



2401 E. Brooklyn Ave., Spokane, WA 99217 Tel: 509-468-2310 Fax: 509-468-0284

APPLICATION FOR EMPLOYMENT

Qualified applicants receive consideration for employment without discrimination because of gender, marital status, race, color, creed, national origin, age, the presence of any physical, sensory or mental handicap, veteran status, or any other protected class as defined by applicable state, federal or local laws. All Brooklyn Iron Works hires and rehires will be tested for drugs as part of the pre-employment process. A positive test will eliminate the candidate from consideration. Please read carefully before you sign this application. False statements on this application form shall be considered sufficient cause for not being hired or for termination.

GENERAL APPLICANT INFORMATION

Name (First, Middle, Last): _____ Phone: _____

Address (Street, City, State, Zip): _____

Position Desired: _____ Email: _____

Are you legally authorized to work in the U.S.? Yes No *Proof of work authorization is required upon hire.*

Available for: Full-time Part-time Temporary Date available: _____

Based on the duties of the position for which you are applying, are you able to perform the essential job functions of the position with or without reasonable accommodation? Yes No

EDUCATION

School Type	School Name	City/State	Years Completed	Major/Degree Earned
High School:	_____	_____	_____	_____
College/University:	_____	_____	_____	_____
Graduate School:	_____	_____	_____	_____
Business/Trade, Other:	_____	_____	_____	_____

Do you plan to further your education? Yes No Planned start date: _____

SKILLS (Important: Check all items you can perform and all equipment you can operate.)

Fabrication Shop	Paint Shop	Detailing	Office	Accounting
<input type="checkbox"/> Read layouts	<input type="checkbox"/> Spray	<input type="checkbox"/> Drafting	<input type="checkbox"/> MS Word	<input type="checkbox"/> Financial Statements
<input type="checkbox"/> Read blue prints	<input type="checkbox"/> Blast	<input type="checkbox"/> Tekla Software	<input type="checkbox"/> PowerPoint	<input type="checkbox"/> A/P <input type="checkbox"/> A/R
<input type="checkbox"/> Fitter	<input type="checkbox"/> Wheelabrator	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Excel	<input type="checkbox"/> Payroll
<input type="checkbox"/> Welder		<input type="checkbox"/> Other: _____		

Professional licenses, degrees, awards, special training, skills and experience relevant to your ability to perform the job for which you are applying: _____

Foreign Languages: Speak: _____ Read: _____ Write: _____

U.S. MILITARY SERVICE

Did you serve in the U.S. Armed Forces? No Yes - Branch: _____

Dates of Duty: From: _____ to: _____ Rank at Discharge: _____

Kinds of Duty/Training while in the Service: _____

PREVIOUS EMPLOYMENT (Please include employment history for the last 10 years, most recent position first.)

Begin Date: ____/____/____ End Date: ____/____/____ Still Employed Last Title Held: _____

Duties, responsibilities, equipment, skills used: _____

Employer (Full business name): _____

Address (Street, City, State, Zip): _____

Type of Business: _____ Hours/Week: _____

Reason for Leaving: _____

Supervisor Name: _____ Phone: _____ May we contact? Yes No

Begin Date: ____/____/____ End Date: ____/____/____ Still Employed Last Title Held: _____

Duties, responsibilities, equipment, skills used: _____

Employer (Full business name): _____

Address (Street, City, State, Zip): _____

Type of Business: _____ Hours/Week: _____

Reason for Leaving: _____

Supervisor Name: _____ Phone: _____ May we contact? Yes No

Begin Date: ____/____/____ End Date: ____/____/____ Still Employed Last Title Held: _____

Duties, responsibilities, equipment, skills used: _____

Employer (Full business name): _____

Address (Street, City, State, Zip): _____

Type of Business: _____ Hours/Week: _____

Reason for Leaving: _____

Supervisor Name: _____ Phone: _____ May we contact? Yes No