



Employment Application

Personal Information	Name				Date		
	Address						
	City		State		Zip		
	Phone #			Cell Phone #			
	Position Desired						
	Referral Source	<input type="checkbox"/> Craigslist		<input type="checkbox"/> Employment Security		<input type="checkbox"/> Walk In	
		<input type="checkbox"/> Employee Referral (Provide Name) _____					
	Are you a US Citizen or legally authorized to work in the United States?					<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Are you at least 18 years of age?					<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Are any of your records under a different name? If yes, please list name:					<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Have you previously worked for us?					<input type="checkbox"/> Yes	<input type="checkbox"/> No
	What date are you available to start work?						
	Are you currently employed?					<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Do you have a valid driver's license? If yes, provide license #					<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Do you have any relatives working for us? If yes, please provide name:					<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a good ability to read, write & speak foreign languages?					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
How many days of work have you missed during the past year (excluding absences due to disability of those covered by FMLA)?							
Have you ever been convicted of a crime within the last 10 years? If yes, please explain:					<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Education, Training and Special Skills	Type of School	Name and Location	Did you graduate?	Grade Average	Major/Minor
	High School		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Trade School or Junior College		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	College or University		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Graduate School		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Military or Other		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Professional License or Certification				
Software/Equipment					

Employment Experience		
Employer	Company:	
	Address:	
	Phone:	Dates employed:
	Job title:	Hourly rate/salary:
	Supervisor:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Work performed:	
	Reason for leaving:	

Employment Experience		
Employer	Company:	
	Address:	
	Phone:	Dates employed:
	Job title:	Hourly rate/salary:
	Supervisor:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Work performed:	
	Reason for leaving:	

Employment Experience	
Company:	
Address:	
Phone:	Dates employed:
Job title:	Hourly rate/salary:
Supervisor:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Work performed:	
Reason for leaving:	

Employment Experience	
Company:	
Address:	
Phone:	Dates employed:
Job title:	Hourly rate/salary:
Supervisor:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Work performed:	
Reason for leaving:	

Objectives	Employment Preference			
	Position Desired		Pay Expected	Min: _____ Max: _____
	Location Desired	Are you available to travel?		<input type="checkbox"/> Yes <input type="checkbox"/> No
		Are you willing to relocate?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Career Objectives			
Special skills & Qualifications:				
Name, Address & Phone	References			
	1.			
	2.			
	3.			

Please read carefully before signing. If you have any questions regarding the following statements, please ask for assistance.

I certify, to the best of my knowledge and belief, the answers given by me to the foregoing questions and the statements made by me in this application are correct and complete. If I am hired by CFM Consolidated, Inc., I understand that any false information contained in this application may result in my discharge.

I authorize CFM Consolidated 7009 –45th St Ct E, Fife, WA 98424, and its representatives to communicate with all my former employers, school officials, and persons named as references. I hereby release CFM Consolidated, all employers, schools and individuals from any liability for any damage whatsoever resulting from giving such information. I understand that any offer of employment may be subject to the following: satisfactory references, employment and/or credit checks, and clearance of criminal record. I understand that I must be able to prove authorization to work in the United States at the time of a job offer. I also understand employment with CFM Consolidated may be subject to passing the post-offer, pre-employment drug-screen test, and may include a thorough background investigation.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “*at will*” nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this “*at will*” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. This application when completed and signed becomes the property of CFM Consolidated.

Signature		Date	
Print Name			



Additional Information

Name		Date	
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What days of the week are you available for work? (check all that apply)

- Monday
 Tuesday
 Wednesday
 Thursday
 Friday
 Saturday
 Sunday

Will work occasional weekend in support of business needs

Please indicate with a check mark any shift you are available to work:

Day 6:00 am – 2:30 pm

Day – 4/10 6:00 am – 4:30 pm

Swing – 4/10 4:00 pm – 2:00 am

Nights 9:00 pm – 7:00 am

Are you available to work overtime? Yes No

If hired, would you have reliable transportation to/from work? Yes No

Are you able to perform the essential functions of the job for which you are applying with / without reasonable accommodation? Yes No

If no, please describe the functions that cannot be performed:

AFFIRMATIVE ACTION – APPLICANT SELF-IDENTIFICATION FORM

WHY ARE YOU BEING ASKED TO COMPLETE THIS FORM?

Because we do business with the government, we must reach out to hire, and provide equal opportunity to qualified minorities, women, and veterans. To help us measure how well we are doing, we are asking you to tell us your race, gender, and veteran status.

COMPLETING THIS FORM IS VOLUNTARY, but we hope that you will choose to fill it out. Your answers will be kept private, and will not be used against you in any way. It is our policy to provide equal opportunity to all employees without regard to age, race, ethnicity, color, gender, the presence of a physical, mental or sensory disability, religion, national origin, sexual orientation, military status or any other category protected by local, state, or federal law.

PLEASE PRINT

Your Name

Today's Date

Job Applied For

1. **Are you Hispanic or Latino/a?** A person of Cuban, Mexican, Chicano/a, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race

YES (Skip to question #3)

NO (Go to question #2)

2. **What race or races do you consider yourself to be? (Check all that apply)**

White: a person having origins in any of the original peoples of Europe, the Middle East, or North Africa

Black or African American: a person having origins in any of the black racial groups of Africa

Native Hawaiian or other Pacific Islander: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

Asian: a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam

American Indian or Alaskan Native: a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment

I do not wish to Self-Identify

3. **What is your gender?**

Male

Female

I do not wish to Self-Identify

HOW DO I KNOW IF I'M A PROTECTED VETERAN?

You are considered to be a protected veteran if one or more of the following categories apply:

Disabled Veterans

- A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
- A person who was discharged or released from active duty because of a service-connected disability.

Recently Separated Veterans

Any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

Active Duty Wartime or Campaign Badge Veteran

A veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

Armed Forces Service Medal Veterans

A veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA:

- I identify as one or more of the classifications of protected veteran listed above.
- I am **NOT** a protected veteran.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.