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

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

		Middle Initial	Position Applied For:			
Ad	dress:			Phone #: ()		
	ATENSION: SE REVISAN EL SEGU	RO Y LOS PAPE	ELES QU	E ESTEN LEGALES	S EN EL PAIS!	
 1. 2. 3. 	Are you at least 18 years of age? Are you a U.S. Citizen or legally authorized to work in the U.S.? Date you are able to start work?	☐ No	If yes, wh	f your records listed unde		
4.	Are you on layoff status or subject to recall elsewhere? Yes No		different name? If yes, what name?			
5.	If hired, how long do you plan to continue working for Scougal Rubber?		. Do you have any relative(s) working for SRC? Yes No			
6.	Expected Pay: \$		If yes, who?			
7.	You wish to work: Full-time Part-	time 14.		any reasons you may be u ir attendance requirement		
	Temporary		If yes, exp	olain.		
8.	Are you willing and available to work: On call					
	\square 1 st Shift \square 2 nd Shift \square 3 rd Shift \square Overtime \square Weekends \square Holidays		List any skills or abilities you have which pertain to the position, including hobbies or related			
9.	O. If applying for a position which requires one, do you have a valid driver's license? Yes No		interest(s)	:		
10.	Have you previously applied for a job Yes with SRC?	☐ No				
•	If yes, when?					
Education/Training Name and Location of Sch		cation 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: Address: Supervisor: Leaving Date: _____ Start Date: Rate of Pay: Job Title & Duties: Can we contact this employer? □ Yes □ No Reason for leaving: Address: Supervisor: Start Date: Leaving Date: Rate of Pay: Job Title & Duties: Can we contact this employer? \square Yes \square No Reason for leaving: Company: Phone #: Address: Supervisor: Leaving Date: Rate of Pay: Start Date: Job Title & Duties: Can we contact this employer? \square Yes \square No Reason for leaving: PERSONAL REFERENCES Name: Name: Name: Address: Address: Address: Phone #: Phone #: Occupation: Occupation: Occupation: Yrs Known? Yrs Known? Yrs Known? PLEASE READ EACH OF THE FOLLOWING ITEMS BEFORE SIGNING THIS APPLICATION 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. 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. 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. 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 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. Date Signature