

# **Global Machine Works, Inc** 19130 59<sup>th</sup> Dr NE Arlington, WA 98223 (360)403-8432

### **EMPLOYMENT APPLICATION** This document is not a contract of employment.

Applicant Information		Please Print Information	
Name			
First	Middle	Last	
Address			
Phone			
Are you under the age of 18? []YES []NO, If "YI	ES", can you provide proof of	your eligibility to work" []Y []N	
Are you currently authorized to work in the United S	States? []Y []N. Proof of elig	gibility will be required if hired.	
Position applied for	Wage desired	Hours available per week	
Shift able to work: [] DAYS (5:30am-4:00pm Mon Sun)_	-Thu) []NIGHTS (3:45pm-2:	15am Mon-Thu) [] WEEKENDS (5:00am-5:30pm Fri-	
Employment desired: [] FULL-TIME ONLY [] P	ART-TIME ONLY [] FULI	L-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, Ir	nc?		
Personal Information			
Have you ever applied to / worked for GMW before	? [ ] Y or [ ] N; If yes, please e	xplain (include date):	
Do you have any friends, relatives, or acquaintances work	ing for GMW? []Y or []N; I	f yes, state name & relationship:	
If hired, would you have transportation to/from work	k?[]Y or []N If hired, wou	ld you be able to stand during 10 hour shift? []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 performed \_\_\_\_

(Note: Global Machine Works, Inc complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)



#### **Education**, Training and Experience

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	No. YEARS COMPLETED	MAJOR & DEGREE
High School				
College			_	
Bus. Or Trade School				
<b>Professional School</b>				

Please list two references other than relatives.

Name:	Name:
Position:	Position:
Company:	Company:
Address:	Address:
Phone ( )	Phone ( )

Please use this space to elaborate on any background, experience, or qualification that you believe should be considered in evaluating your qualifications for employment. You may include hobbies, volunteer experience, and other activities you believe relevant. Please omit any information that would disclose your race, gender, age, marital status, ethnic origin, religious or political affiliations, or disability.

#### **Additional Information**

Do you speak, write or understand any foreign languages? [] Y or [] N

If yes, describe which languages(s) and how fluent of a speaker you consider yourself to be. \_



# **Employment Application**

PLEASE PRINT ALL INFORMATION

## MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? []YES []NO

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? [] YES [] NO

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

Please list your work experience for the past seven years beginning with your most recent Work job held. If you were self-employed, give firm name. Attach additional sheets if necessary. Experience

Name of employer Address City, State, Zip	Name of last supervisor	Employ	ment dates	
		From:	То:	
Phone No.				
	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.				

Name of employer Address	Name of last supervisor	Employment dates	
City, State, Zip		From:	То:
Phone No.			
	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.



Work	Please list your work experience for the past seven years beginning with your most recent
Experience	job held. If you were self-employed, give firm name. Attach additional sheets if necessary.
Experience	Job noid. If you wore soft-omproyed, give min nume. Atach additional sheets in necessary.

Name of employer Address	Name of last supervisor	Employment dates	
City, State, Zip Phone No.		From:	To:
	Your last job title:		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or lea company.	arned, advancements or	r promotions while you	worked at this

Name of employer Address	Name of last supervisor	Employme	nt dates	
City, State, Zip		From:	To:	
Phone No.				
	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.				

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.

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Applicant's Signature