



# SPECIALTY CONSTRUCTION SUPPLY

348 NW 13<sup>th</sup> Pl. • Meridian, Idaho 83642  
 Phone (208) 322-6800 • Fax (208) 322-2636 • Toll Free (888) 574-7732  
[www.specialtysupply.com](http://www.specialtysupply.com)

## Application for Employment

### Personal Information

Name:		
Home Address:		
City, State, Zip:		
Phone Number:		
Have you ever been employed with Specialty in the past? _____ If so, when? _____		

### Position Applying For

Title:	Date Available:
Referred By:	

### Essential Job Requirements

- \* Be able to drive a pickup truck pulling a trailer up to 16' in length.
- \* Be able to stand for up to 4 hours or more at a time.
- \* Be able to lift 30lbs on a repeated basis.
- \* Be able to lift 50lbs.
- \* Be able to work in extreme temperatures - from 100+ degrees to 0 degrees.

**Note:** Overtime is generally required for seasonal work in traffic control.

	Yes:	No:
Are you able to work out of town and if so for multiple days?		
Are you able to be on-call days, nights and weekends?		
Do you have any problem with working nights? Working nights being 8pm to 6am on average.		
Do you have any conflicts that would prevent you from working the scheduled hours? If so, what times and days? _____		

### Certification

Flaggers (ID, OR, MT), other?	Agency (ATSSA? Evergreen?)	Date of Expiration:

### Personal References

Name	Length of Acquaintance	Occupation	Phone Number

## Employment History (Begin With Most Recent)

<b>Company:</b> Address:  Phone:	Dates:                    thru Supervisor:  Rate of Pay:
Title and Duties:	
Reason for leaving:	

<b>Company:</b> Address:  Phone:	Dates:                    thru Supervisor:  Rate of Pay:
Title and Duties:	
Reason for leaving:	

<b>Company:</b> Address:  Phone:	Dates:                    thru Supervisor:  Rate of Pay:
Title and Duties:	
Reason for leaving:	

Please list any driving violations occurring within the past five years:    
--

*Applications are considered without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.*

*The information on this application is true and accurate to the best of my knowledge. Any false statements made intentionally may be cause for immediate reprimand and/or dismissal.*

Signature:	
Date:	