

Com-Steel, L.L.C.
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Employment Application

APPLICANT INFORMATION									
Last Name			First			M.I.		Date	
Street Address					Apartment/Unit #				
City			State			ZIP			
Phone			E-mail Address						
Date Available					Desired Hourly Rate				
Position Applied for									
Are you a citizen of the United States?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?				
Have you ever been convicted of a felony?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain				
Have you ever been fired or asked to resign because of a policy or procedural violation?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain				
Are you able to lift form panels and building materials weighing 75 to 100 pounds?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you able to work above your head and also work at heights of 30 feet above the ground?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have a valid driver's license?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have reliable transportation?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you able to travel and work out of town for a week at a time?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you able to work overtime?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have any obligations or commitments that would prevent you from fulfilling our 40 hour work week?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain				
EDUCATION									
High School				City, State					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
College				City, State					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
Other				City, State					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
REFERENCES									
Please list two professional references.									
Full Name					Relationship				
Company					Phone				
Address									
Full Name					Relationship				
Company					Phone				
Address									

PREVIOUS EMPLOYMENT

Company		Phone	
Address		Supervisor	
Job Title	Starting hourly rate	\$	Ending hourly rate \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting hourly rate	\$	Ending hourly rate \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting hourly rate	\$	Ending hourly rate \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date