



# Application For Employment

King Electrical Mfg. Co. is an Equal Opportunity Employer and is committed to excellence through diversity.

Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

## Personal Information

Name

Address

City

State

Zip

Phone Number

Mobile Number

Email Address

Are You authorized to work in the US?

Yes

No

Do you have reliable transportation?

Yes

No

If Selected For Employment Are You Willing To Submit to a Pre-Employment Drug Screening Test?

Yes

No

## Position

Position You Are Applying For

Available Start Date

Desired Pay

Employment Desired

Full Time

Part Time

Seasonal/Temporary

## Education

School Name	Location	Years Attended	Degree Received	Major

## References

Name	Title	Company	Phone

# Employment History

<b>Employer (1)</b>	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
<b>Employer (2)</b>	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
<b>Employer (3)</b>	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip

## NOTICE TO ALL APPLICANTS

This company reserves the right to have all employment applicants tested for drugs prior to employment and at any time during employment with this company. Substance abuse testing may be performed at this factory by Mobile Clinics specializing in this type of medical service.

All employees will be tested for drugs and alcohol if you are injured on the job and require medical treatment under the State of Washington Labor & Industries Insurance. This test will be performed at the clinic or hospital during the time you are being treated for the injury.

**Federal law requires all employers to verify the identity & employment eligibility of all persons hired to work in the United States. King uses E-VERIFY to verify new employees**

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statement on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers 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 the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative

I also have read and understand the above statements regarding Employment Eligibility and Drug Testing.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_