



APPLICATION FOR EMPLOYMENT

Winton MFG

Drug-free Workplace
WE ARE AN EQUAL OPPORTUNITY EMPLOYER

POSITION DESIRED _____ SALARY DESIRED _____

HOW DID YOU LEARN ABOUT US? _____ ADVERTISEMENT _____ FRIEND _____ WALK IN
_____ EMPLOYMENT AGENCY _____ RELATIVE _____ EMPLOYEE REFERRAL _____ OTHER

NAME _____
(FIRST) (MIDDLE) (LAST)

ADDRESS _____
(NUMBER) (STREET)

_____ HOW LONG? _____
(CITY) (STATE) (ZIP CODE)

DRIVER LICENSE NUMBER _____ STATE ISSUED _____

ARE YOU AUTHORIZED TO WORK IN THE US? _____ YES _____ NO

ADDRESS FOR THE PAST TEN YEARS (ATTACH ADDITIONAL SHEETS, IF NEEDED)
_____ HOW LONG? _____
_____ HOW LONG? _____
_____ HOW LONG? _____

PHONE NUMBER _____ EMAIL ADDRESS _____

MOBILE/ALTERNATE NUMBER _____

Applicant with a disability who needs reasonable accommodation in any step of the hiring process to assist him or her to demonstrate his or her qualifications to perform the essential functions of the job for which the applicant is applying should contact Human Resources at 206-832-3015.

ARE YOU 18 YEARS OR OLDER _____ YES _____ NO

HAVE YOU FILED AN APPLICATION WITH US BEFORE? _____ YES _____ NO

IF YOU ANSWERED YES GIVE DATE _____

ARE YOU CURRENTLY EMPLOYED? _____ YES _____ NO

EDUCATION: Your educational record will be considered only to the extent that is relevant to the job desired.
Circle the highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 GED

HIGH SCHOOL _____ LOCATION _____

COLLEGE _____ LOCATION _____ DEGREE _____

OTHER _____ LOCATION _____ DRGREE _____

EMPLOYMENT HISTORY

COMPANY NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

POSITION HELD _____ FROM _____ TO _____

TELEPHONE NO. _____ REASON FOR LEAVING _____

EXPLANATION _____

SUPERVISOR NAME _____ SUPERVISOR TITLE _____

RESPONSIBILITES AND DUTIES _____

COMPANY NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

POSITION HELD _____ FROM _____ TO _____

TELEPHONE NO. _____ REASON FOR LEAVING _____

EXPLANATION _____

SUPERVISOR NAME _____ SUPERVISOR TITLE _____

RESPONSIBILITES AND DUTIES _____

COMPANY NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

POSITION HELD _____ FROM _____ TO _____

TELEPHONE NO. _____ REASON FOR LEAVING _____

EXPLANATION _____

SUPERVISOR NAME _____ SUPERVISOR TITLE _____

RESPONSIBILITES AND DUTIES _____

U.S. MILITARY SERVICE: FROM _____ TO _____ BRANCH _____ RANK _____

DUTIES _____ PRESENT MILATARY STATUS _____

SPECIAL SKILLS AND QUALIFICATIONS

SUMMARIZE SPECIAL JOB-RELATED SKILLS AND QUALIFICATIONS ACQUIRED FROM EMPLOYMENT OR OTHER EXPERIENCE.

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VOLUNTARY EQUAL OPPORTUNITY QUESTIONNAIRE:

As an equal opportunity employer, The Company does not discriminate against employees or applicants based on race, color, creed, citizenship, status, national origin, ancestry, gender, genetic information, sexual orientation, gender expression or identity, age, religion, pregnancy or pregnancy-related condition, physical or mental disability, marital status, veteran status, political affiliation, or any other characteristic protected by law.

We invite you to complete the optional Self-identification fields below used for compliance with government regulations and record-keeping guidelines.

GENDER: _____ RACE: _____ VETERAN/DISABILITY: _____

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries and information are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application and understand that misrepresentation or omission of facts called for is cause for dismissal.

DATE _____ SIGNATURE _____

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DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY _____

DATE _____ TIME _____

REMARKS

1.

2.

3.