

SCOUGAL RUBBER CORPORATION

6239 Corson Ave South – Seattle, WA 98108

Phone: (206) 763-2650 Fax: (206) 764-4984

Application For Employment

An Equal Opportunity Employer
(Application will remain active for 30 days.)

Name: _____
Last First Middle Initial

Position Applied For: _____

Address: _____

Social Security #: _____

Phone #: () _____

ATENSION: SE REVISAN EL SEGURO Y LOS PAPELES QUE ESTEN LEGALES EN EL PAIS!

1. Are you at least 18 years of age? ☐ Yes ☐ No

2. Are you a U.S. Citizen or legally authorized to work in the U.S.? ☐ Yes ☐ No

3. Date you are able to start work? _____

4. Are you on layoff status or subject to recall elsewhere? ☐ Yes ☐ No

5. If hired, how long do you plan to continue working for Scougal Rubber? _____

6. Expected Pay: \$ _____

7. You wish to work: ☐ Full-time ☐ Part-time
☐ Temporary

8. Are you willing and available to work: ☐ On call
☐ 1st Shift ☐ 2nd Shift ☐ 3rd Shift
☐ Overtime ☐ Weekends ☐ Holidays

9. If applying for a position which requires one, do you have a valid driver's license? ☐ Yes ☐ No

10. Have you previously applied for a job with SRC? ☐ Yes ☐ No
If yes, when? _____

11. Have you previously worked for SRC? ☐ Yes ☐ No
If yes, when? _____

12. Are any of your records listed under a different name? ☐ Yes ☐ No
If yes, what name? _____

13. Do you have any relative(s) working for SRC? ☐ Yes ☐ No
If yes, who? _____

14. Are there any reasons you may be unable to meet our attendance requirement? ☐ Yes ☐ No
If yes, explain. _____

15. List any skills or abilities you have which pertain to the position, including hobbies or related interest(s): _____

Education/Training	Name and Location of School	Graduated?	Subject Studied
High School			
College			
Other Training, License or Certification			

PLEASE LIST WORK EXPERIENCE, INCLUDING MILITARY AND VOLUNTEER EXPERIENCE

Present or last Employer:	_____	Phone #:	_____ (____) _____
Address:	_____	Supervisor:	_____
Start Date:	_____	Leaving Date:	_____
Rate of Pay:	_____		
Job Title & Duties:	_____		
Reason for leaving:	_____	Can we contact this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Company:	_____	Phone #:	_____ (____) _____
Address:	_____	Supervisor:	_____
Start Date:	_____	Leaving Date:	_____
Rate of Pay:	_____		
Job Title & Duties:	_____		
Reason for leaving:	_____	Can we contact this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Company:	_____	Phone #:	_____ (____) _____
Address:	_____	Supervisor:	_____
Start Date:	_____	Leaving Date:	_____
Rate of Pay:	_____		
Job Title & Duties:	_____		
Reason for leaving:	_____	Can we contact this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PERSONAL REFERENCES

Name:	_____	Name:	_____	Name:	_____
Address:	_____	Address:	_____	Address:	_____
	_____		_____		_____
Phone #:	_____	Phone #:	_____	Phone #:	_____
Occupation:	_____	Occupation:	_____	Occupation:	_____
Yrs Known?	_____	Yrs Known?	_____	Yrs Known?	_____

PLEASE READ EACH OF THE FOLLOWING ITEMS BEFORE SIGNING THIS APPLICATION

1. As a final step in the hiring process, an applicant may be subject to an employment entrance exam that may include screening for illegal drugs. Applicants who confirm positive on drug screening will not be considered for employment. If a job offer is made, it may be contingent upon the successful passing of a physical.
2. **I CERTIFY** that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, false, misleading or incomplete statements on this application shall be grounds for dismissal.
3. **I AUTHORIZE** the company to investigate information concerning my previous employment, education and background. I further release all parties from all liability for any damage that may result from furnishing or receiving such information.
4. **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.
5. **I UNDERSTAND** that 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.

Signature

Date