

Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Note: Should you need reasonable accommodation when completing the Application for Employment, or during the selection process, please contact the Human Resources Department or another designated company representative.

(Please print clearly)

Open Position applied for (Required):	Date available for work:	Date of application:
Are you available to work: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary		
How did you learn about us? <input type="checkbox"/> Web site (Which one?): _____ <input type="checkbox"/> Social Media (Which one?): _____ <input type="checkbox"/> Advertisement (Which one?): _____ <input type="checkbox"/> Agency (Which one?): _____ <input type="checkbox"/> Walk-in <input type="checkbox"/> Current Employee (Name): _____ <input type="checkbox"/> Other (Describe): _____		
Last Name	First Name	Middle Name
Current Address	City	State Zip Code
Telephone Number(s): Home () _____ - _____ Cell () _____ - _____		
E-mail:		

General Information

If you are under 18 years of age, can you provide required proof of your eligibility to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have reliable transportation available for work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever filed an application with us before? If yes, give date: ____/____/____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been employed with us before? If yes, give date: ____/____/____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any of your records under a different name? If yes, what name: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you be able to perform the essential functions of the job with or without reasonable accommodation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you prevented from lawfully becoming employed in this country because of Visa or immigration Status? (Proof of citizenship or immigration status will be required upon employment.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Employment

(Attach additional pages or resume, if needed)

Employer	Eligible for rehire? [] Yes [] No	Telephone
Address	City State Zip Code	Dates employed (month/year) From: To:
Name of Supervisor(s)		Hourly Rate / Salary Starting: Final:
Job Title	Describe specific duties	Reason for leaving May we contact? [] Yes [] No

Employer	Eligible for rehire? [] Yes [] No	Telephone
Address	City State Zip Code	Dates employed (month/year) From: To:
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List periods of unemployment for more than 30 days, and explain:

Education

	High School	Technical College	College	Graduate School
School name and location				
Years completed (Circle)	9 10 11 12	1 2	1 2 3 4	1 2 3 4
Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diploma/Degree/Certificate				

Additional education or training

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 30 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Tacoma Screw Products, Inc. (the "company") is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause.

I understand that all company property must be returned and my indebtedness to the company must be paid on or before my last day of employment. I authorize the company to deduct from my final paycheck an amount necessary to satisfy any unpaid obligation.

I understand and agree that any false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all policies and procedures of Tacoma Screw Products, Inc.

Date: ____/____/____

Signature of Applicant: _____

We are an Equal Opportunity Employer



Since 1946

Tacoma Screw Products, Inc.

tacomascREW.com

Fasteners • Tools • Maintenance & Shop Supplies

Corporate, Human Resources Department
2001 Center Street
Tacoma, WA 98409-7895 U.S.A.

Phone (253) 572-3444

Fax (253) 680-4276

Job information line (253) 680-4272

E-mail HumanResources@TacomaScrew.com

Website www.TacomaScrew.com

Affirmative Action and EEO Tracking Form

The information below is required by state and federal regulations for statistical and affirmative action purposes and does not influence employment decisions. This page is separated from your application immediately upon being received and will be kept confidential. This form is to be completed voluntarily and failure to do so will not have an affect on the application process.

Name: _____

Date: ____/____/____

Open Position applied for: _____

Gender (M/F): _____

Check the box that best describes your RACE/ETHNIC GROUP:

- Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – Any persons having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (not Hispanic or Latino)** – All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Island, Thailand, and Vietnam.
- American Indian or Alaskan Native (Not Hispanic or Latino)** – All persons having origins in any of the original peoples of North or South America, and who maintain cultural identification through tribal affiliation or community attachment.
- Two or more races (Not Hispanic or Latino)** – All persons who identify with more than one of the above races.
- Do not wish to disclose.**

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