



# APPLICATION FOR EMPLOYMENT

3886 Hammer Dr. Bellingham, WA 98225 (360) 647-9531

Name:		Date:	
Last	First	M.I.	
Address:			
Street	City	State	ZIP
Contact: ( ) -	( ) -		
Home Phone	Mobile Phone	Email	

Position Desired:	Date Available:
Salary Desired:	Will Accept: Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/>
Shift Desired: Day <input type="checkbox"/> Evening <input type="checkbox"/> Night <input type="checkbox"/>	
Are you authorized to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/> Are you able to perform essential job functions? Yes <input type="checkbox"/> No <input type="checkbox"/>	

## Previous Employment (10 years if applicable – use additional pages if necessary)

Company: _____	Job Title: _____
Address: _____	
Phone: _____	Dates of Employment: _____
Reason for Leaving: _____	
Responsibilities: _____	
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Company: _____	Job Title: _____
Address: _____	
Phone: _____	Dates of Employment: _____
Reason for Leaving: _____	
Responsibilities: _____	
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Company: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

May we contact this employer? Yes  No

### Education

High School Graduate Or General Education Test Passed? Yes  No

If no, list the highest grade completed: \_\_\_\_\_

### College, Business School, etc (most recent first)

Name and Location	Dates Attended	Graduate	Degree
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Yes  No

Yes  No

Yes  No

Occupational License, Certificate or Registration	Number	Where Issued/Expiration
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Languages, Written or Spoken Fluently Other Than English:

SPECIAL SKILLS (List all pertinent skills and equipment that you can operate):

I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

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