



1601 South "C" Street  
Port Angeles, Wa 98363  
phone 360-457-8581  
fax 360-457-8896  
www.angelesmillwork.com

## APPLICATION FOR EMPLOYMENT

Applicants will receive consideration without discrimination based on race, creed, color, sex, age, national origin, veteran status, marital status, disability, handicap, sexual orientation, citizenship status or any condition prescribed by state or local law.

3111 East Highway 101  
Port Angeles, Wa 98362  
phone 360-452-8933  
fax 360-452-8943  
www.hartnagels.com



### PERSONAL

Name (first/mi/last) \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_

Have you ever worked for us or applied for employment with us?  Yes  No When? \_\_\_\_\_ Email Address \_\_\_\_\_

Position Desired \_\_\_\_\_ Pay Expected \_\_\_\_\_ Social Security # \_\_\_\_\_

Are you available full-time?  Yes  No If not, what hours? \_\_\_\_\_ Will you work overtime if asked?  Yes  No

Are you eligible for employment in the United States?  Yes  No \_\_\_\_\_ When are you available to begin work? \_\_\_\_\_

Have you been convicted of any crimes in the past ten years?  Yes  No If yes, describe in full: \_\_\_\_\_ Have you ever been bonded?  Yes  No

\_\_\_\_\_ If yes, which employer(s)? \_\_\_\_\_

Any special training or skills (forklift, etc.) \_\_\_\_\_ If required, do you have a CDL Class B?  Yes  No

How did you hear about us? \_\_\_\_\_ Do you use tobacco products?  Yes  No

Why are you interested in working for us? \_\_\_\_\_

### MILITARY

Did you serve in the US Armed Forces?  Yes  No Which branch? \_\_\_\_\_

Describe any training received relevant to the position for which you are applying. \_\_\_\_\_

\_\_\_\_\_

### EDUCATION

|             | Name & Location | Course of Study | Years Completed | Degree/Diploma   |
|-------------|-----------------|-----------------|-----------------|--|
| High School | _____           | _____           | _____           | <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |
| Tech School | _____           | _____           | _____           | <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |
| College     | _____           | _____           | _____           | <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |
| Graduate    | _____           | _____           | _____           | <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |

# EMPLOYMENT

Give accurate, complete full-time and part-time employment records, beginning with your present or most recent employer.

**Company Name** \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_ Weekly Pay: Start \_\_\_\_\_ Last \_\_\_\_\_  
Job Title & Description of Work \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

---

**Company Name** \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_ Weekly Pay: Start \_\_\_\_\_ Last \_\_\_\_\_  
Job Title & Description of Work \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

---

**Company Name** \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_ Weekly Pay: Start \_\_\_\_\_ Last \_\_\_\_\_  
Job Title & Description of Work \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

---

**Company Name** \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_ Weekly Pay: Start \_\_\_\_\_ Last \_\_\_\_\_  
Job Title & Description of Work \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

---

**Company Name** \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_ Weekly Pay: Start \_\_\_\_\_ Last \_\_\_\_\_  
Job Title & Description of Work \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

---

# EMPLOYMENT

Give accurate, complete full-time and part-time employment records, beginning with your present or most recent employer.

**Company Name** \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_ Weekly Pay: Start \_\_\_\_\_ Last \_\_\_\_\_  
Job Title & Description of Work \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

---

**Company Name** \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_ Weekly Pay: Start \_\_\_\_\_ Last \_\_\_\_\_  
Job Title & Description of Work \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

---

**Company Name** \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_ Weekly Pay: Start \_\_\_\_\_ Last \_\_\_\_\_  
Job Title & Description of Work \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

---

**Company Name** \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_ Weekly Pay: Start \_\_\_\_\_ Last \_\_\_\_\_  
Job Title & Description of Work \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

---

**Company Name** \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_ Weekly Pay: Start \_\_\_\_\_ Last \_\_\_\_\_  
Job Title & Description of Work \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

---

## EMPLOYERS

We may contact the employers listed above unless you indicate those you do not want us to contact.

**DO NOT CONTACT:**

Employer \_\_\_\_\_ Reason \_\_\_\_\_

Employer \_\_\_\_\_ Reason \_\_\_\_\_

## ADDITIONAL INFORMATION

Membership in professional and civic organizations, special accomplishments, awards, etc. \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

## APPLICANT'S SIGNATURE

Please read and understand this statement before signing your application:

The information I have provided is true, correct and complete. False, incomplete or misrepresented information of any kind, will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the employer to contact and obtain information about me from previous employers, educational institutions and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my Application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

This application is not an employment agreement. If I accept an offer of employment, I understand the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer of the employer, has authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer.

I acknowledge that company policy prohibits the use of illegal drugs and marijuana and that I will be subject to a pre-employment drug screening.

I fully understand and accept all terms and conditions in the above statement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_