



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

GENERAL INFORMATION

Today's Date: _____

Name (Last)	(First)	(Middle Initial)	Home Telephone () -
Address (Mailing Address)	(City)	(State)	(Zip) Other Telephone () -
E-Mail Address	Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you use tobacco? <input type="checkbox"/> Yes <input type="checkbox"/> No		

POSITION

Position Desired	Will Accept: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary	Shift: <input type="checkbox"/> Day <input type="checkbox"/> Swing <input type="checkbox"/> Graveyard <input type="checkbox"/> Rotating
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Salary Desired	Date Available	

EDUCATION AND TRAINING

High School Graduate Or General Education (GED) Test Passed? Yes No

If no, list the highest grade completed _____

College, Business School, Military (Most recent first)

Name and Location	Dates Attended Month/Year	Credits Earned		Graduate	Degree & Year	Major or Subject
		Quarterly or Semester Hours	Other (Specify)			
	From			<input type="checkbox"/> Yes		
	To			<input type="checkbox"/> No		
	From			<input type="checkbox"/> Yes		
	To			<input type="checkbox"/> No		
	From			<input type="checkbox"/> Yes		
	To			<input type="checkbox"/> No		

Reference	Number	email	Relationship
Reference	Number	email	Relationship
Reference	Number	email	Relationship

Languages Read, Written or Spoken Fluently Other Than English

VETERAN INFORMATION (Most recent)

Branch of Service	Date of Entry	Date of Discharge
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SPECIAL SKILLS, LICENSES OR CERTIFICATES

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WORK EXPERIENCE (Most Recent First)

Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving
Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties		Hours Per Week
		Last Salary
		Supervisor
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		Last Salary
		Supervisor
		Reason For Leaving

I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal. 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 LLC 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** _____