

**PLEASE CHECK THE BOXES THAT APPLY TO YOU.**

*Put the years/months on the appropriate line.*



**EMPLOYMENT APPLICATION**

**WELDING**

- \_\_\_ YRS \_\_\_ MON \_\_\_ MIG/FLAT
- \_\_\_ YRS \_\_\_ MON \_\_\_ MIG/VERTICAL
- \_\_\_ YRS \_\_\_ MON \_\_\_ STICK/FLAT
- \_\_\_ YRS \_\_\_ MON \_\_\_ STICK/VERTICAL
- \_\_\_ YRS \_\_\_ MON \_\_\_ INNERSHIELD
- \_\_\_ YRS \_\_\_ MON \_\_\_ FLUX CORE
- \_\_\_ YRS \_\_\_ MON \_\_\_ HELI ARC/TIG
- \_\_\_ YRS \_\_\_ MON \_\_\_ CUTTING TORCH
- \_\_\_ YRS \_\_\_ MON \_\_\_ TOOLING
- \_\_\_ YRS \_\_\_ MON \_\_\_ FIXTURES/FITUP
- \_\_\_ OTHER

**ASSEMBLY**

- \_\_\_ YRS \_\_\_ MON \_\_\_ AUTOMOTIVE ELECTRICAL
- \_\_\_ YRS \_\_\_ MON \_\_\_ HYDRAULICS
- \_\_\_ YRS \_\_\_ MON \_\_\_ SMALL GAS ENGINE REPAIR
- \_\_\_ YRS \_\_\_ MON \_\_\_ DIESEL ENGINE REPAIR
- \_\_\_ YRS \_\_\_ MON \_\_\_ BENCH WORK
- \_\_\_ YRS \_\_\_ MON \_\_\_ ELECTRICAL
- \_\_\_ YRS \_\_\_ MON \_\_\_ AIR TOOLS
- \_\_\_ YRS \_\_\_ MON \_\_\_ ELECTRICAL HAND TOOLS

**PAINT**

- \_\_\_ YRS \_\_\_ MON \_\_\_ AIRLESS SPRAY PAINTING
- \_\_\_ YRS \_\_\_ MON \_\_\_ SANDING
- \_\_\_ YRS \_\_\_ MON \_\_\_ TAPING
- \_\_\_ YRS \_\_\_ MON \_\_\_ BODY WORK
- \_\_\_ YRS \_\_\_ MON \_\_\_ SHOT BLASTING
- \_\_\_ YRS \_\_\_ MON \_\_\_ PAINT HELPER
- \_\_\_ YRS \_\_\_ MON \_\_\_ BONDO

**WAREHOUSE**

- \_\_\_ YRS \_\_\_ MON \_\_\_ FORKLIFT
- \_\_\_ YRS \_\_\_ MON \_\_\_ ORDER PICKER
- \_\_\_ YRS \_\_\_ MON \_\_\_ COMPUTER EXP I.E. PART # INQUIRE, LOCATION INQ.
- \_\_\_ YRS \_\_\_ MON \_\_\_ STOCKING EXPERIENCE
- \_\_\_ YRS \_\_\_ MON \_\_\_ RECEIVING EXPERIENCE
- \_\_\_ YRS \_\_\_ MON \_\_\_ ORDER PULLING

**OFFICE**

- \_\_\_ YRS \_\_\_ MON \_\_\_ DATA ENTRY EXPERIENCE
- \_\_\_ YRS \_\_\_ MON \_\_\_ TYPING
- \_\_\_ YRS \_\_\_ MON \_\_\_ TEN KEY/TOUCH
- \_\_\_ YRS \_\_\_ MON \_\_\_ FILING
- \_\_\_ YRS \_\_\_ MON \_\_\_ WORD
- \_\_\_ YRS \_\_\_ MON \_\_\_ CAD
- \_\_\_ YRS \_\_\_ MON \_\_\_ EXCEL
- \_\_\_ YRS \_\_\_ MON \_\_\_ TELEPHONE SKILLS
- \_\_\_ YRS \_\_\_ MON \_\_\_ OTHER \_\_\_\_\_

**MISC**

- \_\_\_ YRS \_\_\_ MON \_\_\_ LEADMAN EXPERIENCE
- \_\_\_ YRS \_\_\_ MON \_\_\_ SUPERVISORY EXPERIENCE

Versalift Northwest - A Time Manufacturing Company (The Company) is an Equal Opportunity Employer. It is our policy to abide by all Federal, State, and local laws concerning discrimination in employment. No question in this application is intended to elicit information in violation of any such law nor will any information obtained in response to any question be used in violation of any such law. The Company does not discriminate against individuals with disabilities in the application process or in any phase of employment including but not limited to hiring, termination, promotion, benefits or wages. The Company will reasonably accommodate each applicant with a disability in the application process and each employee with a disability in connection with the performance of the essential functions of his/her job. However, The Company can only reasonably accommodate such individuals when his/her disability is known to The Company. Therefore, any individual requiring accommodation must notify Versalift Northwest - A Time Manufacturing Company (The Company) of the disability and of the type of accommodation needed. Any applicant or employee who feels he/she is being discriminated against based on his/her race, national origin, color, disability, sex, religion, veteran status, age or that he/she is not being reasonably accommodated should report this to the Director of Human Resources.

