



APPLICATION FOR EMPLOYMENT

Today's Date: ____/____/____

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

IMPORTANT: If not completed electronically, please type or print in ink. You may provide additional details on separate sheets of paper if needed. You must sign and date each application you submit.

Position Applying For:		Date:
Will you accept: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary Dates available for temporary: From _____ To _____		
Last Name	First Name	Middle Name
Mailing Address	City/State	Zip Code
Street Address (If different from above)	City/State	Zip Code
Home Phone Number	Cell Phone Number:	
Social Security Number	Email Address	

May we contact your present employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you are under 18 years of age, can you provide required proof of your eligibility to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever filed an application with us before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status will be required upon employment)	<input type="checkbox"/> Yes <input type="checkbox"/> No
On what date would you be available for work?	
Are you available to work:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary
Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you travel if a job requires it?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of a felony within the last 7 years? (Conviction will not necessarily disqualify an applicant from employment.) If Yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Education

High School Name:	High School Address
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Received Diploma or Equivalency Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "No," enter highest grade completed:
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College, University and Other Schools Name and Location	Dates Attended Month/Year	Degree/Certificate Received	Degree/Certificate Date	Major/Minor Field	Credits Earned Indicate Qtr or Sem

Training Courses Name and Location	Dates Attended Month/Year	Did you Complete?	Title Description of Course	Total Hours

List **current** Professional Licenses, Registration, or Certifications (engineering, medical, CPA, etc.)

Licensing Agency Name and Location	Type of License	Endorsement/Restriction (if applicable)	Date Licensed

Describe any specialized training, skills or apprenticeships. Include a list of equipment that you know how to use. May list skills from volunteer work like Habitat for Humanity or from professional organizations like Toastmasters.

Please also take a moment to explain why you applied for this position:

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status List each promotion as a separate position. This information must be completed even if you submit a resume.

Employer	Job Title	Dates Employed	
Address	Immediate Supervisor	From:	To:
Type of Business	Hourly Rate/Salary		
Telephone Number (s)	Avg. Hrs. Per Week	Starting	Final
		<input type="checkbox"/> /Hr	<input type="checkbox"/> /Hr
		<input type="checkbox"/> /Mo	<input type="checkbox"/> /Mo
		<input type="checkbox"/> Annual	<input type="checkbox"/> Annual
Work Performed			
Reason for leaving			

Employer	Job Title	Dates Employed	
Address	Immediate Supervisor	From:	To:
Type of Business	Hourly Rate/Salary		
Telephone Number (s)	Avg. Hrs. Per Week	Starting	Final
		<input type="checkbox"/> /Hr	<input type="checkbox"/> /Hr
		<input type="checkbox"/> /Mo	<input type="checkbox"/> /Mo
		<input type="checkbox"/> Annual	<input type="checkbox"/> Annual
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		<input type="checkbox"/> /Mo	<input type="checkbox"/> /Mo
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Telephone Number (s)	Avg. Hrs. Per Week	Starting	Final
		<input type="checkbox"/> /Hr	<input type="checkbox"/> /Hr
		<input type="checkbox"/> /Mo	<input type="checkbox"/> /Mo
		<input type="checkbox"/> Annual	<input type="checkbox"/> Annual
Work Performed			
Reason for leaving			

Additional Information

List professional, trade, business or civic activities and offices held. You may exclude membership that would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

State any additional information you feel may be helpful to us in considering your application.

References

Name	Relationship	Phone
Address		
Name	Relationship	Phone
Address		
Name	Relationship	Phone
Address		

Electronic Business Machines Employment Information

Equal Employment Opportunity

It is the policy of EBM that it is an equal employment opportunity employer; does not discriminate in employment based upon **race, color, national origin, age, physical or mental disability, marital status, religion, creed, sex, sexual orientation or political beliefs**; and implements and maintains an effective equal employment opportunity program.

Application and Selection Process

The process used to evaluate an applicant's qualifications may include an evaluation of EBM Employment Application and supplemental responses if required, a performance test or work sample, a structured interview and reference or background checks. Applicants will be notified when screening has been completed.

Reasonable Accommodations

Under state and federal law, qualified applicants with disabilities are entitled to reasonable accommodations. Modifications or adjustments may be provided to assist applicants to compete in the recruitment and selection process, to perform the essential duties of the job or to enjoy equal benefits and privileges of employment available to other employees. An applicant must request an accommodation when needed. If an accommodation is needed to participate in any selection process, make arrangements well in advance of the process.

Immigration Reform and Control Act

In accordance with the Immigration Reform and Control Act, the person selected must produce **within three days of hire**, documentation that he or she is authorized to work in the United States. Examples of such documentation include a birth certificate or social security card along with a driver's license or other picture I.D., a United States Passport, Certificate of Naturalization, a Permanent Resident Card, an Alien Registration Receipt Card (Green Card) or a Resident Alien Card.

Applicant's Statement

The information that you provide on this application is subject to verification. In the event of employment, I understand that false or misleading information given in my application or interview(s) may disqualify me from consideration for employment with Electronic Business Machines or, if hired, may result in discharge at a later date. I understand, also, that I am required to abide by all rules and regulations of the employer.

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

I authorize investigation of all statements contained in this application for employment as may be needed in arriving at an employment decision. I authorize all former employers to release job-related information they may have about me to Electronic Business Machines or its agents and employees. I release all persons or companies from any liability or responsibility for providing such information.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

With my signature below (typed or written), I certify that all information on this and all attached pages is true, correct and complete to the best of my knowledge and contains no willful falsifications or misrepresentations.

Signature of Applicant

Date

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