
EMPLOYMENT WITH CEMENT DISTRIBUTORS, INC.

POSITION (S) APPLIED FOR: _____

NAME: _____

PHONE NUMBER: _____

EMAIL: _____

ADDRESS: _____

DATE APPLICATION SUBMITTED: _____

Once Employment Application is complete, save copy to computer.

Email teamcdi@cementdistributors.com, mail, or deliver in person.