

APPLICATION DATE: \_\_\_\_\_

**\*\* NOTICE OF DRUG SCREEN POLICY \*\***

A urine drug screen is part of Hoff Companies pre-employment process. Refusal to consent to the process or positive results from the drug screen will exclude an applicant from further consideration. Marijuana is not included in this pre-employment drug screening, however, like alcohol, it is prohibited for employees to work under the influence of marijuana or marijuana related products.



**APPLICATION FOR EMPLOYMENT**  
**"An Equal Opportunity Employer"**

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. All information given will be available only to persons who have a "need to know" or as required by law. The Company will make reasonable accommodation in the application process, if needed. Use blank paper if you do not have enough room on this application form. PLEASE PRINT, except for your signature on back of the application.

***"This application is current only for 90 days. At the end of 90 days, if you have not heard from us and still wish to be considered for employment, it will be necessary for you to fill out a new application."***

NAME: (Please Print) _____			
PRESENT ADDRESS: _____			
(Street)		(City)	(State) (Zip Code)
EMAIL ADDRESS	PHONE NUMBER	ARE YOU 18 YEARS OLD OR OLDER?	YES ( ) NO
RELATIVES AT THIS COMPANY: YES ) NO	ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES? YES NO		
RELATIONSHIP: _____	<i>(Federal Law requires proof of identity and employment authorization of all new</i>		

**EDUCATION**

EDUCATION	NAME AND LOCATION	NUMBER OF YEARS COMPLETED	DID YOU GRADUATE? YES OR NO
HIGH SCHOOL			
BUSINESS OR TRADE SCHOOL			
COLLEGE OR UNIVERSITY			
OTHER JOB RELATED TRAINING (Including MILITARY)			

OTHER JOB SKILLS: \_\_\_\_\_

HAVE YOU WORKED FOR THIS COMPANY PREVIOUSLY? YES NO IF YES, GIVE DATES: \_\_\_\_\_

JOB HELD: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

ARE YOU NOW OR DO YOU EXPECT TO BE ENGAGED IN ANY OTHER BUSINESS OR EMPLOYMENT? YES NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? (Note: A conviction record will not necessarily ban an applicant from employment.) YES NO IF YES, GIVE DETAILS: \_\_\_\_\_

\_\_\_\_\_

## RECORD OF EMPLOYMENT

<u>NAME OF NEXT PREVIOUS</u>				
EMPLOYER: _____	MO/YR STARTED: _____	MO/YR TERMINATED: _____		
ADDRESS: _____	STARTING PAY: _____	FINAL PAY: _____		
TELEPHONE: _____	JOB TITLE: _____	NAME OF SUPERVISOR: _____		
REASON FOR LEAVING: _____				
DESCRIBE THE KIND OF WORK YOU DID: _____				
<u>NAME OF NEXT PREVIOUS</u>				
EMPLOYER: _____	MO/YR STARTED: _____	MO/YR TERMINATED: _____		
ADDRESS: _____	STARTING PAY: _____	FINAL PAY: _____		
TELEPHONE: _____	JOB TITLE: _____	NAME OF SUPERVISOR: _____		
REASON FOR LEAVING: _____				
DESCRIBE THE KIND OF WORK YOU DID: _____				
<u>NAME OF NEXT PREVIOUS</u>				
EMPLOYER: _____	MO/YR STARTED: _____	MO/YR TERMINATED: _____		
ADDRESS: _____	STARTING PAY: _____	FINAL PAY: _____		
TELEPHONE: _____	JOB TITLE: _____	NAME OF SUPERVISOR: _____		
REASON FOR LEAVING: _____				
DESCRIBE THE KIND OF WORK YOU DID: _____				

MAY WE CONTACT THE ABOVE EMPLOYERS?      YES      NO

IF 'NO', INDICATE WHICH ONES YOU DO NOT WISH US TO CONTACT: \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_      WHEN CAN YOU START? \_\_\_\_\_

WHAT SCHEDULES ARE YOU WILLING TO WORK?      FULL TIME      PART-TIME      TEMPORARY

WHAT SHIFTS ARE YOU WILLING TO ACCEPT?      GRAVEYARD      SWING      DAYS

**PLEASE REVIEW THIS FORM AND MAKE SURE THAT YOU HAVE ANSWERED EACH ITEM**

*My signature below certifies that all information in this application is correct and complete to the best of my knowledge and belief. I understand that intentionally falsifying information on this application or during any interviews will result in refusal of employment or termination of employment if discovered after date of hire. I also authorize the employers, schools, or persons named above to provide information regarding my employment, education, character, and qualifications.*

*In consideration of my employment, I agree to conform to the rules of this Company, and hereby acknowledge that my employment with the Company can be terminated at any time, with or without cause, at the option of either myself or the Company. I further understand and acknowledge that nothing contained in the employee handbook received by me at the commencement of my employment if hired, nullifies or modifies the foregoing.*

DATE \_\_\_\_\_      APPLICANT'S SIGNATURE \_\_\_\_\_

**Location Contact Information:**

**Western Window**  
1815 Madison Ave  
Nampa, ID 83687  
208-461-4550

**Trimco Boise**  
1835 Commerce Ave  
Boise, ID 83705  
208-336-9000

**Trimco SLC**  
1029 Pioneer Rd  
SLC, UT 84104  
801-467-0077

**Trimco Denver**  
15000 E 39th Ave  
Aurora, CO 80011  
303-371-8888

**Corporate Office**  
1840 N Lakes Pl.  
Meridian, ID 83646  
208-884-2002