



(360) 892-9542

FAX (360) 892-8519

## EMPLOYMENT APPLICATION

Instructions: Type or legibly print this application using dark ink only. Application should be filled out in its entirety. An incomplete application may disqualify you from further consideration.

GENERAL INFORMATION				
POSITION APPLYING FOR:			SOCIAL SECURITY NUMBER:	
Last name:		First Name:		Middle Initial:
Address:		City, State:		Zip Code:
Home Phone:	Work Phone:	Cell Phone:	Message Phone:	Email:
Washington State labor laws restrict some employment from persons under 18 years old. Are you at least 18 years old? Yes <input type="checkbox"/> No <input type="checkbox"/>			Are you legally eligible for employment in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Will you accept: <input type="checkbox"/> Regular <input type="checkbox"/> Temporary		Shifts you will accept: <input type="checkbox"/> Day <input type="checkbox"/> Evening		
Will you accept: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		<input type="checkbox"/> Night <input type="checkbox"/> Weekend		
Have you been convicted or released from prison within the last 10 years? Have you ever been convicted, pled guilty or no contest, or forfeited bond or bail for any crime other than traffic violations (do NOT list any conviction for which the date of conviction or prison release, whichever is more recent, is more than 10 years old)? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, explain below. <i>(A conviction record will not necessarily bar you from employment.)</i>				
Date	Charge	Sentence	Remarks	

## EDUCATION

Name of High School, College, Vocational School	Major	Full Years Completed	Degree Received Yes / No	Degree / Title	Credit Hours
Indicate any other trades, skills, or licenses you possess related to the position. Include licensing state and expiration date:					

"Serving Clark County Since 1981"

Contractor's State License #METFAHI13002



## EMPLOYMENT HISTORY

List your applicable work experience, starting with most recent first, including self-employment, military service, and volunteer work.

<b>MOST RECENT POSITION</b>		Dates Employed:  From:  To:  Hours per Week:  Final Salary:
Employer:		
Address:		
Position:	Number of employees you supervised:	
Supervisor:	Phone Number:	
Specific Duties:		
Reason for leaving or considering change:		May we contact your current employer?   Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>OTHER EXPERIENCE</b>		Dates Employed:  From:  To:  Hours per Week:  Final Salary:
Employer:		
Address:		
Position:		
Position:	Number of employees you supervised:	
Supervisor:	Phone Number:	
Specific Duties:		Final Salary:
Reason for leaving:		
<b>OTHER EXPERIENCE</b>		
Employer:		
Address:		
Position:		To:  Hours per Week:  Final Salary:
Position:		
Supervisor:		
Specific Duties:		
Reason for leaving:		

Attach additional sheets if necessary to include all work history.  
 Be as complete as possible in outlining the duties of each position.

## MILITARY

	Yes	No	
Have you ever served in the military?			Service Branch
What was your occupational specialty?			
What special training did you receive that may help you if employed by us?			



PERSONAL/HEALTH		
Can you lift a minimum of 70 lbs?	Yes	No
Can you perform all specific tasks associated with the position you are applying for without special apparatus or with minimal changes or alterations to the company?	Yes	No
Have you used any illegal drug, including marijuana, in the last twelve months?	Yes	No
Have you ever had a conviction for; driving while intoxicated, or under the influence of drugs or alcohol? (If yes, when_____)	Yes	No
Are you willing to take a physical exam and a drug screen at our expense?	Yes	No
Do not answer the following question: Have you ever taken a cruise vacation?	Yes	No

REFERENCES			
Give three references, not relatives or former employers			
Name	Address	Phone	Occupation

AFFIDAVIT	
<p>I certify that the answers given by me to the foregoing questions and statements are true and correct without any intentional omissions of consequence of any kind whatsoever. I understand that any misleading or incorrect statements may render this application void, and, if employed, would be cause for my termination. I further agree that you shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this questionnaire. I also authorize the companies, schools or persons named above to give any information regarding my employment, character and qualifications and hereby release said companies, schools or persons from all liability for any damage for issuing this information. I certify that all statements and answers to questions about my abilities are true and was made without reservations. I further understand that the taking of a drug test and physical are a condition of employment and refusal to take such tests when requested will subject me to termination. I understand my employment is at will.</p>	
Signature	Date

MetFab Heating, Inc. is an equal opportunity employer and adheres to the principles and practices outlined in the Civil Rights Act of 1964, which prohibits discrimination in employment on the basis of race, sex, religion or national origin and Public Law 90-202 which prohibits discrimination based on age.

COMPANY USE ONLY		
Interviewed By:	Date:	Driver's License #
Interviewers Remarks:		

