



9401-54<sup>th</sup> Ave NW, #1B, Gig Harbor, WA 98332  
 Phone: (253) 853-8880 Fax: (253) 853-8881

**PERSONAL INFORMATION**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_  
                     LAST                    FIRST                    MIDDLE

CURRENT ADDRESS: \_\_\_\_\_  
   STREET  CITY                    STATE                    ZIP

PERMANENT ADDRESS: \_\_\_\_\_  
   STREET  CITY                    STATE                    ZIP

HOME PHONE: (    ) \_\_\_\_\_ IF YOU ARE UNDER AGE 16, CAN YOU FURNISH A WORK PERMIT? \_\_\_\_\_

ARE YOU BELOW THE AGE OF 18? \_\_\_\_\_

ARE YOU LEGALLY ELIGIBLE TO WORK IN THIS COUNTRY? YES \_\_\_\_\_ NO \_\_\_\_\_

**EMPLOYMENT DESIRED**

POSITION: \_\_\_\_\_ DATE YOU CAN START: \_\_\_\_\_

EDUCATION	NAME AND LOCATION OF SCHOOL	# OF YEARS	GRADUTE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE/BUSINESS SCHOOL				

**PAST EMPLOYMENT** LIST YOUR LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT

DATE MONTH AND YEAR	NAME/ADDRESS/PHONE# OF EMPLOYER	POSITION/JOB DUTIES	SALARY	REASON FOR LEAVING
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				

NAME: \_\_\_\_\_

**GENERAL**

HONORS/AWARDS: \_\_\_\_\_

SPECIAL SKILLS/EXTRA-CURRICULAR ACTIVITIES: \_\_\_\_\_

U.S. MILITARY OF NAVAL SERVICE: \_\_\_\_\_ RANK: \_\_\_\_\_ NATIONAL GUARD OR RESERVES: \_\_\_\_\_

DO YOU HAVE A VALID DRIVER'S LICENSE? \_\_\_\_\_ LICENSE# \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES \_\_\_\_\_ NO \_\_\_\_\_  
CONVICTION WILL NOT NECESSARILY DISQUALIFY APPLICANT FROM EMPLOYMENT

HOW WERE YOU REFERRED TO SCREW PRODUCTS? \_\_\_\_\_

**REFERENCES:** GIVE THE NAMES OF FOUR PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN ATLEAST ONE YEAR

NAME	ADDRESS/PHONE	BUSINESS/PHONE	YRS. KNOWN
1.			
2.			
3.			
4.			

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION AND HEREBY RELEASE AND WAIVE ANY CLAIM AGAINST SCREW PRODUCTS, INC. WHICH MAY ALLEGEDLY ARISE FROM SUCH INVESTIGATION. I FUTHER UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANYTIME. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY SCREW PRODUCTS, INC.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

SCREW PRODUCTS, INC. IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER, AND DOES NOT DISCRIMINATE IN ANY OF ITS EMPLOYMENT PRACTICES ON THE BASIS OF RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, ANCESTRY, AGE, MARITAL STATUS, PHYSICAL OR MENTAL HANDICAP OR DISABILITY, UNFAVORABLE DISCHARGE FROM MILITARY SERVICE OR CITIZENSHIP STATUS.

SUPERVISOR NOTES: \_\_\_\_\_

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