

# APPLICATION FOR EMPLOYMENT

**An Equal Opportunity Employer**

*(Application will remain active for 90 days)*

Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Street City State Zip

Position Applied for\*: \_\_\_\_\_ Referral Source: \_\_\_\_\_

*\*Applications not listing a specific open position(s) will not be considered.*

Are you at least 18 years of age?  Yes  No

Are you a U.S. Citizen or legally authorized to work in the U.S.?  Yes  No

Date you are able to start work: \_\_\_\_\_

May we contact your current employer?  Yes  No

Are you on layoff status or subject to recall elsewhere?  Yes  No

Pay Expected: \$ \_\_\_\_\_ per \_\_\_\_\_

If hired, how long do you plan to continue working for the company? \_\_\_\_\_

Do you wish to work:  Full-time  Part-time  Temporary

Are you willing and available to work?  On call  
 Days  Evenings  Nights  
 Overtime  Weekends  Holidays

If applying for a job that requires one, do you have a valid driver's license?  Yes  No

Do you smoke?  Yes  No

Will you be able to perform the essential functions of the job, with or without reasonable accommodation?  Yes  No

If you require accommodation, please describe: \_\_\_\_\_

Have you been convicted of a felony or misdemeanor?  Yes\*  No

If yes, please explain: \_\_\_\_\_

*\*A "yes" answer will not necessarily bar an applicant from employment; failure to provide accurate information will.*

Have you previously applied with us?  Yes  No

If yes, when? \_\_\_\_\_

Have you previously worked with us?  Yes  No

If yes, when? \_\_\_\_\_

Are any of your records under a different name?  Yes  No

If yes, what name \_\_\_\_\_

Do you have any relatives working for us?  Yes  No

If yes, who? \_\_\_\_\_

Is there any reason you might be unable to meet our attendance requirements?  Yes  No

If yes, please explain: \_\_\_\_\_

EDUCATION/ TRAINING	Name and Location of School	Did You Graduate?	Subjects Studied
HIGH SCHOOL			
COLLEGE			
OTHER			
OTHER			

Are you taking or do you plan to take any additional education? If so, what? \_\_\_\_\_

**PLEASE LIST WORK EXPERIENCE, INCLUDING MILITARY AND VOLUNTEER EXPERIENCE**

**Current or Last Employer:**

Address: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Start Date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Rate of Pay: \$ \_\_\_\_\_

Job Title and Duties: \_\_\_\_\_

Why Did You Leave? \_\_\_\_\_

**Previous Employer:**

Address: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Start Date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Rate of Pay: \$ \_\_\_\_\_

Job Title and Duties: \_\_\_\_\_

Why Did You Leave? \_\_\_\_\_

**Previous Employer:**

Address: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Start Date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Rate of Pay: \$ \_\_\_\_\_

Job Title and Duties: \_\_\_\_\_

Why Did You Leave? \_\_\_\_\_

**PRODUCTION SKILLS CHECKLIST**

Please complete if applying for manufacturing, maintenance or shipping/receiving

Please rate your experience with the following items:

