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|  | 19211 144th Avenue NEWoodinville, Washington 98072(425) 483-9090 Phone(425) 486-5656 Fax[www.formostfuji.com](file:///C%3A%5CUsers%5CTester1%5CDocuments%5Cwww.formostfuji.com) |

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| **APPLICATION FOR EMPLOYMENT** |
|  | Instructions: This application must be filled out completely and signed to be considered. You are encouraged to attach a resume and cover letter. Only applicants selected for interviews will be contacted; this application will remain in active status for 180 days. |
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| Last Name |  | First Name |  | Middle Initial |  |  | How did you hear about this position? |  |
|  |  |  |  |  |  |
| Street Address |  |  |  |
| City, State, Zip |  |  |  |
| Home Phone |  | Business phone |  |  | Cell phone# |  |  |
| List other names under which you have attended school, been employed, or been known by: |  |  |

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|  | EOE Statement: It is the policy and intent of Formost Fuji Corporation to provide equal employment opportunity to all persons regardless of age, color, national origin, citizenship status, physical or mental disability, race, religion, creed, gender, sex, sexual orientation, gender identity and/or expression, marital status, status with regard to public assistance, status as a disabled veteran and/or veteran of the Vietnam Era or any other characteristic protected by federal, state or local law. In addition, Formost Fuji will provide reasonable accommodations for otherwise qualified disabled individuals. |  |

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|  | List additional skills/abilities applicable to the position to which you are applying: |  |
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| **Employment Record** | List present or most recent experience first*. Statements such as “see resume” do not substitute for completing any portion of the application*. Attach additional sheets as necessary. |
| Title |  |  | Duties |  |  |  |
| Company Name |  |  |  |  |
| Street Address |  |  |  |
| City |  | State |  | Zip |  |  |  |
| Supervisor’s Name | Supervisor’s Telephone |  | Starting Salary |  | Ending Salary |  |
|  |  |  |  |  |  |
| Dates of Employment (Mo/Yr – Mo/Yr) |  |  | Reason for leaving |  |  |
| Title |  |  | Duties |  |  |  |
| Company Name |  |  |  |  |
| Street Address |  |  |  |
| City |  | State |  | Zip |  |  |  |
| Supervisor’s Name | Supervisor’s Telephone |  | Starting Salary |  | Ending Salary |  |
|  |  |  |  |  |  |
| Dates of Employment (Mo/Yr – Mo/Yr) |  |  | Reason for leaving |  |  |
| Title |  |  | Duties |  |  |  |
| Company Name |  |  |  |  |
| Street Address |  |  |  |
| City |  | State |  | Zip |  |  |  |
| Supervisor’s Name | Supervisor’s Telephone |  | Starting Salary |  | Ending Salary |  |
|  |  |  |  |  |  |
| Dates of Employment (Mo/Yr – Mo/Yr) |  |  | Reason for leaving |  |  |
| Title |  |  | Duties |  |  |  |
| Company Name |  |  |  |  |
| Street Address |  |  |  |
| City |  | State |  | Zip |  |  |  |
| Supervisor’s Name | Supervisor’s Telephone |  | Starting Salary |  | Ending Salary |  |
|  |  |  |  |  |  |
| Dates of Employment (Mo/Yr – Mo/Yr) |  |  | Reason for leaving |  |  |
| Title |  |  | Duties |  |  |  |
| Company Name |  |  |  |  |
| Street Address |  |  |  |
| City |  | State |  | Zip |  |  |  |
| Supervisor’s Name | Supervisor’s Telephone |  | Starting Salary |  | Ending Salary |  |
|  |  |  |  |  |  |
| Dates of Employment (Mo/Yr – Mo/Yr) |  |  | Reason for leaving |  |  |

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| **Professional References** |
|  | Name |  | Address |  | Telephone Number |  | Official Position |  |
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|  | Name |  | Address |  | Telephone Number |  | Official Position |  |
|  |  |  |  |  |  |
|  | Name |  | Address |  | Telephone Number |  | Official Position |  |
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| **Licenses and Certifications** (List any professional licenses, permits, and certificates, including First Aid and CPR) |
|  | License |  | Type | State | Effective Date |  | Expiration Date |  |
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|  | License |  | Type | State | Effective Date |  | Expiration Date |  |
|  |  |  |  |  |  |  |
|  | License |  | Type | State | Effective Date |  | Expiration Date |  |
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| **Education** |
|  | Have you graduated from high school or received a GED certificate? | [ ] Yes [ ] No |
| Name of High School |  | City, State, Zip |  |
| **Type of school** | **Name of School** | **Street Address****City, State, Zip** | **Degree or Diploma (Y/N)** | **Major Area(s) of Study** |
| Community College |  |  | [ ] Yes [ ] No |  |
|  |  |
| Technical College |  |  | [ ] Yes [ ] No |  |
|  |  |
| College or University (under-graduate) |  |  | [ ] Yes [ ] No |  |
|  |  |
| College or University (graduate) |  |  | [ ] Yes [ ] No |  |
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| **Office Equipment / Computer Skills / Mechanical** |
| **Computer Operating Systems** | **Typing / Word Processing** | **Computer Software** | **Other Equipment** |
| [ ] Windows[ ] Macintosh[ ] Linux[ ] Other (list) | Keyboard speed:  |  | [ ] Word[ ] Excel[ ] Outlook [ ] Power Point | [ ] AutoCAD[ ] RS Logix[ ] SolidWorks[ ] Other (list) |  |
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| **Other Information** \*\*All external hiring is contingent upon the successful completion of a pre-employment criminal background check. |
|  | Are you able to perform the essential functions of the job, with or without reasonable accommodation? | [ ] Yes [ ] No |
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|  | Date available |  |
|  |  |  |  |  |
|  | Desired Pay $ |  | per |  |

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| **Applicant’s Certification and Agreement** |
| ***Please read carefully*** |  |  |  |  |
| I hereby certify that the information provided in this application and in any accompanying materials is true and complete, and that there is no misrepresentation or falsification in any of the statements or answers to questions. I agree that if investigation discloses any misrepresentation or falsification, such disclosure will constitute grounds for rejection of application or immediate dismissal from employment.I hereby consent to and authorize any of my former employers to furnish any and all relevant information concerning my previous employment record. In addition, I consent to and authorize the educational institutions that I attended to furnish any and all relevant information concerning my educational background.I release all parties concerned with any request for information from all claims, liability, and damages for whatever reason arising out of furnishing this information. |  | I understand and agree that my employment and compensation may be terminated at any time without prior notice, with or without cause, at the option of the company or myself, and understand that no representative of the company, other than the President, has authority to enter into any agreement contrary to the foregoing.I understand 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.I understand that my employment is contingent upon providing proof of employment eligibility and identity and I will present the necessary documents when asked.A photocopy of this release shall have the same effect as the original. |
| **I have read and understand all information on this application.** |
| Printed Name: |  | Signature: |  | Date: |  |
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