

6525 • 188TH ST. NE. • ARLINGTON, WA 98223 PHONE • (360) 435-5564

Application for Employment

Today's Date:_____

First Name:	Last Name:					
Street Address:	City/State/Zip Code:					
Primary Phone:()	Email Address:					
Have you ever worked for Steel-	Walk-In Other hat you are legally able to work in the United States? Yes No Fab Inc.? Yes No If yes, when?: loyed by Steel-Fab Inc.:					
	II. Employment					
Position Desired:	Salary Desired:					
 What days and hours are you av 	ailable for work?					
	pegin work?					
Are you available to work overtime if necessary?						
Ves No						
·	ential functions of the job for which you are applying? Note: We comply with the reasonable accommodation measures that may be necessary for eligible applicants to perform essential functions					
 Are you able to perform the essential Americans with Disabilities Act and will consider Yes No Are you over 18 years of age? 						
 Are you able to perform the essential Americans with Disabilities Act and will consider to Yes No	reasonable accommodation measures that may be necessary for eligible applicants to perform essential functions					

Name & City of School:______ Number of years completed: _____

Did you graduate?	Yes	_ No	_ Degr	ree(s) or Diploma(s):			
Major Field(s) of stud	y:						
College or University							
Name & City of School	ol:				Number of y	ears complet	ed:
Did you graduate?	Yes	_ No	_ Degr	ree(s) or Diploma(s):			
Major Field(s) of stud	ý:						
		Sales.	V.	Employment History			
	Please ac	count for your	last three er	mployers, beginning with your current or m	ost recent employer.		
Phone Number:(_)			Employment start date:	En	d date:	
Job Title:							
Specific job duties:							
Hours and days worke	ed:						
Is this your current er	nployer?	Yes	No	May we contact th	nis employer?	Yes	Vo
Reason for leaving:							
Positions Held:							
Company Name & Ad	dress:						
				Employment start date:			
				May we contact th			
Reason for leaving:							
Positions Held:							
Company Name & Ad	dress:						
				_ Employment start date:			

Job Title:	
Specific job duties:	
Is this your current employer? Yes No	May we contact this employer? Yes No
Reason for leaving:	
	VI. Personal References
	NOT related to you who have known you for at least five (5) years.
Name of Reference:	Phone Number:()
Years Acquainted:	
Name of Reference:	Phone Number:()
Years Acquainted:	
	VII. Military Service
	ant's Statement & Authorization
knowledge and hereby authorize the investigation of employments of the standard and agree that an justification for refusal or termination of employments.	I have provided on this application is accurate to the best of my ation of all statements contained in this application to be verified by y misrepresentation or omission of facts in this application will be loyment, regardless of the time elapsed before discovery. I understand for is at-will and such employment may be terminated at any time er myself or Steel-Fab Inc.
Applicant Signature:	Date:
Do Not Wi	rite Below This Line – Office Use Only
Interviewed By:	
Remarks:	
Hired? Yes No Position:	Start Date: Wage:

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