



ROMAC INDUSTRIES, INC.

21919 20th Avenue SE • Suite 100 • Bothell, WA 98021
125 S. Sultan Basin Road • Sultan, WA 98294
www.romac.com

An Equal Opportunity Employer

Application for Employment

Date of Application _____

PERSONAL INFORMATION	Name (last, first, middle)		Home Phone #	Cell Phone #	Office Phone #		
	Present Address	Street	City	State	Zip		
	Permanent Address	Street	City	State	Zip		
	Have you ever applied for work at Romac before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____ Where? _____						
	Name any relatives and/or acquaintances employed by Romac:						
	How were you referred to Romac? <input type="checkbox"/> Newspaper <input type="checkbox"/> Agency <input type="checkbox"/> Friend/Relative (specify) _____ <input type="checkbox"/> Other (specify) _____						
WORK PREFERENCE	Are you legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you use tobacco? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you under 18? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No (Conviction of a felony is not necessarily a disqualification for employment)						
	Please check the general areas listed below in which you are interested in obtaining work:						
	<input type="checkbox"/> Manager <input type="checkbox"/> Professional <input type="checkbox"/> Technician <input type="checkbox"/> Sales <input type="checkbox"/> Clerical <input type="checkbox"/> Skilled Labor <input type="checkbox"/> Unskilled Labor <input type="checkbox"/> Other (please specify) _____						
EDUCATION	Please state position for which you are applying:						
	Type of employment you are seeking: <input type="checkbox"/> Temporary/Seasonal <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Intern <input type="checkbox"/> Other						
	Shift Preferred: <input type="checkbox"/> Day <input type="checkbox"/> Swing <input type="checkbox"/> Night <input type="checkbox"/> No Preference			Are you willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Salary Desired: \$ _____ per _____		When can you begin?		Is transportation to work available? <input type="checkbox"/> Yes <input type="checkbox"/> No		
EDUCATION	School Name and Location		Graduate?	Degree, Diploma or Cert.		GPA (E.G. 3.2/4.0)	
				Type	Major/Minor		
	High School Last Attended		Yes <input type="checkbox"/> No <input type="checkbox"/>				
	Vocational, Technical School, Community College		Yes <input type="checkbox"/> No <input type="checkbox"/>				
	College or University		Yes <input type="checkbox"/> No <input type="checkbox"/>				
Advanced Degree		Yes <input type="checkbox"/> No <input type="checkbox"/>					
Please list academic honors, scholarships, fellowships in professional and honorary societies and any other extra curricular activities (excluding those indicating race, creed, religion, color, national origin, gender, marital status, sexual orientation, disability, age, political ideology, veteran, Viet Nam era veteran, citizenship status and any other protected class governed by local, state or other law.)							

Computing Skills	General Computing (OS: _____) <input type="checkbox"/> No Experience <input type="checkbox"/> Some Experience <input type="checkbox"/> Proficient	Microsoft Office (Version: _____) <input type="checkbox"/> No Experience <input type="checkbox"/> Some Experience <input type="checkbox"/> Proficient	Oracle (Version: _____) <input type="checkbox"/> No Experience <input type="checkbox"/> Some Experience <input type="checkbox"/> Proficient
	Words per Minute: Typing _____	List other applicable computer application experience:	

Technical Skills	In what technical and skilled trade areas are you experienced?
	List all machines and equipment you have operated:

WORK EXPERIENCE	List current or most recent employer first, include U.S. Military service (show rank/rate at discharge, but not type of discharge). Please use additional paper if necessary.		
	Employer (Company Name)	Immediate Supervisor's Name	Your Job Title
	Street Address	Employment Dates (mo. & yr.) From: To:	Salary Begin: End:
	City, State, Zip Code	Phone Number	Reason for Leaving
	Summarize your job duties:		
	Employer (Company Name)	Immediate Supervisor's Name	Your Job Title
	Street Address	Employment Dates (mo. & yr.) From: To:	Salary Begin: End:
	City, State, Zip Code	Phone Number	Reason for Leaving
	Summarize your job duties:		
	Employer (Company Name)	Immediate Supervisor's Name	Your Job Title
	Street Address	Employment Dates (mo. & yr.) From: To:	Salary Begin: End:
	City, State, Zip Code	Phone Number	Reason for Leaving
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	Employer (Company Name)	Immediate Supervisor's Name	Your Job Title
	Street Address	Employment Dates (mo. & yr.) From: To:	Salary Begin: End:
City, State, Zip Code	Phone Number	Reason for Leaving	
Summarize your job duties:			
May we contact your current and/or previous employers? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, explain: _____			

OTHER EXPERIENCE	Explain any period of time not accounted for in your employment record:

REFERENCES	May we contact your references? <input type="checkbox"/> Yes <input type="checkbox"/> No; explain _____			
	Name	Address	City	State Zip
	Area Code/Phone Number	Years Acquainted	Occupation	
	Name	Address	City	State Zip
	Area Code/Phone Number	Years Acquainted	Occupation	
	Name	Address	City	State Zip
Area Code/Phone Number	Years Acquainted	Occupation		

APPLICANT'S STATEMENT

I certify that the information provided in this employment application (and accompanying resume, if any) is true and complete, and I understand that any false information or significant omissions may disqualify me from further consideration for employment, and may be justification for my dismissal from employment, if discovered at a later date. I agree to immediately notify the company if I should be convicted of a felony, or any crime involving dishonesty or a breach of trust while my job application is pending, or during my period of employment, if hired.

I authorize investigation of all statements contained in this application (and accompanying resume, if any). I also authorize the company to contact my present employer (unless otherwise noted in this application form), past employers, and listed references.

I authorize any person, school, current or previous employer, and organizations named in this application form (and accompanying resume, if any) to provide the company with relevant information and opinion that may be useful to the company in making a hiring decision, and I release such persons and organizations from any legal liability in making such statements.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and condition of my employment may be changed, with or without cause and with or without notice, at any time by the company. I understand that no company representative, other than its president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

I give permission for a complete physical examination, including a drug screening and x-rays, and I consent to the release to the company of any and all medical information, as may be deemed necessary by the company in judging my capability to do the work for which I am applying.

I understand that if my employment is terminated by the company for dishonesty, breach of trust, or any criminal acts the authorities may be notified and I may be criminally prosecuted. I also understand that, if hired, I may not hold other employment, nor engage in sales, investments or other activities that create a conflict of interest with my position with this company.

I understand that, as a condition of any offer of employment, I am required by federal law to produce documentary evidence of identity and authorization to work in the United States. If documents are not produced within 3 days of date of hire, employment will terminate.

If you are offered employment, a medical examination will be required before you start work. If the examination discloses medical conditions that prevent you from successfully performing the essential functions of the job, the company will attempt to make accommodations to allow you to work. If no reasonable accommodations can be found, or they cause an undue hardship on the company, the tentative offer of employment will be withdrawn.

I acknowledge that I have read and understand this agreement, and have signed this release voluntarily and of my own free will.

Date _____ Applicant's Signature _____

