



Yamamoto FB Engineering, Inc.

Application for Employment

If you are an applicant in need of assistance or accommodation with any part of the application/interview process (for example: filling out the application, test taking or interview) please make sure your request known in advance to the Human Resource Department or the interviewer.

PERSONAL

Date: _____

Name _____
Last First Middle Initial

Present Address _____
No. Street City ST Zip

How many years have you lived at this address? _____ Telephone No (____) _____

Previous Address _____
No. Street City ST Zip

Position Applied For _____ Rate or pay expected \$ _____ per _____

How did you learn of this opening? _____

Do you want to work _____ Full Time or _____ Part Time. Shift preference _____

Are you on lay-off and subject to recall? Yes No

Have you worked for us before? _____ If yes, when? _____

If hired, on what date will you be available to start work? _____

If hired, do you have a reliable means of transportation to get to work? _____

Are you able to perform the essential functions of the position applied for with or without reasonable accommodation? _____

We require employees to be on time and work the agreed upon schedule. Work may require overtime, either scheduled or last minute, on-call and / or weekend work as the need dictates. Can you meet these requirements? Yes No

Have you ever been convicted of a felony? Yes No (Conviction will not necessarily disqualify an applicant from employment) if yes, describe in full:

TO THE APPLICANT:

IF HIRED: Can you at that time furnish verification of age and the following information? Yes No

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

PRIOR WORK HISTORY (List in order, last or present employer first)

1.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)		Rate of Pay	
	Job Title	Supervisor		
Reason for Leaving				
2.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)		Rate of Pay	
	Job Title	Supervisor		
Reason for Leaving				
3.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)		Rate of Pay	
	Job Title	Supervisor		
Reason for Leaving				
4.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)		Rate of Pay	
	Job Title	Supervisor		
Reason for Leaving				

May we contact the employers listed above? _____ If not, indicate which one(s) you do not wish us to contact

PROFESSIONAL REFERENCES (Excluding Former Employees or Relatives)

Name and Occupation	Address	Phone Number
1) _____	_____	
2) _____	_____	

Thank you for completing this application form and for your interest in employment with us. We would like to assure you that your opportunity for employment with this company will be based on your merit and no other consideration.

**PLEASE READ CAREFULLY
APPLICANT'S CERTIFICATION AND AGREEMENT**

I understand that if I am offered a job, as a condition of becoming an employee, I may be required, prior to beginning work to take and pass an employee test and may be required to take and pass an employee physical examination and drug screen. I agree to consent to take such test(s) at such time as designated by the Company and to release the Company, it's directors, officers, agents, or employees from any chain arising in connection with the use of such test(s). I hereby authorize any doctor, hospital, clinic, laboratory or other medical facility and medical information with reference to me, as may be necessary in conjunction with that examination and related circumstances. I understand that failing any of the following (employee test, physical examination, drug screen) will disqualify me from employment with this Company.

I agree as a condition of employment to abide by all rules and regulations now in force or that may be put into effect by the Company. I agree to submit to periodic physical / medical examinations if requested by the Company for determining fitness for duty.

I hereby certify that the facts set forth in this employment application are true and complete to the best of my knowledge. I understand information provided by me on this application shall be verified. I understand that falsified statements or omissions on this application shall be considered sufficient reason for rejection of this application and the applicant for employment consideration. If already employed, such falsification shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my employment and personal history and financial / credit record. This is an employment application, not an employment contract. **Employment is at will and may be terminated by me or the Company for any or no cause at any time.**

I authorize the use of a photo or other copy of this authorization to be accepted with the same authority as the original.

Signature of Applicant _____

DO NOT WRITE BELOW THIS LINE

REVIEWED by _____ Date _____ INTERVIEWED Yes No DATE _____

REVIEWED by _____ Date _____ INTERVIEWED Yes No DATE _____

REVIEWED by _____ Date _____ INTERVIEWED Yes No DATE _____

Comments _____

Accepted for Employment / / Starting Rate _____ Starting Date _____ Department _____ Approved By: _____