

Name:	
Address:	
Phone:	
Social Security number:	



What position are you applying for? _____

Do you have reliable transportation and a valid drivers license?	Circle: YES or NO
Do you have a CDL license?	Circle: YES or NO
Are you willing to take a drug screening test?	Circle: YES or NO
Have you been convicted of a felony in the last 5 years	Circle: YES or NO

Please describe the assets, skills, training and experiences that qualify you for the position:

WORK HISTORY: (current to past) May we contact? Circle: YES or NO

DATES TO/FROM	COMPANY	TOWN, STATE & PHONE	TITLE/POSITION	SUPERVISOR NAME

WORK REFERENCES: (NOT INCLUDING RELATIVES) May we contact? Circle: YES or NO

NAME	RELATIONSHIP	PHONE #	YEARS KNOWN
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		()	

Northwest Plant Health Care, Inc.
P.O. Box 1978, Post Falls, ID 83877
(509) 892-0110 or (208) 687-2884
Fax # (509) 892-3818
www.NorthwestPlantHealthCare.com
nphc@northwestplanthealthcare.com

I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature of applicant