



Pacific Integrated Handling
 10215 Portland Ave E, Ste. A
 Tacoma, WA 98445

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Name: _____
Last First M.I.

ADDRESS: _____ Phone: (____) _____
Street City State Zip

What Position are you Applying For: _____ Referral Source _____

<p>Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you a U.S. Citizen or legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date you are able to start work: _____</p> <p>May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you on layoff status or subject to recall elsewhere? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Pay Expected: \$ _____ per _____</p> <p>Do you wish to work: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary</p> <p>Are you willing and available to work? <input type="checkbox"/> On call <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Overtime <input type="checkbox"/> Weekends <input type="checkbox"/> Holidays</p> <p>Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Have you previously applied with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, when? _____</p> <p>Have you previously worked with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, when? _____</p> <p>Are any of your records under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what name _____</p> <p>Do you have any relatives working for us? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, who? _____</p> <p>Is there any reason you might be unable to meet our attendance requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain _____</p>
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EDUCATION/ TRAINING	Name and Location of School	Did You Graduate?	Subjects Studied
High School			
College			
Licenses or Certifications			
Military			

Are you taking or do you plan to take any additional education? If so, what? _____

SKILLS / ABILITIES:
 List any machines you are skilled in using: _____
 List any skills or abilities you have which are pertinent to the position for which you are applying: _____

JOB REQUIREMENTS: Will you be able to perform the essential functions of the job, with or without reasonable accommodation? Yes No

PLEASE LIST WORK EXPERIENCE, INCLUDING MILITARY AND VOLUNTEER EXPERIENCE

Present or Last Employer:

Address:		Phone: ()	
Start Date:	Leaving Date:	Supervisor:	Rate of Pay \$
Job Title & Duties:			
Why Did You Leave?			

Previous Employer:

Address:		Phone: ()	
Start Date:	End Date:	Supervisor:	Rate of Pay \$
Job Title & Duties:			
Why Did You Leave?			

Previous Employer:

Address:		Phone: ()	
Start Date:	End Date:	Supervisor:	Rate of Pay \$
Job Title & Duties:			

Previous Employer:

Address:		Phone: ()	
Start Date:	End Date:	Supervisor:	Rate of Pay \$
Job Title & Duties:			

1. As part of the hiring process, an applicant will be subject to a pre-employment drug screen. Applicants who confirm positive on drug screening will not be considered for employment. If a job offer is made, it will be made contingent upon the successful passing of the screening.
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.

Date _____ Applicant Signature: _____