



Specified Fittings, LLC

164 West Smith Road • PO Box 28157 • Bellingham, WA 98228-0157

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Stevensville: 406-777-3466 | 406-777-7181 Fax
Mexico (Toll Free): 800-429-1705 | 800-574-1075 Fax

APPLICATION FOR EMPLOYMENT

We are an Equal Opportunity Employer and fully subscribe to the principles of Equal Employment Opportunity. Applicants and/or employees are considered for hire, promotion and job status, without regard to race, color, religion, creed, sex, marital status, national origin, age, physical or mental disability. *****PRE-EMPLOYMENT DRUG TEST REQUIRED***COMPANY E-VERIFIES ELIGIBILITY****

Name _____ Date of application _____
LAST FIRST MIDDLE

Address _____ City _____ State _____ Zip _____

Telephone _____ E-mail _____

EMPLOYMENT DESIRED

Position(s) applied for _____

When are you available to start work? _____

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL & LOCATION	QUALIFICATION OBTAINED	MAJOR & SPECIALIZATION	NUMBER OF YEARS COMPLETED
High School				
College/ University				
Professional or Graduate School				

WORK EXPERIENCE

Please list your work experience starting with your PRESENT or MOST RECENT EMPLOYER in consecutive order. ALL EMPLOYMENT for at least the past four employers. Attach additional sheets if necessary.

Name of Employer: Address: City, State, Zip: Phone number:	Name & title of supervisor	Employment dates	Pay or salary
		From To	Start Final
	May we contact this employer? Yes/ No		
			Your last job title:

Reason for leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:

Name of Employer:
Address:

Name & title of
supervisor

Employment
dates

Pay or salary

City, State, Zip:
Phone number:

From
To

Start
Final

May we contact the employer? Yes/ No

Your Last Job Title:

Reason for leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:

Name of Employer:
Address:

Name & title of
supervisor

Employment
dates

Pay or salary

City, State, Zip:
Phone number:

From
To

Start
Final

May we contact the employer? Yes/ No

Your last job title:

Reason for leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:

Name of Employer:
Address:

Name & title of
supervisor

Employment
dates

Pay or salary

City, State, Zip:
Phone number:

From
To

Start
Final

May we contact the employer? Yes/ No

Your last job title:

Reason for leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:

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Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
May we contact your present employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you complete this application yourself?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If not, who did? _____		

Have you ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____		
Have you ever been employed with this company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, when? _____		
Do you have any friends or relatives employed by this company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide their names and relationship to you. _____		

REFERENCES

Please list below three persons not related to you who have knowledge of your work performance and/or personal qualifications within the last 5 years.

Name		Occupation
Company name	Address	
Telephone	E-mail	Years acquainted
Name		Occupation
Company name	Address	
Telephone	E-mail	Years acquainted
Name		Occupation
Company name	Address	
Telephone	E-mail	Years acquainted

READ CAREFULLY: I certify that the information contained in this application is correct to the best of my knowledge and understand that any misstatement or omission of information may result in denial of employment or discharge. I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

Signature _____ **Date** _____

FOR OFFICIAL USE ONLY	Name of official:	Social Security:
FIRST SCHEDULED DAY TO START:		PAY RATE:
SUPERVISOR:	Job Title:	
SHIFT:	Work Schedule:	
Comments:		