

# DEW DROP SPRINKLERS & LANDSCAPING

11827 East Trent  
Spokane, Washington 99206  
(509) 922-7168 Fax (509) 926-7670  
dewdrop@dewdropnw.com

## New Hire Employee Data

IMPORTANT: Read terms of employment carefully. All information on this form will be treated with confidentiality. Federal and state laws prohibit discrimination because of race, color, religion, national origin, age, sex, gender preference, or disability.

Name: \_\_\_\_\_  
Last First Middle

Mailing Address: \_\_\_\_\_  
Street / P O Box City State Zip

Cell Phone: \_\_\_\_\_ Other phone numbers: \_\_\_\_\_

## EMERGENCY CONTACT

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

## MINORITY STATUS

**Optional** If you qualify for minority status, please check on of the following:

\_\_\_\_\_ African American \_\_\_\_\_ Asian/Pacific Islander \_\_\_\_\_ Hispanic  
\_\_\_\_\_ Female \_\_\_\_\_ Native American \_\_\_\_\_ Other (specify)

## LEGAL INFRACTIONS

Have you ever been convicted of violating any law, except a traffic violation?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, attach a summary of details, date, and type of conviction. Disclosure of a criminal record does not disqualify you from employment consideration. Each case is judged on its own merits.

## EDUCATION

Please circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

Special Skill and/or Training: \_\_\_\_\_

## EMPLOYMENT HISTORY

Have you ever worked for this company before? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, dates: \_\_\_\_\_

**PLEASE LIST YOUR LAST THREE EMPLOYERS BELOW**

<b>Date Of Hire</b>	<b>Employer Name</b>	<b>Contact Information</b>	<b>Date of Termination</b>

**PHYSICAL RECORD**

Do you have any medical condition or disability which may prevent you from properly performing your job duties, or which should be considered in job placement? \_\_\_\_\_

YES NO

Can your condition or disability be accommodated? \_\_\_\_\_

YES NO

Are you, or have you ever been, a Preferred Worker? (Optional) \_\_\_\_\_

YES NO

If you suffered a disabling on the job injury and did not return to work with the employer of record after your recovery, you may be entitled to preferred worker benefits through the Dept of Labor and Industries. If you are not sure whether you are eligible, please contact the Safety Director (Gary) for assistance in processing your request. It is important that this information get reported to the Dept at the time of hiring in order to receive full benefits from the program.

**MILITARY SERVICE**

\_\_\_\_\_  
Branch

\_\_\_\_\_  
From

\_\_\_\_\_  
To

\_\_\_\_\_  
Highest Rank

**DRUG AND ALCOHOL POLICY**

This company is committed to provide a safe work place for all employees and to comply with federal, state, and local laws regarding drug and alcohol testing. To meet this commitment we have implemented a company drug and alcohol policy which includes pre-employment, random, post accident, and for cause testing. If you have any questions concerning our policy, please contact the Safety Director (Gary).

**TERMS OF EMPLOYMENT**

I understand that my employment with this company can be terminated at any time without cause or advance notice. I also understand and agree that labor and craft positions are all temporary employment of limited duration with expectation of layoff on or before completion of the project. I further understand that this at will employment relation ship can only be altered by a written agreement executed by an officer of the company.

Signed: \_\_\_\_\_

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