

Application for Employment (continued)

WORK EXPERIENCE (USE ADDITIONAL SHEET IF NECESSARY – NEXT PAGE)

MOST RECENT EMPLOYER MAY WE CONTACT TO VERIFY? Yes No

ADDRESS

DATES OF EMPLOYMENT	TO				NAME OF SUPERVISOR:	PHONE NUMBER:
	MO	YR	MO	YR		

POSITION(S)		DUTIES:
		DUTIES:

REASON FOR LEAVING:

NAME OF COMPANY

ADDRESS

DATES OF EMPLOYMENT	TO				NAME OF SUPERVISOR:	PHONE NUMBER:
	MO	YR	MO	YR		

POSITION(S)		DUTIES:
		DUTIES:

REASON FOR LEAVING:

NAME OF COMPANY

ADDRESS

DATES OF EMPLOYMENT	TO				NAME OF SUPERVISOR:	PHONE NUMBER:
	MO	YR	MO	YR		

POSITION(S)		DUTIES:
		DUTIES:

REASON FOR LEAVING:

ACTIVITIES/AWARDS/HONORS

- | | | |
|----|--|--|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |

REFERENCES	TELEPHONE	YEARS KNOWN
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- | | | |
|----|--|--|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

LIST ANY ADDITIONAL INFORMATION YOU WOULD LIKE US TO CONSIDER

WORK EXPERIENCE

MOST RECENT EMPLOYER

MAY WE CONTACT TO VERIFY? Yes No

ADDRESS

DATES OF EMPLOYMENT	TO				NAME OF SUPERVISOR:	PHONE NUMBER:
	MO	YR	MO	YR		

POSITION(S)	DUTIES:				
	DUTIES:				

REASON FOR LEAVING:		
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NAME OF COMPANY

ADDRESS

DATES OF EMPLOYMENT	TO				NAME OF SUPERVISOR:	PHONE NUMBER:
	MO	YR	MO	YR		

POSITION(S)	DUTIES:				
	DUTIES:				

REASON FOR LEAVING:		
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NAME OF COMPANY

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	MO	YR	MO	YR		

POSITION(S)	DUTIES:				
	DUTIES:				

REASON FOR LEAVING:		
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NAME OF COMPANY

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	MO	YR	MO	YR		

POSITION(S)	DUTIES:				
	DUTIES:				

REASON FOR LEAVING:		
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NAME OF COMPANY

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	MO	YR	MO	YR		

POSITION(S)	DUTIES:				
	DUTIES:				

REASON FOR LEAVING:		
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NAME OF COMPANY

ADDRESS

DATES OF EMPLOYMENT	TO				NAME OF SUPERVISOR:	PHONE NUMBER:
	MO	YR	MO	YR		

POSITION(S)	DUTIES:				
	DUTIES:				

REASON FOR LEAVING:		
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Employment at Columbia Industries is on an "at-will" basis and is for no definite period and regardless of the date or method of payment of wages or salary, be terminated at any time with or without cause. Other than the president of Columbia Industries, no supervisor, manager, or other person, irrespective of title or position, has authority to alter the at-will status of your employment or to enter into any employment contract for a definite period of time with you. Any agreement with you altering your at-will employment status must be in writing and signed by the President of Columbia Industries and /or Human Resources Manager.

I expressly authorize, without reservation, Columbia Industries, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that if driving is a part of the position I am applying for, I will need to obtain and submit a driving record from the Department of Motor Vehicles.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that if it is a requirement of the job to obtain the Hepatitis/Tetnus series, Columbia Industries will pay for these shots. However, should I leave the employment of Columbia Industries prior to six months, I will be required to repay a portion of that cost, and \$60 will be deducted from my last paycheck.

This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of Columbia Industries is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in written and signed by Columbia Industries' President and/or Human Resource Manager.

I also understand that if I am hired, I will be required to pass a criminal background check, drug screen, and provide proof of identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard.

If employed, I agree that all material created and produced whether in written, graphic or broadcasting form, all inventions, new or changes in processes developed during my employment, are the exclusive property of the company to use and/or sell and that subsequent to my employment with this company.

I will not disclose, use or reveal any confidential information related to the company without first obtaining written consent from an officer of the company.

I certify that all information I have provided in order to apply for and secure work with Columbia Industries is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I hereby apply for employment upon the basis and understanding that such employment may be terminated at any time upon notice given to me personally or sent to my last known address.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ **Date** _____ / _____ / _____

CI Support, LLC, parent company CI Support, LLC

Disclosure and Authorization Regarding Procurement of Background Reports

In connection with employment (including contract for services), I understand that investigative background inquiries are to be made which include the (WSP), Washington State Patrol Background Check, DSHS Background Check and Background Source International. I understand that you will be requesting information regarding any criminal background and/or any criminal convictions I may have. I am being given the opportunity to disclose any information and authorize the (WSP), Washington State Patrol Background Check, DSHS Background Check and Background Source International Check to be run by CI Support, LLC, parent company Columbia Industries as per yearly (WSP) and every three year, (DSHS Background Check) contract requirements. In addition, background checks may be conducted on prospective employees, volunteers, or adoptive parents who will be or may have unsupervised access to children less than 16 years of age, developmentally disabled persons, or vulnerable adults. The (WSP) Washington State Patrol Background check, DSHS Background Checks and Background Source International Checks are used for initial employment decisions and done regularly per contract. The revised code of Washington (RCW) 43.43.830-43.43.845 gives complete information as to the law. Child/Adult Abuse Information Act background checks may be conducted by Washington State businesses or organizations.

