

## Harbor Island Machine Works, Inc.

Attention: Personnel Manager  
3431 11th Avenue S.W., Seattle, WA 98134  
(206) 682-7637 Fax: (206) 623-6011  
AN EQUAL OPPORTUNITY EMPLOYER

**INSTRUCTIONS:** Answer Each Question Completely. All Information Will Be Held in Confidence.  
(PRINT IN INK) If Employed, This Will Be a Part of Your Permanent Record.

**Please print and mail (to the address above) or fax (206-623-6011) application to us.**  
**PLEASE DO NOT E-MAIL.**

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
LAST FIRST MIDDLE

Present Address \_\_\_\_\_  
STREET CITY STATE ZIP

Telephone: Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

In Case of Emergency, Notify:

NAME	ADDRESS	TELEPHONE	RELATIONSHIP
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Can You Provide Proof of Citizenship, U.S. Military  
Visa or Alien Registration Number? Yes \_\_\_\_ No \_\_\_\_ Service? Yes \_\_\_\_ No \_\_\_\_

How Did You Hear of This Firm? \_\_\_\_\_

### EDUCATION

Name of Last School Attended \_\_\_\_\_

Address of Above School \_\_\_\_\_

Circle Highest Grade Completed:

Elementary- 1 2 3 4 5 6 7 8 Highschool- 1 2 3 4 College- 1 2 3 4 5 6

Date Left \_\_\_\_\_ Degree Received \_\_\_\_\_

Special Courses of Study or Training \_\_\_\_\_

### POSITION

Position Applied for: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Minimum Salary Expected \_\_\_\_\_

Apprenticeship Served: \_\_\_\_\_

Did you Complete the Apprenticeship? Yes \_\_\_\_ No \_\_\_\_

What Trade Have You Followed? \_\_\_\_\_  
 Machines Which You Prefer to Operate: \_\_\_\_\_  
 Would You Accept a Supervisory Position? Yes \_\_\_\_ No \_\_\_\_  
 Do You Have Your Own Tools? \_\_\_\_\_ Estimated Value of Your Tools: \_\_\_\_\_

## EMPLOYMENT HISTORY

Begin with your most recent job and account for every employment period, including military service, part-time jobs, short-time jobs and periods of self employment and unemployment.

EMPLOYER'S NAME & ADDRESS	POSITION & DUTIES	DATES EMPLOYED		REASON FOR LEAVING
		MONTH	YEAR	
		FROM		
		TO		
		FROM		
		TO		
		FROM		
		TO		
		FROM		
		TO		
		FROM		
		TO		
		FROM		
		TO		
		FROM		
		TO		

## PERSONAL

Circle Hours You Will Be Able to Work: Any Shift Any Hours Overtime Out of Town

Do You Believe You Are Capable of Performing "The Essential Functions of The Job" For Which You Are Applying? Yes \_\_\_\_ No \_\_\_\_

If You Answered "No" To The Above Question, Is There An Accommodation We Could Make That Would Allow You To Successfully Perform The Essential Functions Of the Job?

\_\_\_\_\_  
 \_\_\_\_\_

Do You Have An Active Driver's License? Yes \_\_\_\_ No \_\_\_\_

Have You Ever Been Bonded? Yes \_\_\_\_ No \_\_\_\_

If Yes, on What Job(s)? \_\_\_\_\_

Professional Or Technical Organizations To Which You Belong:

\_\_\_\_\_

May We Contact Your Present or Previous Employer Prior To Completion Of

Employment Negotiations? Yes \_\_\_\_ No \_\_\_\_ If No, Explain:

\_\_\_\_\_

Hobbies and Interests: \_\_\_\_\_

## REFERENCES

PERSONAL REFERENCES - DO NOT NAME FORMER EMPLOYERS OR RELATIVES

NAME	BUSINESS OR OCCUPATION	ADDRESS	PHONE
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PLEASE READ EACH OF THE FOLLOWING ITEMS BEFORE SIGNING AND DATING THIS APPLICATION

1. I hereby certify that there are no willful misrepresentations in, omissions in or falsifications of the above statements and answers. I am aware that should investigation disclose misrepresentations, omissions or falsifications such disclosures will constitute grounds for immediate dismissal if I am employed by the Company and will automatically bar me from employment with the Company if I am not at that time an employee of the Company.
2. I hereby authorize the Company to investigate information concerning my previous employment and education. I further authorize those persons and companies referenced above to provide information to the Company, and I hereby release such parties from all liability for any damage that may result from furnishing such information.
3. I understand and agree that if I am employed by the Company, 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 that no representative of the Company, other than the President, has authority to enter into any agreement contrary to the foregoing.

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

Date Available for Work \_\_\_\_\_

For Internal use:

Interviewed By \_\_\_\_\_ Date \_\_\_\_\_

Remarks: \_\_\_\_\_

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Date Hired

Job Position

Starting Pay