



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: _____

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

Within the last 10 years, have you been convicted of any crime (excluding convictions that have been sealed, expunged or legally eradicated or misdemeanors for which probation was completed and the case was dismissed by court)?

Yes No (a 'Yes' response does not automatically disqualify your application)

If yes, please explain: _____

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: _____ Last Salary: _____

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: _____ Last Salary: _____

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: _____ Last Salary: _____

Reason for Leaving: _____

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

PRE-EMPLOYMENT BACKGROUND CHECKS AND CONDITIONS OF EMPLOYMENT

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

I certify that the information I have given Brooklyn Iron Works, Inc. (hereinafter called the Company) is true and complete. I understand that if employed, false or misleading information may result in my immediate dismissal. I understand the first 90 days of employment at the Company are considered an evaluation period.

I authorize the Company to solicit information regarding my character, general reputation, previous employment, and similar background information, and to contact any or all references and previous employers I have supplied on my application. I authorize the Company to conduct a complete investigation of my prior employment record. I hereby grant permission to the Company to contact each of my former employers concerning my qualifications and personal character relating to the position for which I have applied, and to perform a job-related background check, consumer credit check, civil and criminal records check and a sex-offender register search (see supplemental form). I understand that this investigation will include some or all of the employers whom I have identified on the job application as well as an effort to verify the facts that I have provided are complete and accurate. I hereby authorize any former employer to disclose the facts of my past employment, dates of employment, titles or positions held, wage and salary history, and the facts and results of any formal or informal performance evaluations related to my employment. Such facts may include but are not limited to my attendance record, behavior, ability to work with others, communications skills, willingness to see a project through, the reasons for and circumstances of my separation from employment with any employer and my eligibility for rehire. I hereby release all parties connected with any such inquiries of information from any and all claims, liabilities, and damages for any reason which may arise out of furnishing such information. If employed, I release the Company from any liability for future references it may provide regarding my work history with the Company.

If hired, in consideration of my employment, I agree that my employment with the Company is At-Will and may be terminated with or without cause, and with or without notice at any time at the option of myself or the Company. I understand that no representative of the Company, other than the General Manager in a signed agreement, has the authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing. I understand that employment with the Company is contingent upon passing a pre-employment drug screen and a satisfactory employment and background screening as described above. ***In consideration of employment and wages or salaries paid to me, I agree, if employed, to the following:***

- 1. I will promptly disclose to the Company all copyrightable material relating to the Company's business which I produce, compose or write individually or in collaboration with others, while employed by the Company, whether made on Company's time or my own time; and at the expense of the Company, I will assign to it all my interest in such copyrightable material, and sign all papers and conduct all other acts necessary to assist the Company to obtain copyrights or such material in any and all countries provided, however, that no such assignment be made in respect to any such copyrightable item upon which a specific written agreement is executed, attested and sealed by the authorized officers of the Company. The above provisions will be binding upon my heirs and may be transferred by the Company to its successors.*
- 2. I understand and agree that the Company is not responsible for prior commitments or agreements made by and between the applicant or employee and any professional placement bureaus.*
- 3. I understand and agree that all information herein provided is true and correct with full knowledge that any falsification of information is sufficient cause for immediate dismissal.*
- 4. I understand and agree that all job offers are contingent upon my passing a pre-employment drug screen and a thorough background check as described above.*
- 5. I understand that all new hires are subject to an evaluation period of not less than 90 days.*
- 6. I understand that all employees must meet attendance and performance requirements and conform to other Company rules, regulations and standards.*

If currently employed, I authorize Brooklyn Iron Works, Inc., to contact my current employer. Yes No

Signature: _____

Date: _____

NOTICE TO APPLICANTS OF PRE-OFFER DRUG TESTING

Brooklyn Iron Works, Inc., has established and maintains a Drug-Free Workplace program. As part of this program, offers of employment are expressly conditioned upon the applicant passing a drug-screen test. In addition, employees of Brooklyn Iron Works, Inc., may be subject to drug testing under the conditions outlined in the company's Drug-Free Workplace and the Safety and Accident Prevention Program.

For persons receiving a conditional offer of employment, failure of a drug test or refusal to submit to a drug test will result in withdrawal of the offer of employment and action taken against employees up to and including termination of employment.

Signature: _____

Date: _____

VOLUNTARY APPLICANT SELF-IDENTIFICATION QUESTIONNAIRE

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GENERAL APPLICANT INFORMATION

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

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

We comply with government regulations and equal employment opportunity responsibilities. Solely to help us comply with government record keeping, reporting and other legal requirements, we encourage you to complete this questionnaire.

This information will be separated from your application and kept in a confidential file. It will not be considered for employment purposes. It will be used only for periodic government reporting purposes.

Position Desired: _____

JOB GROUP:

- | | | | |
|---|---|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> General Labor/Helper | <input type="checkbox"/> Clerical | <input type="checkbox"/> Accounting | <input type="checkbox"/> Fitter |
| <input type="checkbox"/> Detailer | <input type="checkbox"/> Supervisory | <input type="checkbox"/> Welder | <input type="checkbox"/> Professional |
| <input type="checkbox"/> Manager | <input type="checkbox"/> Shop Maintenance | <input type="checkbox"/> Sales | <input type="checkbox"/> Executive |
| <input type="checkbox"/> Painter | <input type="checkbox"/> Project Manager | <input type="checkbox"/> Blaster | |

REFERRED BY:

- | | | | |
|--|--------------------------------------|--|--|
| <input type="checkbox"/> Walk-In | <input type="checkbox"/> Website | <input type="checkbox"/> Advertisement | <input type="checkbox"/> Employee Referral |
| <input type="checkbox"/> Employment Agency | <input type="checkbox"/> Search Firm | <input type="checkbox"/> Minority-Veteran-Female Recruiting Agency | <input type="checkbox"/> None |

RACE, GENDER & BIRTH DATE:

- | | | | |
|---|---|---|---------------------------------|
| <input type="checkbox"/> White | <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Native American/Alaskan Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black/African-American | <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> Two or more races* | <input type="checkbox"/> Other* |

*If you marked "Two or more races" or "Other," please specify: _____

Your gender: Male Female Your date of birth (Month/Day/Year): _____/_____/_____

VETERAN STATUS:

- Recently Separated Veteran Armed Forces Service Medal Veteran Other Protected Veteran

If you are a recently separated veteran, an armed forces service medal veteran, or other protected veteran, we would like to include your information in our applicant statistics. The term "recently separated veteran" refers to any veteran who is separated from duty during the three year period beginning on the date of his/her discharge or release from active duty. The term "armed forces service medal veteran" refers to a veteran, who while serving on active duty in the Armed Forces, participated in a U.S. military operation for which an Armed Forces service medal was awarded. The term "other protected veteran" refers to a person who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized, under the laws administered by the Department of Defense.

Submission of this information is voluntary and refusal to participate will not subject you to any adverse treatment. The information provided will be used only in ways that are consistent with Executive Order 11246, the Vietnam Era Veterans Readjustment Act of 1974, as amended and other applicable laws and regulations.

I certify that the information given by me to Brooklyn Iron Works, Inc., is true and complete.

Signature: _____ SSN#: _____ - _____ - _____ Date: _____