## LOGOFINAL Employment Application

# Alpha-Iron LLC

5823 S. 6th Way

Ridgefield, WA 98642

Office (503)285-7100

Fax (503)285-3325

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name: | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | Date: | | | |  | | | | |
| Last | | | | | | | | | | | | | | | | | | | First | | | | | | | | | | | | | | | | | M.I. | | | | | | | | | | | | |
| Address: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Street Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Apartment/Unit # | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | |
| City | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | State | | | | | | | ZIP Code | | | | | |
| Phone: | (     ) | | | | | | | | | | | | | | | | | | | | | E-mail Address: | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Date Available: | | | | | |  | | | | | | | |  | | | | | | | | Desired Salary: | | | | | | | | | | | | | $ | | | | | | |  | | | | | | |
| Position Applied for: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you authorized to work in the U.S.? | | | | | | | | | | | | | | | | | YES | | | | NO | |  | | | | | | | | | | | | | | | | | | | | | | | |  |  |
| Have you ever worked for this company? | | | | | | | | | | | | | | | | | YES | | | | NO | | If yes, when? | | | | | | | | |  | | | | | | | | | | | | | | | | |
| If yes, explain: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Education | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| High School: | | | | |  | | | | | | | | | | | | | | | Address: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| From: |  | | | | | | | To: | | | |  | | | |  | | | | | | | | | |  | |  | | | | | | Degree: | | | | |  | | | | | | | | | |
| College: | | | |  | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| From: |  | | | | | | | To: | | | |  | | | |  | | | | | | | | | |  | |  | | | | | | Degree: | | | | |  | | | | | | | | | |
| Other: |  | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| From: |  | | | | | | | To: | | | |  | | | |  | | | | | | | | | |  | |  | | | | | | Degree: | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| References | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please list three professional references. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name: | | | |  | | | | | | | | | | | | | | | | | | | | Relationship: | | | | | |  | | | | | | | | | | | | | | | | | | |
| Company: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Phone: | | | | (     ) | | | | | | | | | | |
| Address: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | |
| Full Name: | | | |  | | | | | | | | | | | | | | | | | | | | Relationship: | | | | | |  | | | | | | | | | | | | | | | | | | |
| Company: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Phone: | | | | | | (     ) | | | | | | | | | |
| Address: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | |
| Full Name: | | | |  | | | | | | | | | | | | | | | | | | | | Relationship: | | | | | |  | | | | | | | | | | | | | | | | | | |
| Company: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Phone: | | | | (     ) | | | | | | | | | | |
| Address: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Previous Employment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Company: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | Phone: | | | | | | | | | | (     ) | | | | | | | | | |
| Address: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | Supervisor: | | | | | | | | |  | | | | | | | | | | |
| Job Title: | | | |  | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | | | |  | | |
| Responsibilities: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From: |  | | | | | | | | | | To: | |  | | | | Reason for Leaving: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | NO | | | | | | |  | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |
| Company: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | Phone: | | | | | | | | | | (     ) | | | | | | | | | |
| Address: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | Supervisor: | | | | | | | | |  | | | | | | | | | | |
| Job Title: | | | |  | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | | | |  | | |
| Responsibilities: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From: |  | | | | | | | | | | To: | |  | | | | Reason for Leaving: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | NO | | | | | | |  | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |
| Company: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | Phone: | | | | | | | | | | (     ) | | | | | | | | | |
| Address: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | Supervisor: | | | | | | | | |  | | | | | | | | | | |
| Job Title: | | | |  | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | | | |  | | |
| Responsibilities: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From: |  | | | | | | | | | | To: | |  | | | | Reason for Leaving: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | NO | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Military Service | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Branch: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | From: | | | | |  | | | | | | To: | | |  | | | |
| Rank at Discharge: | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Disclaimer and Signature | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I certify that my answers are true and complete to the best of my knowledge.  If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date: | | |  | | | | | | | |