



1601 South "C" Street
Port Angeles, Wa 98363
phone 360-457-8581
fax 360-457-8896
www.angelesmillwork.com

APPLICATION FOR EMPLOYMENT

Applicants will receive consideration without discrimination based on race, creed, color, sex, age, national origin, veteran status, marital status, disability, handicap, sexual orientation, citizenship status or any condition prescribed by state or local law.

3111 East Highway 101
Port Angeles, Wa 98362
phone 360-452-8933
fax 360-452-8943
www.hartnagels.com



PERSONAL

Name (first/mi/last) _____ Date _____

Street Address _____ Home Phone _____

City, State, Zip _____ Cell Phone _____

Have you ever worked for us or applied for employment with us? Yes No When? _____ Email Address _____

Position Desired _____ Pay Expected _____ Social Security # _____

Are you available full-time? Yes No If not, what hours? _____ Will you work overtime if asked? Yes No

Are you eligible for employment in the United States? Yes No _____ When are you available to begin work? _____

Have you been convicted of any crimes in the past ten years? Yes No If yes, describe in full: _____ Have you ever been bonded? Yes No

_____ If yes, which employer(s)? _____

Any special training or skills (forklift, etc.) _____ If required, do you have a CDL Class B? Yes No

How did you hear about us? _____ Do you use tobacco products? Yes No

Why are you interested in working for us? _____

MILITARY

Did you serve in the US Armed Forces? Yes No Which branch? _____

Describe any training received relevant to the position for which you are applying. _____

EDUCATION

	Name & Location	Course of Study	Years Completed	Degree/Diploma
High School	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Tech School	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
College	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Graduate	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____

EMPLOYMENT

Give accurate, complete full-time and part-time employment records, beginning with your present or most recent employer.

Company Name _____ Phone _____
Address _____ Employment Dates: From _____ To _____
Name of Supervisor _____ Weekly Pay: Start _____ Last _____
Job Title & Description of Work _____ Reason for Leaving _____

Company Name _____ Phone _____
Address _____ Employment Dates: From _____ To _____
Name of Supervisor _____ Weekly Pay: Start _____ Last _____
Job Title & Description of Work _____ Reason for Leaving _____

Company Name _____ Phone _____
Address _____ Employment Dates: From _____ To _____
Name of Supervisor _____ Weekly Pay: Start _____ Last _____
Job Title & Description of Work _____ Reason for Leaving _____

Company Name _____ Phone _____
Address _____ Employment Dates: From _____ To _____
Name of Supervisor _____ Weekly Pay: Start _____ Last _____
Job Title & Description of Work _____ Reason for Leaving _____

Company Name _____ Phone _____
Address _____ Employment Dates: From _____ To _____
Name of Supervisor _____ Weekly Pay: Start _____ Last _____
Job Title & Description of Work _____ Reason for Leaving _____

EMPLOYMENT

Give accurate, complete full-time and part-time employment records, beginning with your present or most recent employer.

Company Name _____ Phone _____
Address _____ Employment Dates: From _____ To _____
Name of Supervisor _____ Weekly Pay: Start _____ Last _____
Job Title & Description of Work _____ Reason for Leaving _____

Company Name _____ Phone _____
Address _____ Employment Dates: From _____ To _____
Name of Supervisor _____ Weekly Pay: Start _____ Last _____
Job Title & Description of Work _____ Reason for Leaving _____

Company Name _____ Phone _____
Address _____ Employment Dates: From _____ To _____
Name of Supervisor _____ Weekly Pay: Start _____ Last _____
Job Title & Description of Work _____ Reason for Leaving _____

Company Name _____ Phone _____
Address _____ Employment Dates: From _____ To _____
Name of Supervisor _____ Weekly Pay: Start _____ Last _____
Job Title & Description of Work _____ Reason for Leaving _____

Company Name _____ Phone _____
Address _____ Employment Dates: From _____ To _____
Name of Supervisor _____ Weekly Pay: Start _____ Last _____
Job Title & Description of Work _____ Reason for Leaving _____

EMPLOYERS

We may contact the employers listed above unless you indicate those you do not want us to contact.

DO NOT CONTACT:

Employer _____ Reason _____

Employer _____ Reason _____

ADDITIONAL INFORMATION

Membership in professional and civic organizations, special accomplishments, awards, etc. _____

APPLICANT'S SIGNATURE

Please read and understand this statement before signing your application:

The information I have provided is true, correct and complete. False, incomplete or misrepresented information of any kind, will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the employer to contact and obtain information about me from previous employers, educational institutions and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my Application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

This application is not an employment agreement. If I accept an offer of employment, I understand the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer of the employer, has authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer.

I acknowledge that company policy prohibits the use of illegal drugs and marijuana and that I will be subject to a pre-employment drug screening.

I fully understand and accept all terms and conditions in the above statement.

Signature: _____ Date: _____