**HOW DID YOU HEAR ABOUT THE JOB?**

- Employee \_\_\_\_\_
- Sign
- Advertisement
- Worksource
- Internet
- Walk-in
- Other \_\_\_\_\_

Last Name			First	Middle	Date
Street Address					Cell Phone ( )
City			State	Zip	Home Phone ( )
Position Applying For					Person Who Messages Can Be Left With
Have you ever worked for Versalift or Time Manufacturing before? If Yes, where? _____ Date: _____					Phone Number For Messages ( )
List any relatives or friends working for this organization: Name _____ Relationship _____					How Long At Present Address?
Shift Preference					

EDUCATION	Name and Location of School	Course of Study	No. of Years Completed	Did You Graduate	Diploma or Degree
HIGH SCHOOL				<input type="checkbox"/> Yes <input type="checkbox"/> No	
TRADE OR BUSINESS SCHOOL				<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE OR UNIVERSITY				<input type="checkbox"/> Yes <input type="checkbox"/> No	
GRADUATE SCHOOL				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Have you served an apprenticeship?  Yes  No

Type or Trade \_\_\_\_\_

How Long? \_\_\_\_\_

Where did you serve? \_\_\_\_\_

When did you serve? \_\_\_\_\_

Mechanical and/or Technical Experience (Describe any and all qualifications): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# APPLICANT'S CERTIFICATION

*Please read carefully before signing.*

Can you verify your legal rights to work in the U.S. by providing a birth certificate, proof of U.S. Citizenship, or by some other means?

Yes    No

**EXPERIENCE** — *List Present and Former Employers for last 10 years beginning with most recent. Required along with resume.*

DATE		NAME AND ADDRESS OF COMPANY	SUPERVISOR	DESCRIBE YOUR WORK	REASON FOR LEAVING
STARTED	LEFT				

May we contact the above employers?    Yes    No      If "No" indicate which one(s) you do not wish us to contact.

Additional Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## DRUG AND ALCOHOL POLICY CONSENT FORM

I understand that Versalift Northwest - A Time Manufacturing Company ("The Company") requires applicants for employment to be tested regarding their use of alcohol, drugs, and/or controlled substances. I understand the process of the testing is to determine if alcohol, drugs, and/or any controlled substances are present in my system. I understand that the testing is generally done by urinalysis but may include blood tests or other tests. I also understand a laboratory selected by The Company will per-form the testing and will provide the results to The Company, its agents and employees. I hereby fully and freely consent to having such test(s) performed and to having the results provided to the Company, its employees and agents. If employed, I further consent to such testing during my employment by the Company.

I further understand that The Company's Drug and Alcohol Policy prohibits the manufacture, sale, transfer, possession, use or being under the influence of illegal drugs, controlled substances or alcohol while performing work or in a Company facility or a Company vehicle.

I further understand that failure to submit to the testing, or testing positive for alcohol, illegal drugs, or controlled substances will disqualify me from consideration from employment and, if employed, may disqualify me from continued employment.

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

I certify that the facts contained in this application and in any material provided to the Company are true and complete to the best of my knowledge. I understand that, if employed, falsified or incomplete statements on this application shall be grounds for dismissal.

I hereby represent that I genuinely desire employment with Versalift Northwest - A Time Manufacturing Company (The Company) and that I am submitting this application solely for such purpose. I understand that The Company is relying on this representation in accepting and processing my application.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice and without cause. I understand that employment for any period of time and any specific salary or benefits cannot be guaranteed to me except by a written employment agreement between me and The Company which is signed by the president of The Company.

In addition to all other rights provided herein, after I have accepted employment with The Company, I authorize The Company to contact all present or past employers and references regarding me and all facts in the application and in other material provided by me to the company and I release all parties from any damage that may result to me from furnishing the same to you.

I understand that the Drug and Alcohol Policy Consent Form indicating my agreement to be tested for drugs must be signed and attached to the application before the application will be processed.

I further agree that any amounts due for uniforms rented through The Company, the value of The Company property or advance not returned by me upon The Company's request may be deducted from one or more of my paychecks. I further agree that the Company may deduct from one or more of my paychecks all amounts for which I owe to The Company.

I authorize The Company to investigate my personal history, my former employment roles, and to make any other investigations deemed necessary in connection with my application for employment. I release The Company and all reference sources from any and all liability which may result from such investigations.

Applicant's Signature	Date
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***This form must be completed before the employment application can be processed.***

***(Continued on other side)***