

Global Machine Works, Inc

19130 59Th Dr Ne; Arlington, WA 98223 Ph: (360)403-8432 Fax: (360)435-6387 OFFICE USE ONLY Date Received: Reviewed by:

Employment Application

This document is not a contract of employment.

PLEASE PRINT ALL INFORMATION

Applicant Information

Name				
Last	First		Middle	
Present AddressNumber	Street	City	State	Zip
How Long at current address		City	State	2.15
Home Phone ()	Cell Phone ()			
Are you under the age of 18? []YES []NO, If	"YES", can you provide pro	oof of your eligibility to	work" []Y []N	
Are you currently authorized to work in the Unite	d States? []Y []N. Proof	of eligibility will be req	uired if hired.	
Position applied for	Wage desired _	F	Iours available per week	
Shift able to work: [] DAYS (5:30am-4:00pm M	on-Thu) []NIGHTS (3:45	5pm-2:15am Mon-Thu)	[] WEEKENDS (5:00a	m-5:30pm Fri-Sun)
Employment desired: [] FULL-TIME ONLY [] PART-TIME ONLY [] FULL-OR-PART TIME				
Are you available to work weekends? []Y []N Overtime? []Y [] N Date available to start work				
How were you referred to Global Machine Works, Inc?				
Personal Information:				
Have you ever applied to / worked for GMW bef	ore?[] Y or [] N; If yes, p	lease explain (include da	te):	
Do you have any friends, relatives, or acquaintances working for GMW? [] Y or [] N; If yes, state name & relationship:				
If hired, would you have transportation to/from work? [] Y or [] N If hired, would you be able to stand during 10 hour shift? [] Y or []N				
If hired, would you be able to lift 75lbs? [] Y or [] N. If hired, are you willing to submit to and pass a controlled substance test? [] Y or [] N				
Are you able to perform the essential functions of the job for which you are applying, either with / without reasonable accommodation? [] Y or [] N				
If no, describe the functions that cannot be perform	med			
(Note: Global Machine Works, Inc complies with the A. applicants/employees to perform essential functions. It a medical professional.)				
Have you ever been convicted of a crime which is sul A conviction record will not necessarily disqualify you		ons or qualification of the j	ob you are applying?[]	Y or [] N
If yes, please explain number of conviction (s), n sentence(s), and type(s) of rehabilitation.	- · · · · · · · · · · · · · · · · · · ·		-	s/were committed,
(Note: No applicant will be denied employment solely of any significant details that affect the description of the chowever, be considered.)				

Page 1 Form No.: 0024 Rev New



Employment Application

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Education, Training an					
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)		No. YEARS COMPLETED	MAJOR & DEGREE
High School					
College					
Bus. Or Trade School					
Professional School					
Please list two reference	ces other than relatives.	•			
Name:			Name:		
Position:			Position:		
Company:		Company:			
Address:		Address:			
Phone ()		Phone ()			
considered in evaluating and other activities you	to elaborate on any backgrong ng your qualifications for en u believe relevant. Please o nic origin, religious or polit	mployr omit ar	ment. You may include ny information that wou	hobbies, volunteer	experience,
Additional Information	ı				
Do you speak, write or unders	stand any foreign languages? [] Y o	or [] N			
If yes, describe which language	ges(s) and how fluent of a speaker y	ou consi	der yourself to be		

Page 2 Form No.: 0024 Rev New



Employment Application

PLEASE PRINT ALL INFORMATION

		MILITARY			
HAVE YOU EVER BEEN IN THE ARMED FORCES? []YES [] NO					
ARE YOU NOW A	MEMBER OF THE NATIONA	L GUARD? [] YES [] NO)		
Specialty	Da	te Entered	Discharge Date		
Work Experience	Please list your work experience for the past seven years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.				
Name of employer		Name of last supervisor	Employment dates	Pay or Salary	
City, State, Zip			From:	Start: \$	
Phone No.			То:	Final: \$	
	Your last job title:				
Reason for leaving	(be specific)	·			
company.					
		Name of last supervisor	Employment dates	Pay or Salary	
City, State, Zip			From:	Start: \$	
Phone No.			To:	Final: \$	
		Your last job title:			
Reason for leaving (be specific)					
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.					
Address City, State, Zip Phone No. Reason for leaving (be specific) List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. Name of employer Address City, State, Zip Phone No. Name of last supervisor From: Start: \$ To: Final: \$ Your last job title: Reason for leaving (be specific) List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.					

Page 3 Form No.: 0024 Rev New



Employment Application

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

Work Experience	Please list your work experience for the past seven years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.				
Name of employer		Name of last supervisor	Employment dates	Pay or Salary	
Address City, State, Zip		_	From:	Start: \$	
Phone No.			To:	Final: \$	
			10.	Ι ψ	
		Your last job title:			
Reason for leaving	(be specific)				
List the jobs you he company.	eld, duties performed, skills used or le	arned, advancements o	or promotions while you	worked at this	
		I	1		
Name of employer Address		Name of last supervisor	Employment dates	Pay or Salary	
City, State, Zip			From:	Start: \$	
Phone No.			To:	Final: \$	
		Your last job title:			
Reason for leaving	(be specific)				
List the jobs you he company.	eld, duties performed, skills used or le	arned, advancements o	or promotions while you	worked at this	
May we contact your present employer? [] YES [] NO					
Did you complete this application yourself? []YES [] NO If not, who did?					
I declare under penalty of perjury that the foregoing is true and correct.					
X					
Applicant's Signat	ure	Date			

Page 4 Form No.: 0024 Rev New