



19211 144th Avenue NE
 Woodinville, Washington 98072
 (425) 483-9090 Business Line
 (425) 486-5656 Fax Line
 www.formostfuji.com

APPLICATION FOR EMPLOYMENT

Instructions: This application must be filled out completely and signed to be considered. You are encouraged to attach a resume and cover letter. Only applicants selected for interviews will be contacted; this application will remain in active status for 180 days.

PLEASE PRINT

Last	First	Middle	How did you learn about this position?
Street Address			
City, State, Zip			
Home phone ()	Business phone ()	Cell phone ()	
List other names under which you have attended school, been employed, or been known by:			

EOE Statement: It is the policy and intent of Formost Fuji Corporation to provide equal employment opportunity to all persons regardless of age, color, national origin, citizenship status, physical or mental disability, race, religion, creed, gender, sex, sexual orientation, gender identity and/or expression, marital status, status with regard to public assistance, status as a disabled veteran and/or veteran of the Vietnam Era or any other characteristic protected by federal, state or local law. In addition, Formost Fuji will provide reasonable accommodations for otherwise qualified disabled individuals.

List additional skills/abilities applicable to the position to which you are applying:

Employment Record List present or most recent experience first. *Statements such as “see resume” do not substitute for completing any portion of the application.* Attach additional sheets as necessary.

Title	Duties		
Company Name			
Street Address			
City	State	Zip	
Supervisor's Name	Supervisor's Telephone ()	Starting Salary	Ending salary
Dates of Employment (Mo/Yr—Mo/Yr)	Reason for leaving		
Title	Duties		
Company Name			
Street Address			
City	State	Zip	
Supervisor's Name	Supervisor's Telephone ()	Starting Salary	Ending salary
Dates of Employment (Mo/Yr—Mo/Yr)	Reason for leaving		
Title	Duties		
Company Name			
Street Address			
City	State	Zip	
Supervisor's Name	Supervisor's Telephone ()	Starting Salary	Ending salary
Dates of Employment (Mo/Yr—Mo/Yr)	Reason for leaving		
Title	Duties		
Company Name			
Street Address			
City	State	Zip	
Supervisor's Name	Supervisor's Telephone ()	Starting Salary	Ending salary
Dates of Employment (Mo/Yr—Mo/Yr)	Reason for leaving		

Professional References

Name	Address	Telephone Number ()	Official Position
Name	Address	Telephone Number ()	Official Position
Name	Address	Telephone Number ()	Official Position

Licenses and Certificates (List any professional licenses, permits, and certificates, including First Aid and CPR)

License	Type	State	Effective Date	Expiration Date
License	Type	State	Effective Date	Expiration Date
License	Type	State	Effective Date	Expiration Date

Education

Have you graduated from high school or received a GED certificate? Yes No

Name of High School _____ City, State, Zip _____

Type of School	Name of School	Street Address City, State, Zip	Degree or Diploma (Y/N)	Major Area(s) of Study
Community or Technical College				
College or University (undergrad- uate)				
Other School				

Computer Operating Systems	Typing / Word Processing	Computer Software	
<input type="checkbox"/> Windows <input type="checkbox"/> Windows XP <input type="checkbox"/> Macintosh <input type="checkbox"/> Other (list)	Keyboard speed: _____	<input type="checkbox"/> Word <input type="checkbox"/> Excel <input type="checkbox"/> Outlook <input type="checkbox"/> PowerPoint	<input type="checkbox"/> AutoCAD <input type="checkbox"/> RS Logix <input type="checkbox"/> SolidWorks <input type="checkbox"/> Other (list) _____ _____ _____

Other Information	
<p>Have you been convicted of a crime or released from prison within the last ten years? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, list each crime and the date of conviction (attach on a separate sheet of paper) <i>Conviction does not necessarily bar you from employment</i></p>	<p>Are you able to perform the essential functions of the job, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date available _____</p> <p>Desired Pay \$ _____ per _____</p>

Applicant's Certification and Agreement

Please read carefully

I hereby certify that the information provided in this application and in any accompanying materials is true and complete, and that there is no misrepresentation or falsification in any of the statements or answers to questions. I agree that if investigation discloses any misrepresentation or falsification, such disclosure will constitute grounds for rejection of application or immediate dismissal from employment.

I hereby consent to and authorize any of my former employers to furnish any and all relevant information concerning my previous employment record. In addition, I consent to and authorize the educational institutions that I attended to furnish any and all relevant information concerning my educational background.

I release all parties concerned with any request for information from all claims, liability, and damages for whatever reason arising out of furnishing this information.

I have read and understand all information on this application.

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 any amount necessary to satisfy any unpaid obligation.

I understand that my employment is contingent upon providing proof of employment eligibility and identity, and I will present the necessary documents when asked.

A photocopy of this release shall have the same effect as the original.

Printed Name _____ Signature _____ Date _____