

A Division of Pacific Commercial Equipment 3827 Bickford Avenue Snohomish, WA 98290 425-334-0082

EMPLOYMENT APPLICATION

Aero Construction, a division of Pacific Commercial Equipment, is an equal employment opportunity employer dedicated to a policy of nondiscrimination in the employment upon any basis, including race, color, creed, religion, age,, sex, national origin, ancestry, sexual orientation, marital status, military status, or the presence of any of any physical or mental medical condition or disability. In reading and answering the following questions, please keep in mind that none of the questions are intended it imply any limitations, illegal preferences, or discrimination based upon any non-job-related information.

This application will be given consideration, but its receipt does not imply that the applicant will be employed.

Please complete this application yourself, giving complete answers to the questions that apply to you.

Aero Construction is a participant in the E-Verification program.

Applicant Information							
Full Name:					Date:		
	Last	First		M.I.			
Address:	Street Address				Apartment/Unit #		
	City			State	ZIP Code		
Phone:		Email					
Date Availal	ble:	Social Security No.:		Desired Salary:			
Position Applied for: Full Time Part time							
Are you autl	horized to work in the U	YES NO .S.?					
I understand that to be employed, I must be lawfully authorized to work in the United States, and I must show the company documents that will prove this if I am offered the job. In submitting this application, I understand that false statements will disqualify me for employment or cause my subsequent dismissal Initials							
YES NO Have you ever worked for this company?							
Education							
High School	l:	Address:					
From:	To:	YES Did you graduate?	NO				
College:		Address:					
From:	To:	YES Did you graduate?	NO	Degree:			
Other: Address:							
From:	To:	YES Did you graduate?	NO	Degree:			

Skills Skills you have that are important for the job for which you have applied:					
2					
3.					
	Licenses and	Certifica	tions		
	Type:	ie Date	Expiration Date		
	N				J
	Previous E	mployme	ent		
Company:				Phone:_	
Address:					
Job Title:					
Responsibilities:					
From:	To:	Reason fo	or Leaving:		
May we contact you	r previous supervisor for a reference?	YES	NO		
·				Phone:_	
lab Title				Supervisor:_	
From:	То:	Peason fo	or Leaving:		_
		YES	NO		
May we contact you	r previous supervisor for a reference?				
				Phone:_	
				Supervisor:_	
Responsibilities:					
From:	To:	Reason fo	or Leaving:		
May we contact your previous supervisor for a reference?					

Professional Reference				
Full Name:	Relationship:			
Company:	Phone:			
Address:				
Full Name:	Relationship:			
Company:	DI.			
Address:				
Per	sonal Reference			
Full Name:	Relationship:			
Company:	Phone:			
Address:				
	ment-at-will policy, in that I or the company may terminate my nt with applicable state or federal law Initials			
I understand that this application is not a contract	of employment Initials			
on the application, on related papers, and in inter-	estigate my work and personal history and verify all data given views. I authorize all individuals, schools, and firms named me, and I release them from all liability for damage in providing			
Signature of Applicant:	Date:			

We are an Equal Opportunity Employer committed to diversity in our workforce.