

18825 Renton Maple Valley Road SE
 Renton, WA 98058
 Ph: (425) 226-3653
 Fax: (425) 226-6398

18011 Renton Issaquah Road SE
 Renton, WA 98059
 Ph: (425) 226-4140
 Fax: (425) 228-5106



Application For Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
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How Did You Learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Inquiry
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Address	Number	Street
	City	State
		Zip Code
Telephone Number (s)		Social Security Number

Best time to contact you at home is:	____:____	AM / PM
If you are under 18 years of age, can you provide required proof of your eligibility to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever filed an application with us before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, give date: _____		
Do any of your friend or relatives, other than spouse, work here?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, state name, relationship and location: _____		
Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
May we contact your present employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Proof of citizenship or immigration status will be required upon employment.</i>		
Date available for work ____/____/____	What is your desired salary range? _____	
Are you available to work:	<input type="checkbox"/> Full Time (Please indicate 1st 2nd 3rd shift) <input type="checkbox"/> Part Time (Please indicate Mornings Afternoons Evenings) <input type="checkbox"/> Temporary (Please indicate dates available ____/____ - ____/____)	
Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you travel if a job requires it?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
WE ARE AN EQUAL OPPORTUNITY EMPLOYER		

EDUCATION

School	Name and Address of School	Course of Study	Years Completed	Diploma / Degree
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason For Leaving			May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason For Leaving			May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason For Leaving			May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason For Leaving			May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Comments: Include explanation of any gaps in employment.

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States Military.

SPECIALIZED SKILLS (Skills/Equipment Operated)

Other Qualifications Summarize special job-related skills and qualifications acquired from employment or other experience.

Production / Mobile Machinery List	Office Machines / Computer Program List

ADDITIONAL INFORMATION

State any additional information you feel may be helpful to us in considering your application.

REFERENCES Do not include family members or past supervisors.

NAME	PHONE NUMBER	Best Time to Call	Occupation
1.			
2.			
3.			

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which mean that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

All applications need to be returned to the corporate offices at:

P.O. Box 1347
Monroe, WA 98272
Ph: (360)794-6220/Fax:(360)794-6059