



114-115 West Steuben Bingen, WA 98605  
Phone: 509.493.8756 Fax: 509.493.8754

## Employment Application

Custom Interface, Inc. provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, gender, sexual orientation, national origin, age, disability, marital status, amnesty or status as a covered veteran in accordance with applicable federal, state and local laws. This policy applies to all terms and conditions of employment, including, but not limited to, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training. Custom Interface, Inc. expressly prohibits any form of unlawful employee harassment based on race, color, religion, gender, sexual orientation, national origin, disability or veteran status. Improper interference with the ability to Custom Interface, Inc. employees' to perform their expected job duties is absolutely not tolerated.

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Work/Message Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Position Desired: \_\_\_\_\_ Are you 18 years of Age or Older: \_\_\_\_\_

Date Available: \_\_\_\_\_ Are you authorized to work in the United States? (proof is required prior to employment): \_\_\_\_\_

Can you work Mon-Fri: \_\_\_\_\_ swing: \_\_\_\_\_ overtime: \_\_\_\_\_ weekends: \_\_\_\_\_

Please list any friends or relatives who work for us: \_\_\_\_\_

Is there anything that would prevent you from satisfactorily performing, either with or without reasonable accomodation, the essential functions of the job for which you have applied? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Qualifications:** List any degrees, training or education, where it was acquired and date given

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Criminal Record:** Have you ever been convicted of a felony in the last ten (10) years, pled guilty/no contest or forfeited bond or bail? If so, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Employment History (Start with most recent employer)

Do we have permission to contact all previous employers? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

Address: \_\_\_\_\_ Dates of service: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Pay range: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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

Address: \_\_\_\_\_ Dates of service: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Pay range: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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

Address: \_\_\_\_\_ Dates of service: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Pay range: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

I certify that the information given in this application, any supporting documents and in any interviews are true and complete to the best of my knowledge. I authorize the investigation of all matters relevant to my qualifications for employment and release from liability any persons supplying such information. I also release you from all liability which might result from making the investigation. I understand that any falsification, omission or misrepresentation generally will result in denial or termination of employment. I understand that I may resign or be terminated without cause or notice at any time and that the company may change, withdraw or interpret other policies including wages, hours and working conditions as it deems appropriate.  
I have read these statements and understand that if I accept employment these statements will become a binding part of my employment relationship. CII is an equal opportunity employer.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_