	<u>Some</u> <u>Exposure</u>	<u>Proficient</u>	<u>Years of</u> <u>Experience</u>		<u>Some</u> <u>Exposure</u>	<u>Proficient</u>	<u>Years of</u> <u>Experience</u>
Blueprint reading	<input type="checkbox"/>	<input type="checkbox"/>	_____	Other Assembly	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fitting	<input type="checkbox"/>	<input type="checkbox"/>	_____	Countersinking	<input type="checkbox"/>	<input type="checkbox"/>	_____
Micrometer	<input type="checkbox"/>	<input type="checkbox"/>	_____	Riveter (hand)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Caliper	<input type="checkbox"/>	<input type="checkbox"/>	_____	Riveter (machine)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pi Tape	<input type="checkbox"/>	<input type="checkbox"/>	_____	Upset Rivet	<input type="checkbox"/>	<input type="checkbox"/>	_____
Deburring	<input type="checkbox"/>	<input type="checkbox"/>	_____	Blind Rivet	<input type="checkbox"/>	<input type="checkbox"/>	_____
Disc Grinder	<input type="checkbox"/>	<input type="checkbox"/>	_____	Tig Welding	<input type="checkbox"/>	<input type="checkbox"/>	_____
Belt Grinder	<input type="checkbox"/>	<input type="checkbox"/>	_____	Mig Welding	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sanders	<input type="checkbox"/>	<input type="checkbox"/>	_____	Spot/Seam Welding	<input type="checkbox"/>	<input type="checkbox"/>	_____
Band Saw	<input type="checkbox"/>	<input type="checkbox"/>	_____	Resistance Welding	<input type="checkbox"/>	<input type="checkbox"/>	_____
Circular Table Saw	<input type="checkbox"/>	<input type="checkbox"/>	_____	Liebert Trimmer	<input type="checkbox"/>	<input type="checkbox"/>	_____
Manual Mill Machine	<input type="checkbox"/>	<input type="checkbox"/>	_____	Height Gauge	<input type="checkbox"/>	<input type="checkbox"/>	_____
Manual Lathe	<input type="checkbox"/>	<input type="checkbox"/>	_____	Dimensional Inspection	<input type="checkbox"/>	<input type="checkbox"/>	_____
CNC Mill	<input type="checkbox"/>	<input type="checkbox"/>	_____	Die Penetrant testing	<input type="checkbox"/>	<input type="checkbox"/>	_____
CNC Lathe	<input type="checkbox"/>	<input type="checkbox"/>	_____	Xray Inspection	<input type="checkbox"/>	<input type="checkbox"/>	_____
Amada Laser	<input type="checkbox"/>	<input type="checkbox"/>	_____	Power Roll	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bystronics Laser	<input type="checkbox"/>	<input type="checkbox"/>	_____	Power Drill	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mazak Laser	<input type="checkbox"/>	<input type="checkbox"/>	_____	Automatic Stapler	<input type="checkbox"/>	<input type="checkbox"/>	_____
CNC Laser Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	Nail Gun	<input type="checkbox"/>	<input type="checkbox"/>	_____
CNC Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	Hand Saw	<input type="checkbox"/>	<input type="checkbox"/>	_____
Press Brake	<input type="checkbox"/>	<input type="checkbox"/>	_____	Personal Computer	<input type="checkbox"/>	<input type="checkbox"/>	_____
Drill Press	<input type="checkbox"/>	<input type="checkbox"/>	_____	ERP/MRP System	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hydraulic Press	<input type="checkbox"/>	<input type="checkbox"/>	_____	Fork Lift	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tube Bender	<input type="checkbox"/>	<input type="checkbox"/>	_____	Aerospace Manufacturing	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sand Blaster	<input type="checkbox"/>	<input type="checkbox"/>	_____	Other Manufacturing	<input type="checkbox"/>	<input type="checkbox"/>	_____
Metal Assembly	<input type="checkbox"/>	<input type="checkbox"/>	_____	CDL Endorsement	<input type="checkbox"/>	<input type="checkbox"/>	_____

Which types of metal do you have experience working with?

Stainless steel  Titanium  Nickel  Aluminum  Steel  Others: \_\_\_\_\_

What is the highest level of math you have taken in school or used on the job?

