



APPLICATION FOR EMPLOYMENT

Thank you for applying for employment with PACIFIC WELDING SUPPLIES, LLC.

Our application process may include any of the following:

1. A completed application
2. Reference Checks
3. Interviews
4. Written Evaluations
5. Physical / Drug Screen
6. Driving Record Check
7. Credit Check
8. Criminal Record Check

Many of the areas of our application process require us to inquire about your past employment and other areas you may consider to be private. However, this process is necessary for us to properly evaluate your suitability for employment with us. Knowing this, if you wish to continue with our application process, please sign the acknowledgement below.

I, _____ (print name), understand that the application process with PACIFIC WELDING SUPPLIES, LLC may include, among other areas, inquiry into my past employment, written evaluation and a physical/drug screen. I authorize PACIFIC WELDING SUPPLIES to make these inquiries and administer evaluations and the physical/drug screen, and I waive my rights to privacy in these areas. I understand that information received will be kept confidential and released only to those personnel involved in the hiring process.

Signature

Date

Position Desired _____ [] Part-time [] Full-time Date _____

Name _____
(PLEASE PRINT) LAST FIRST MIDDLE

Present Address _____ Telephone # _____
STREET AND NUMBER CITY STATE ZIP

Social Security Number _____ Are you under 18 years of age? [] Yes [] No
(The law prohibits age discrimination)

Were you previously employed by us? [] Yes [] No If Yes, when? _____

Valid Washington Drivers License? [] Yes [] No How did you hear of us? _____

If your application is considered favorably, what date will you be able to begin work? _____

What are your salary expectations? _____

Have you ever pled guilty or "no contest" to, or been convicted of, a misdemeanor or felony in the last 10 years?
[] Yes [] No If Yes, please give the date(s) and details: _____

Have you been arrested for any matters for which you are out on bail or on your own recognizance pending trial?
[] Yes [] No If Yes, please give the date(s) and details: _____

Note: Answering "Yes" to these questions does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. (Do not include minor traffic infractions, and convictions for which the record has been sealed or expunged, any conviction for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed, referrals to and participation in any pretrial diversion programs, and marijuana-related offenses that occurred over two years ago in answering these questions.)

Do you have adequate transportation to and from work? [] Yes [] No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
[] Yes [] No If Yes, please explain: _____
Have you ever been in the Military Service? [] Yes [] No

EDUCATION

SCHOOL NAME	YEARS COMPLETED	DIPLOMA/DEGREE	DESCRIBE COURSE OF STUDY/MAJOR
High School:	(Circle) 9 10 11 12		
College/University:	1 2 3 4		
Graduate/Professional:	1 2 3 4		
Trade or Correspondence:			
Other:			

CO-WORKER REFERENCES

Please list persons who you know well – *not* previous employers, supervisors or relatives

NAME	OCCUPATION	ADDRESS (Street, City & State)	TELEPHONE NUMBER

EMPLOYMENT RECORD

List most current or last position first (additional pages available if needed)

DATES	COMPANY INFO	DETAILED JOB DESCRIPTION
From (Mo/Yr) To (Mo/Yr) Reason for Leaving: May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Firm: _____ Address: _____ City/State/Zip: _____ Phone: _____ Supervisor: _____ Title: _____ Starting Pay: _____ Ending Pay: _____	Title: Job Description:
From (Mo/Yr) To (Mo/Yr) Reason for Leaving: May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Firm: _____ Address: _____ City/State/Zip: _____ Phone: _____ Supervisor: _____ Title: _____ Starting Pay: _____ Ending Pay: _____	Title: Job Description:
From (Mo/Yr) To (Mo/Yr) Reason for Leaving: May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Firm: _____ Address: _____ City/State/Zip: _____ Phone: _____ Supervisor: _____ Title: _____ Starting Pay: _____ Ending Pay: _____	Title: Job Description:
From (Mo/Yr) To (Mo/Yr) Reason for Leaving: May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Firm: _____ Address: _____ City/State/Zip: _____ Phone: _____ Supervisor: _____ Title: _____ Starting Pay: _____ Ending Pay: _____	Title: Job Description:
From (Mo/Yr) To (Mo/Yr) Reason for Leaving: May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Firm: _____ Address: _____ City/State/Zip: _____ Phone: _____ Supervisor: _____ Title: _____ Starting Pay: _____ Ending Pay: _____	Title: Job Description:
From (Mo/Yr) To (Mo/Yr) Reason for Leaving: May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Firm: _____ Address: _____ City/State/Zip: _____ Phone: _____ Supervisor: _____ Title: _____ Starting Pay: _____ Ending Pay: _____	Title: Job Description:
From (Mo/Yr) To (Mo/Yr) Reason for Leaving: May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Firm: _____ Address: _____ City/State/Zip: _____ Phone: _____ Supervisor: _____ Title: _____ Starting Pay: _____ Ending Pay: _____	Title: Job Description:

List any certificates or training that will help you in this position: _____

List courses and training other than listed elsewhere on this application:

List any special equipment or technical materials you can work with (other than those already listed):

Have you ever been terminated or asked to resign from any job? Yes No

If Yes, Please explain circumstances: _____

Please explain fully any gaps in your employment history: _____

Have you ever used another name: Yes No Is any additional information relative to change of name, use of an assumed name, or nickname necessary to enable a check on your work and educational record?

If Yes, please explain: _____

How many days of work have you missed in the last three years due to reasons other than paid holiday and vacation?

Year	# of Days	Year	# of Days	Year	# of Days
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We are an at-will employer: Employment at-will may be terminated with or without cause or notice by us or the employee.

The facts set forth in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history by contacting any persons or firms listed to substantiate claims of my employment, education, character, etc. I understand that this application does not constitute a contract for employment.

Signature

Date

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF NINETY (90) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

Equal Opportunity Employer