1. I have been convicted of a crime: ___yes___no

Please explain what crime and the circumstances:

2. I have had findings made against me for a civil adjudicative proceeding: ___yes___no

Please explain:

3. I have had both a conviction and findings made against me: ___yes___no

You will be notified of the findings of the Washington State Patrol Background results within 10 days of their return.

Please print and then sign your full name with middle initial below:

_____	_____	_____	_____
First name	Middle initial	Last name	Date

Full name including middle initial signature

Affirmative Action Voluntary Information

COMPLETION OF INFORMATION BELOW IS VOLUNTARY

UPDATED 10/6

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is STRICTLY VOLUNTARY. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

PLEASE PRINT

Position(s) applied for _____ Date ____/____/____

Referral Source

Walk-In _____ Government Employment Agency _____ Private Employment Agency _____
Employee _____ Relative _____ School _____
Advertisement – Source _____ Other _____

Name of person who referred you (IF APPLICABLE): _____

Applicant Information

Name _____ Telephone # (____) _____ - _____
Last First Middle

Address _____
Street City State/Zip Code

Male _____ Female _____

Please check one of the following Equal Employment Opportunity Identification Groups:

Hispanic/Latino _____ American Indian/Alaska Native _____ Black/African American (not of Hispanic/Latino Origin) _____
Asian _____ Native Hawaiian/Other Pacific Islander _____ White (not of Hispanic/Latino Origin) _____
Two or more races (not of Hispanic/Latino Origin) _____

For Administrative Use Only

Position(s) applied for Available Not Available

Other positions considered for _____

Hired Yes No

Position hired for _____ Date of Hire ____/____/____

From the EEO job classification listed below, which one best describes the position filled?

Exec & Senior Level Officials (1.1) Mid-level Officials & Managers (1.2) Lower Level Officials & Managers (1.3)
Professionals (2) Technicians (3) Sales Workers (4)
Administrative Support Workers (5) Service Workers (6) Craft Workers (7)
Operatives (Semi-Skilled) (8) Laborers & Helpers (9)

Notes:

Columbia Industries
Veterans' Form
CI Support LLC

To fulfill our obligation of completing the annual Veterans-100 Report required by Federal Contractors, we ask that you please complete the following questionnaire. This form is voluntary.

I am a Disabled Veteran

I am a Vietnam Era Veteran

I am an "Other" Eligible Veteran

A copy of the DD 214, Certificate of Discharge or Separation from Active Duty, or other official documents issued by the branch of service are required as verification of eligibility for veterans' preference. (Note that this documentation requirement refers to eligibility for veterans' preference in federal employment but not to the determination of Other Veterans status).

Campaigns and Expeditions Which Qualify for Veterans' Preference

<i>Campaign or Expedition</i>	<i>Inclusive Dates</i>
Armed Forces Expeditionary Medal (AFEM) A veteran's DD Form 214 showing the award of any Armed Forces Expeditionary Medal is acceptable proof. The DD form 214 does not have to show the name of the theater or country of service for which that medal was awarded.	
Berlin	August 14, 1961, to June 1, 1963
Bosnia (Operations Joint Endeavor, Joint Guard, & Joint Forge)	November 20, 1995, to December 20, 1996; December 20, 1996-present; June 21, 1998-present
Cambodia	March 29, 1973, to August 15, 1973
Cambodia Evacuation (Operation Eagle Pull)	April 11-13, 1975
Congo	July 14, 1960, to September 1, 1962 & November 23-27, 1964
Cuba	October 24, 1962, to June 1, 1963
Dominican Republic	April 28, 1965, to September 21, 1966
El Salvador	January 1, 1981, to February 1, 1992
Grenada (Operation Urgent Fury)	October 23, 1983, to November 21, 1983
Haiti (Operation Uphold Democracy)	September 16, 1994, to March 31, 1995
Iraq (Operation Northern Watch)	January 1, 1997-present
Korea	October 1, 1966, to June 30, 1974
Laos	April 19, 1961, to October 7, 1962
Lebanon	July 1, 1958, to November 1, 1958; June 1, 1983, to December 1, 1987
Mayaguez Operation	May 15, 1975
Operations in the Libyan Area (Operation Eldorado Canyon)	April 12-17, 1986
Panama (Operation Just Cause)	December 20, 1989, to January 31, 1990
Persian Gulf Operation (Operation Earnest Will)	July 24, 1987, to August 1, 1990
Persian Gulf Operation (Operation Southern Watch)	December 1, 1995-present
Persian Gulf Operation (Operation Vigilant Sentinel)	December 1, 1995, to February 1, 1997
Persian Gulf Operation (Operation Desert Thunder)	November 11, 1998, to December 22, 1998
Persian Gulf Operation (Operation Desert Fox)	December 16, 1998, to December 22, 1998