



MACHINE AND FABRICATION  
INDUSTRIES LLC  
7032 SOUTH 196TH STREET  
KENT WA 98032  
MACHINEANDFABLLC.COM  
OFFICE: 253.395.3630  
FAX: 253.395.8071

*Application for Employment*

\_\_\_\_\_ Date

**PERSONAL INFORMATION**

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

\_\_\_\_\_ Street Address

\_\_\_\_\_ City State Zip Home Phone Cell Phone

\_\_\_\_\_ Social Security Number

Have you ever applied for employment with Machine and Fabrication before? Yes \_\_\_\_\_ No \_\_\_\_\_

Position Desired \_\_\_\_\_ Pay Requirement \_\_\_\_\_

Work Desired: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Shift Preferred 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

Will you work overtime if asked? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you 18 or older? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you legally eligible for employment in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Date you are available to begin work? \_\_\_\_\_

Do you need any special accommodations to adequately perform your job? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please list requirements: \_\_\_\_\_

Have you been convicted of crimes, other than traffic offenses, within the last ten (10) years? Yes \_\_\_\_\_ No \_\_\_\_\_  
(Such convictions may be relevant if job related but do not bar you from employment)

Please explain: \_\_\_\_\_

**EDUCATION** (Start with most recent)

1. \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

\_\_\_\_\_ School Name Telephone Dates Attended

\_\_\_\_\_ Address City/ State Zip

\_\_\_\_\_ Major Graduation GPA



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2.

	From:	To:
School Name	Telephone	Dates Attended
Address	City/ State	Zip
Major	Graduation	GPA

3.

	From:	To:
School Name	Telephone	Dates Attended
Address	City/ State	Zip
Major	Graduation	GPA

**EMPLOYMENT HISTORY** (Start with most recent employer)

1.

	From:	To:
Company Name	Telephone	Dates of Employment
Address	City/ State	Zip
Title & Job Description	Hourly Pay	Name of Supervisor
Reason for Leaving		

2.

	From:	To:
Company Name	Telephone	Dates of Employment
Address	City/ State	Zip
Title & Job Description	Hourly Pay	Name of Supervisor
Reason for Leaving		

3.

	From:	To:
Company Name	Telephone	Dates of Employment
Address	City/ State	Zip
Title & Job Description	Hourly Pay	Name of Supervisor
Reason for Leaving		

**MILITARY**

Did you serve in the U.S. Armed Forces? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what branch? \_\_\_\_\_

Honorable Discharge? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, explain: \_\_\_\_\_



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**REFERENCES**

Name	Relationship	Phone
Name	Relationship	Phone
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Are there pre-scheduled appointments that would require you to miss time from work? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Please explain: \_\_\_\_\_

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice.

By signing this application I agree to submit to pre-employment, post-accident and random drug screening before, during and/or after any work assignment. Likewise, I authorize MACHINE & FABRICATION INDUSTRIES to obtain necessary background information including criminal, credit and Department of Motor Vehicles records.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other person, corporations or organizations for furnishing such information.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_