

Global Machine Works, Inc.

19130 59th Dr NE Arlington, WA. 98223 (360) 403-8432 Email: hr@globalmachineworks.com

EMPLOYMENT APPLICATION

This document is not a contract of employment.

Applicant Information

**** PLEASE PRINT INFORMATION ****

Name:					
	First	Middle		Last	
Address:					
	Street	(City	ST.	Zip
Phone:	()	Email:			
Are you u	nder the age of 18? Y N	If "YES", can you provide p	proof of your	eligibility to work?	
Are you cu	urrently authorized to work in the U	Jnited States? Y N	*Proof of e	eligibility will be re	quired if hired.
Position A	Applying for:		W	age Desired:	
Type of Eı	mployment: Full-Time	Part-Time Full or Part T	Time Hou	ırs Available per we	ek
Shifts:	DAYS (5:30am-4:00pm M-TH)	NIGHTS (3:45pm-2:15am N	1-TH)	WEEKENDS (5:00am	n-5:30pm F-Sun)
Are you al	ble to work weekends?	N Overtime? Y N	Date av	ailable to start work	c?
How were	e you referred to Global Machine W	orks, Inc.?			

Personal Information

Have you ever	applied to or worked for GMW before? Y	N	ff Yes, list date(s) worked	
Do you have ar	ny friends, relatives or acquaintances working for	GMW?		
If Yes, state nai	me & relationship:			
If hired, would	l you have transportation to/from work? 🗌 Y	N		
If hired & depe	ending on your shift, would you be able to stand	luring an	8 to 12 hour shift? Y	N
Are you able to	perform the essential functions of the job for wh	ich you a	e applying, either with/with	hout reasonable
accommodation	ns? Y N, If NO, describe functions that	t can't be	performed:	
necessary for el	Machine Works, Inc. complies with the ADA and co ligible applicants/employees to perform essential fi d may be subject to a medical examination conduct	nctions. I	t is possible that a hire may	e



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Laucation	, manning and Experie			
Type Of School	Name Of School	Location (Complete Mailing Address)	# Years Completed	Major & Degree
High School				
College				
Business Or Trade School				
Professional School				

Education, Training and Experience

Please list two references other than relatives.

Name:	Name:
Position:	Position:
Company:	Company:
Address:	Address:
Phone: ()	Phone: ()

Please use this space below to elaborate on any background, experience, or qualification that you believe should be considered in evaluating your qualifications for employment. You may include hobbies, volunteer experience and other activities you believe relevant. Please omit any information that would disclose your race, gender, age, marital status, ethnic origin, religious or political affiliation, or disability.

Additional Information

Do you speak, write or understand any foreign languages? Y N
If yes, describe which language(s) and how fluent of a speaker you consider yourself to be:



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Military		
Have you ever been in the Armed Forces?	N	
Are you now a member of the National Guard?	Y	
Specialty:	Date Entered:	Date Discharged:

Please list your work experience for the past seven years beginning with your most recent job held. If you were self-employed, give firm name.

Name of Employer:	Name of last Supervisor	Employment Dates: From To		
Address:				
Phone: ()	Last Job Title:	Last Job Title:		
Reason for leaving (be specific):				
List the jobs held, duties performed, skills u	sed or learned, advancements or promotio	ons while you wo	rked at this company	

Name of Employer:	Name of last Supervisor	Employment Dates:					
Address:		From To					
Phone: ()	Last Job Title:						
Reason for leaving (be specific):	Reason for leaving (be specific):						
List the jobs held, duties performed, skills used or learned, ad	vancements or promot	ions while you work	ed at this company.				



Work Experience

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Please list your work experience for the past seven years beginning with your most recent job held. If you were self-employed, give firm name. *Attached additional sheet(s) if necessary.

Name of Employer:	Name of last Supervisor	Employment Dates: From To	
Address:			
Phone: ()	Last Job Title:		
Reason for leaving (be specific):			
List the jobs held, duties performed, skills used or learned, ad	vancements or promoti	ons while you work	ed at this company.

Name of Employer:	Name of last Supervisor	Employment Dates:		
Address:		From	То	
Phone: ()	Last Job Title:			
Reason for leaving (be specific):				
List the jobs held, duties performed, skills used or learned, adv	vancements or prom	otions while you work	ed at this company.	
May we contact your present employer? Y N				
Did you complete this application yourself? Y N, If N	NO, who did?			
I declare under penalty of perjury that the foregoing is true and correct.				

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