



## Application For Employment

*Please Print*

**PacRim Engineering, Inc.** is an Equal Employment Opportunity Employer and does not discriminate on the basis of race, color, religion, national origin, sex, age, disability sexual orientation, or other factors prohibited by law. All questions must be answered and application must also be signed.

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_

LAST	FIRST	MIDDLE
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Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No. \_\_\_\_\_

Position applying for: \_\_\_\_\_ Desired Salary \_\_\_\_\_

Please list all times that you would be available for work, if offered employment with the company.

Availability \_\_\_\_\_ Total Hours Available Per Week \_\_\_\_\_

	MON.	TUES.	WED.	THUR.	FRI.	SAT.	SUN.
From:							
To:							

Are you currently employed?  Yes  No

If you are hired, on what date can you begin to work? \_\_\_\_\_

Are you eligible to work in U.S.?  Yes  No

Do you require any sponsoship for employment?  Yes  No

# EMPLOYMENT HISTORY

Start with your present or most recent employer. Use title of the last position in each company.

**Do not indicate "see resume".**

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1 Company Name \_\_\_\_\_  
Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_  
Address of business: \_\_\_\_\_  
Phone: \_\_\_\_\_ Your Title \_\_\_\_\_  
Name & title of supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Brief description of your job duties: \_\_\_\_\_  
Hourly, weekly, or annual pay: \_\_\_\_\_ Start: \_\_\_\_\_ Finish: \_\_\_\_\_  
(Optional)

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2 Company Name \_\_\_\_\_  
Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_  
Address of business: \_\_\_\_\_  
Phone: \_\_\_\_\_ Your Title: \_\_\_\_\_  
Name & title of supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Brief description of your job duties: \_\_\_\_\_  
Hourly, weekly, or annual pay: \_\_\_\_\_ Start: \_\_\_\_\_ Finish: \_\_\_\_\_  
(Optional)

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3 Company Name \_\_\_\_\_  
Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_  
Address of business: \_\_\_\_\_  
Phone: \_\_\_\_\_ Your Title: \_\_\_\_\_  
Name & title of supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Brief description of your job duties: \_\_\_\_\_  
Hourly, weekly, or annual pay: \_\_\_\_\_ Start: \_\_\_\_\_ Finish: \_\_\_\_\_  
(Optional)

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4 Company Name \_\_\_\_\_  
Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_  
Address of business: \_\_\_\_\_  
Phone: \_\_\_\_\_ Your Title: \_\_\_\_\_  
Name & title of supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Brief description of your job duties: \_\_\_\_\_  
Hourly, weekly, or annual pay: \_\_\_\_\_ Start: \_\_\_\_\_ Finish: \_\_\_\_\_  
(Optional)

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May we contact the employers listed above?

Yes

No

If not, indicate by **NUMBER** which one(s) you do not wish us to contact: \_\_\_\_\_

# EDUCATION

NAME AND LOCATION OF SCHOOL	LAST YEAR COMPLETED	Degree and Major	Graduation Date
College or University			
Graduate School			
Professional Licenses			
Professional Licenses			

Are you attending school now?  Yes  No  Night Classes  Day Classes

If yes, where? \_\_\_\_\_

How long will this schedule last? \_\_\_\_\_

Do you plan on going back to school?  Yes  No

If yes, when? \_\_\_\_\_

Do you have any other experience, training, qualifications or skills which make you feel especially suited for the position applied for? If so, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PERSON TO BE CONTACTED IN CASE OF AN EMERGENCY

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Please provide any disclosures which you feel may be considered for your application.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that the information given herein is true and complete to the best of my knowledge. I authorize you to make such investigations and inquires of information provided herein, and other matters related thereto, as may be necessary, I hereby authorize and release former employers, schools, other persons, businesses, institutions, law enforcement agencies, governmental agencies, to provide or release information regarding my employment, criminal conviction record, credit history, driver's license, motor vehicle records that may be in their possession, to the Company or its agents. I understand that false or misleading information given in my application or during interviews may result in a refusal to hire or discharge in the event of employment.

I understand that according to law all individuals who are hired must as a condition of employment produce certain documentation to verify their identity and US Citizen status ir if aliens, their legal authorization to work in the US. As a consequence, I understand that offer of employment, (and continued employment) would be contingent on my ability to produce the required documentation within the time period required by law. I have read and understand all of the provisions of this statement and acknowledgement.

I further understand that an offer of employment (and continued employment) is conditioned upon several criteria, including my satisfactory passing certain drug test which may be required by the Company.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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**REFERENCE** (*Business Preferred*)

**1 Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**Company:** \_\_\_\_\_ **Business Phone:** \_\_\_\_\_  
**Address:**  Business  Home  
**Address/City/State/Zip:** \_\_\_\_\_  
**Relationship & how long you have known this person** \_\_\_\_\_

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**2 Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**Company:** \_\_\_\_\_ **Business Phone:** \_\_\_\_\_  
**Address:**  Business  Home  
**Address/City/State/Zip:** \_\_\_\_\_  
**Relationship & how long you have known this person** \_\_\_\_\_

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**3 Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**Company:** \_\_\_\_\_ **Business Phone:** \_\_\_\_\_  
**Address:**  Business  Home  
**Address/City/State/Zip:** \_\_\_\_\_  
**Relationship & how long you have known this person** \_\_\_\_\_

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