



*"Safely building Quality  
structures on Schedule"*

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 Phone: (208) 344-3527  
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 Email: [jobs@nwbsinc.com](mailto:jobs@nwbsinc.com)

**EMPLOYMENT APPLICATION**

**PERSONAL INFORMATION**

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (Home) \_\_\_\_\_ Phone (Other) \_\_\_\_\_ Email Address \_\_\_\_\_

How did you hear about NWBS, Inc.?  Company Sign  Internet  Job Fair  School  Newspaper Ad  
 Employment Agency  Referral

Please Specify Where \_\_\_\_\_

- I am 18 years of age or older.  Yes  No
- If under 18, do you have a work permit?  Yes  No
- I have worked at NWBS, Inc. Before?  Yes  No
- Do you have the legal right to work in the U.S.?  Yes  No
- Have you ever been convicted of a felony?  Yes  No

If yes, explain: \_\_\_\_\_  
 (Felony convictions do not necessarily constitute an automatic bar from employment.)

Names of any friends or relatives who work here: \_\_\_\_\_

Can you perform the essential function of the job for which you are applying to with or without reasonable accommodation?  Yes  No

**EDUCATION**

School Attended	Name and Address	Major	Did you Graduate?
High School or Equivalent			
Junior College			
College or University			
Additional Educational Information or Certifications:			

**POSITION SPECIFIC**

Position applying for:  Mechanical  Plumbing  Electrical  Framing  Roofing  Exterior Finish  Final Finish/Trim  Painter  Operator/Purchasing  Other \_\_\_\_\_

Desired Pay: \_\_\_\_\_

Date available to begin work: \_\_\_\_\_

- Available for full time employment?  Yes  No
- We do have a mandatory overtime policy. Required overtime could extend your workday to 10+-hour days and/or may require working on Saturdays as needed.  
 Are you available to work this type of overtime schedule?  Yes  No
- I am on layoff status and subject to recall  Yes  No
- I can travel if required  Yes  No

**EMPLOYMENT HISTORY**

Dates of Employment From MM/YY To MM/YY		Company Name	Job Title and Duties	Starting /Ending Base Rate	Reason for Termination	Supervisor Name and Title

Resume Attached?  Yes  No

**PLEASE LIST THREE PROFESSIONAL REFERENCES**

Name	Phone Number	Relationship	May We Contact
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

The Company does not discriminate in hiring or during employment based on race, color, national origin, age, physical or mental handicap, ancestry, gender, marital status, sexual orientation, pregnancy, mental condition, citizenship or any other protected characteristic. No question on this application is intended to secure information that could be used for such discrimination.

I certify that the facts in this application and any supporting documents (i.e. resumes, etc.) are true to the best of my knowledge. I understand that my falsification, omission, or misstatement of information on this application or at any time during the employment application process may result in refusal to hire or, if hired, termination.

I understand that nothing contained in this application and any supporting documents (i.e. resumes, certificates, etc.) is intended to create an employment contract with the Company. Any employment with the Company will be based solely upon the mutual consent of the Company and me, and either party may end the at-will relationship at any time, with or without cause or notice. I further understand that the at-will nature of the employment with the Company, or any representation to the contrary, may be modified only in a document signed by the President of the Company.

I understand that if hired, I will be required to comply with all Company policies, including the Company's Confidentiality Policy requiring, among other things, that any proprietary information to which I may be exposed to during my employment be strictly confidential. I further understand that Company policies and benefits may be changed, modified, or discontinued at the sole option of the Company, with or without prior notice. I also understand that I may be required to complete a background check prior to my employment. I further understand that my employment with the Company is contingent upon the successful completion of the background check. If I fail to successfully clear the background check, the Company reserves the right to rescind my offer or, if hired, terminate my employment with the Company.

Signature \_\_\_\_\_ Date \_\_\_\_\_