



**M|B|I**  
**M. BRASHEM, INC.**

14023 NE 8th Street, Bellevue, WA 98007

**EMPLOYMENT APPLICATION**

**PLEASE PRINT** Today's date: \_\_\_\_\_

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First Name M.I. Last Name Preferred Name/Nickname

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Street Address Apartment # City State Zip Code

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Home Phone Alternate/Work Phone E-Mail Address

**PLEASE PLACE A CHECK BY YOUR RESPONSE OR PROVIDE THE APPROPRIATE INFORMATION**

Are you interested in: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Temporary \_\_\_\_\_

What schedule would you prefer? Weekdays \_\_\_\_\_ Weekends \_\_\_\_\_ Evenings \_\_\_\_\_ Nights \_\_\_\_\_

How did you hear about the position? Classified Ad \_\_\_\_\_ Friend (Name) \_\_\_\_\_ Radio \_\_\_\_\_ Internet \_\_\_\_\_

**Desired Pay:**  
 Hourly Pay (minimum if applicable) \_\_\_\_\_ Annual Pay (minimum) \_\_\_\_\_ Annual Pay (desired) \_\_\_\_\_

When are you able to start work? (Date) \_\_\_\_\_

In what local area do you prefer to work? \_\_\_\_\_

Position desired: \_\_\_\_\_

**PLEASE CHECK YES OR NO TO THE FOLLOWING:**

Are you authorized to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with these laws, M. Brashem, Inc. will verify the status of every individual offered employment with the Company. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization.

Are you under 18 years of age? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, can you furnish a work permit? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you capable of performing the essential functions of the job for which you are applying with or without a reasonable accommodation? Yes \_\_\_\_\_ No \_\_\_\_\_

*M. Brashem, Inc. is an equal opportunity employer and does not discriminate against any applicant or employee because of race, color, religion, sex, national origin, disability, age, or military or veteran status in accordance with federal law. In addition, M. Brashem, Inc. complies with applicable state and local laws governing non-discrimination in employment in every jurisdiction in which it maintains facilities. M. Brashem, Inc. also provides reasonable accommodation to qualified individuals with disabilities in accordance with applicable laws.*

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PLEASE LIST YOUR WORK EXPERIENCE BELOW (MOST RECENT JOB FIRST)

FROM  /	COMPANY NAME		YOUR POSITION and TITLE	
	NO. & STREET		SUPERVISOR'S NAME, TITLE and POSITION	
	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER
TO  /	TYPE OF BUSINESS	STARTING PAY	FINAL PAY	
		\$	\$	
	TELEPHONE NUMBER ( )	TERMINATION <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY	REASON	
BRIEFLY DESCRIBE YOUR MAJOR DUTIES AND REASON(S) FOR TERMINATION				

FROM  /	COMPANY NAME		YOUR POSITION and TITLE	
	NO. & STREET		SUPERVISOR'S NAME, TITLE and POSITION	
	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER
TO  /	TYPE OF BUSINESS	STARTING PAY	FINAL PAY	
		\$	\$	
	TELEPHONE NUMBER ( )	TERMINATION <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY	REASON	
BRIEFLY DESCRIBE YOUR MAJOR DUTIES AND REASON(S) FOR TERMINATION				

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FROM <u> / </u> MO. YR.	COMPANY NAME		YOUR POSITION and TITLE	
	NO. & STREET		SUPERVISOR'S NAME, TITLE and POSITION	
	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER
TO <u> / </u> MO. YR.	TYPE OF BUSINESS	STARTING PAY	FINAL PAY	
		\$	\$	
	TELEPHONE NUMBER ( )	TERMINATION	REASON	
		<input type="checkbox"/> VOLUNTARY		
		<input type="checkbox"/> INVOLUNTARY		
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		\$	\$	
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		<input type="checkbox"/> INVOLUNTARY		
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**ADDITIONAL INFORMATION:**

**UNEMPLOYMENT ACCOUNT FOR ALL PERIODS OF TIME, THREE MONTHS OR MORE, BETWEEN POSITIONS HELD OR AFTER SCHOOL**

FROM /	TO /	HOW DID YOU SPEND THIS TIME?
FROM /	TO /	HOW DID YOU SPEND THIS TIME?

**EDUCATION:**

NAME AND ADDRESS OF SCHOOL,	MAJOR SUBJECT	DID YOU GRADUATE?	TYPE OF DEGREE OR DIPLOMA
HIGH SCHOOL OR PREP			
COLLEGE			
COLLEGE OR GRADUATE			
OTHER			

**PROFESSIONAL DESIGNATIONS:**

DESIGNATION	ORGANIZATION GRANTING DESIGNATION	DATE COMPLETED
DESIGNATION	ORGANIZATION GRANTING DESIGNATION	DATE COMPLETED

**PROFESSIONAL LICENSES:**

TYPE OF LICENSE	STATE GRANTING LICENSE	LICENSE NUMBER
TYPE OF LICENSE	STATE GRANTING LICENSE	LICENSE NUMBER

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**REFERENCES: Please list three professional references**

NAME	RELATIONSHIP	COMPANY	PHONE & EMAIL ADDRESS

**PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION**

I have submitted the attached form to the company for the purpose of obtaining employment. I acknowledge that the use of this form, and my filling it out, does not indicate that any positions are open, nor does it obligate the company to further process my application.

My signature below attests to the fact that the information that I have provided on my application, resume, given verbally, or provided in any other materials, is true and complete to the best of my knowledge and also constitutes authority to verify any and all information submitted on this application. I understand that any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination from the Company's employ.

I also affirm that I have not signed any kind of restrictive document creating any obligation to any former employer that would restrict my acceptance of employment with the Company in the position I am seeking.

*I understand that this application is not an employment contract for any specific length of time between the Company and me, and that in the event I am hired, my employment will be "at will" and either the Company or I can terminate my employment with or without cause and with or without notice at any time. Nothing contained in any handbook, manual, policy and the like, distributed by the Company to its employees is intended to or can create an employment contract, an offer of employment or any obligation on the Company's part. The Company may, at its sole discretion, hold in abeyance or revoke, amend or modify, abridge or change any benefit, policy practice, condition or process affecting its employees.*

**References:** I hereby authorize the company and its agents to make such investigations and inquiries into my employment and educational history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquires connected with my application and I specifically authorize the release of information by any schools, businesses, individuals, services or other entities listed by me in this form. Furthermore, I authorize the company and its agents to release any reference information to clients who request such information for purposes of evaluating my credentials and qualifications.

**SIGNED:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

# Questionnaire

**Excellent**

**Good**

**Fair**

**Poor**

Read Blue Prints				
Welding Mig Stick				
Grinding O D Cylindrical Centerless Surface				
Machining Lathe Milling Drilling Tracing				
Level of Math				
Algebra				
Geometry				
Trigonometry				
Read Mics				
O D				
I D				
Depth				

**Any special skills:**

Have you ever used Arnold Gages? \_\_\_\_\_

Have you ever used a Straightening press? \_\_\_\_\_

Can you Flame Straighten? \_\_\_\_\_

Have you had Drafting? \_\_\_\_\_

Have you had Metallurgy? \_\_\_\_\_