Basic  Algebra  Geometry  Trigonometry  Calculus  Other: \_\_\_\_\_

List any machines you are skilled in using: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List any skills, abilities, certificates, or licenses you have which are pertinent to the position: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please feel free to add any special accomplishments or information you would like considered in evaluating your application: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

---

**PLEASE READ EACH OF THE FOLLOWING ITEMS BEFORE SIGNING THIS APPLICATION**

---

1. As a final step in the hiring process, an applicant may be subject to an employment entrance exam that may include screening for illegal drugs. Applicants who confirm positive on drug screening will not be considered for employment. If a job offer is made, it may be made contingent upon the successful passing of a physical examination.
2. **I CERTIFY** that the facts contained in this application are true and complete to the best of my knowledge and understand that false, misleading or incomplete statements on this application shall be grounds for refusal to hire or dismissal, if hired.
3. **I AUTHORIZE** the company to investigate information concerning my previous employment, education and background. I further release all parties from all liability for any damage that may result from furnishing or receiving such information.
4. **I ACKNOWLEDGE** that any offer of employment may be withdrawn or my employment may be terminated at any time, with or without prior notice, with or without cause, at the option of the company or myself.
5. **I UNDERSTAND** that no representative of the company has authority to enter into any agreement for employment for any specified period of time or to make other commitments or promises, or assure any benefit or terms and conditions of employment unless such promises are made in writing and signed by the President of the company.
6. **I UNDERSTAND** that all company property must be returned and any indebtedness to the company must be paid on or before my last day of work. I authorize the company to deduct from my final paycheck an amount necessary to satisfy any unpaid obligation.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_



METAL FABRICATORS  
**CAPITAL INDUSTRIES, INC.**

5801 3RD AVE. SO. \* P.O. BOX 80983 \* SEATTLE, WA 98108

**APPLICANT EQUAL EMPLOYMENT OPPORTUNITY DATA SHEET  
AFFIRMATIVE ACTION INFORMATION**

It is the policy of this organization to provide equal employment opportunity to all qualified applicants for employment without regard to race, color, religion, national origin, sex, age, veteran status or disability.

Various agencies of the government require employers to invite applicants to identify themselves as indicated below. Completion of this form is voluntary and in no way affects the decision regarding your application for employment. This form is confidential and will be removed from your application and maintained in a separate file. Your participation is appreciated.

PLEASE PRINT

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
                    Last                      First                      Middle

Position Applied For: (List only one) \_\_\_\_\_

What is your race/ethnic origin?

- White
- Hispanic / Latino
- American Indian / Alaskan Native
- Black / African American
- Asian
- Native Hawaiian / Pacific Islander

What is your sex?

- Male
- Female



METAL FABRICATORS  
**CAPITAL INDUSTRIES, INC.**

5801 3RD AVE. SO. \* P.O. BOX 80983 \* SEATTLE, WA 98108

## EMPLOYEE EQUAL EMPLOYMENT OPPORTUNITY DATA SHEET VETERAN STATUS INFORMATION

It is the policy of this organization to provide equal employment opportunity to all employees without regard to race, color, religion, national origin, sex, age, veteran status or disability. Various agencies of the government require employers to invite employees to identify themselves as indicated below. This form is used solely to compile statistical data required by government agencies, and will be used for no other purpose.

PLEASE PRINT

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

Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

What is your veteran status (Please select one – refer to definition below)

- Vietnam Era Veteran, Non-disabled
- Vietnam Era Veteran, Disabled
- Non-Vietnam Era Veteran, Non-disabled
- Non-Vietnam Era Veteran, Disabled
- Newly Separated Veteran (active service ended within one year of today's date)
- Non-Veteran

Signature: \_\_\_\_\_

### DEFINITIONS

**Disabled Veteran:** (1) A veteran who is entitled to compensation (or who but for receipt of military retired pay would be entitled to compensation) under laws administered by the U. S. Veterans Administration for a disability (i) rated at 30 percent or more, or (ii) rated at 10-20 percent in the case of a veteran who has been determined under Section 1506 of Title 38, U.S.C., to have a serious employment handicap; or (2) a person who was discharged or released from active U. S. military duty because of a service-connected disability.

**Vietnam Era Veteran:** A veteran, any part of whose active U.S. military, naval, or air service was during the period August 5, 1964, through May 7, 1975, who (i) served on active duty for a period of more than 180 days and was discharged or released therefrom with other than a dishonorable discharge, Or (ii) was discharged or released from active duty because of a service connected disability