



Romac is an equal opportunity employer.

21919 20th Avenue SE
Bothell, WA 98021

125 S. Sultan Basin Road
Sultan, WA 98294

Application for Employment

www.romac.com

Date of Application _____

PERSONAL INFORMATION	Name (last, first, middle)		Home Phone #		Cell Phone #	
	Present Address	Street	City		State	Zip
	Permanent Address	Street	City		State	Zip
	Email Address					
	Have you ever applied for work at Romac before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____ Where? _____					
	Name any relatives and/or acquaintances employed by Romac:					
WORK PREFERENCE	How were you referred to Romac? <input type="checkbox"/> Walk-in <input type="checkbox"/> Agency <input type="checkbox"/> Friend/Relative (Name) _____ <input type="checkbox"/> Other (specify) _____					
	Are you legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you use tobacco? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you under 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Please check the general areas listed below in which you are interested in obtaining work:					
	<input type="checkbox"/> Manager <input type="checkbox"/> Professional <input type="checkbox"/> Technician <input type="checkbox"/> Sales <input type="checkbox"/> Clerical <input type="checkbox"/> Skilled Labor <input type="checkbox"/> Unskilled Labor <input type="checkbox"/> Other (please specify) _____					
	Please state position for which you are applying:					
	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					
EDUCATION	Type of employment you are seeking: <input type="checkbox"/> Temporary/Seasonal <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Intern <input type="checkbox"/> Other					
	Shift Preferred: <input type="checkbox"/> Day <input type="checkbox"/> Swing <input type="checkbox"/> Night <input type="checkbox"/> No Preference			Are you willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Salary Desired: \$ _____ per _____		When can you begin?		Is transportation to work available? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	School Name and Location		Graduate?	Degree, Diploma or Cert.		GPA (E.G. 3.2/4.0)
High School Last Attended		Yes <input type="checkbox"/> No <input type="checkbox"/>	Type	Major/Minor		
Vocational, Technical School, Community College		Yes <input type="checkbox"/> No <input type="checkbox"/>				
College or University		Yes <input type="checkbox"/> No <input type="checkbox"/>				
Advanced Degree		Yes <input type="checkbox"/> No <input type="checkbox"/>				
Please list academic honors, scholarships, fellowships in professional and honorary societies and any other extra curricular activities (excluding those indicating race, creed, religion, color, national origin, gender, marital status, sexual orientation, disability, age, political ideology, veteran, citizenship status and any other protected class governed by local, state or other law).						

Computing Skills	General Computing (OS: _____) <input type="checkbox"/> No Experience <input type="checkbox"/> Some Experience <input type="checkbox"/> Proficient	Microsoft Office (Version: _____) <input type="checkbox"/> No Experience <input type="checkbox"/> Some Experience <input type="checkbox"/> Proficient	Oracle (Version: _____) <input type="checkbox"/> No Experience <input type="checkbox"/> Some Experience <input type="checkbox"/> Proficient
	Words per Minute: Typing _____	List other applicable computer application experience:	

Technical Skills	In what technical and skilled trade areas are you experienced?
	List all machines and equipment you have operated:

WORK EXPERIENCE	List current or most recent employer first, include U.S. Military service (show rank / rate at discharge, but not type of discharge). Please use additional paper if necessary.		
	Employer (Company Name)	Immediate Supervisor's Name	Your Job Title
	Street Address	Employment Dates (mo. & yr.) From: To:	Salary Begin: End:
	City, State, Zip Code	Phone Number	
	Summarize your job duties:		
	Reason for leaving:		
	Employer (Company Name)	Immediate Supervisor's Name	Your Job Title
	Street Address	Employment Dates (mo. & yr.) From: To:	Salary Begin: End:
	City, State, Zip Code	Phone Number	
	Summarize your job duties:		
	Reason for leaving:		
	Employer (Company Name)	Immediate Supervisor's Name	Your Job Title
	Street Address	Employment Dates (mo. & yr.) From: To:	Salary Begin: End:
	City, State, Zip Code	Phone Number	
	Summarize your job duties:		
	Reason for leaving:		
Employer (Company Name)	Immediate Supervisor's Name	Your Job Title	
Street Address	Employment Dates (mo. & yr.) From: To:	Salary Begin: End:	
City, State, Zip Code	Phone Number		
Summarize your job duties:			
Reason for leaving:			

May we contact your current and/or previous employers? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain: _____ _____

OTHER EXPERIENCE	Explain any period of time not accounted for in your employment record:

PROFESSIONAL REFERENCES	May we contact your references? <input type="checkbox"/> Yes <input type="checkbox"/> No; explain _____		
	Name	Email Address (if known)	
	Area Code/Phone Number	Years Acquainted	Occupation
	Name	Email Address (if known)	
	Area Code/Phone Number	Years Acquainted	Occupation
	Name	Email Address (if known)	
	Area Code/Phone Number	Years Acquainted	Occupation
	Name	Email Address (if known)	
	Area Code/Phone Number	Years Acquainted	Occupation

Please read the following carefully before signing this application.

I certify that the information provided in this employment application (and accompanying resume, if any) is true and complete, and I understand that any false information or significant omissions may disqualify me from further consideration for employment, and may be justification for my dismissal from employment, if discovered at a later date.

I understand that an offer of employment is contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.

I authorize investigation of all statements contained in this application (and accompanying resume, if any). I also authorize Romac Industries, Inc. (hereafter referred to as "the Company") to contact my present employer (unless otherwise noted in this application form), past employers, and listed professional references. I authorize any person, school, current or previous employer, and organizations named in this application form (and accompanying resume, if any) to provide the Company with relevant information and opinion that may be useful to the Company in making a hiring decision, and I release such persons and organizations from any legal liability in making such statements.

If I am offered employment, I understand that it is contingent upon the satisfactory outcome of a verification of previous employment and education, a criminal background check, and a drug screening. I will also be asked to sign a Non-Disclosure Agreement as a condition of employment with the organization, which may also include a Non-Competition, Non-Solicitation, and Non-Disclosure of Third Party Information Agreement. Depending on the position, the Company may also include a department motor vehicle (DMV) check and/or a consumer credit check.

If I am offered employment for certain positions, a physical abilities evaluation and audiogram may be required before I start work. I consent to release to the Company any and all related medical information, as may be deemed necessary by the Company in judging my capability to do the work for which I am applying. If the examination discloses medical conditions that prevent me from successfully performing the essential functions of the job, the Company will attempt to make reasonable accommodations to allow me to work. If no reasonable accommodations can be found, or they cause an undue hardship on the Company, the tentative offer of employment will be withdrawn.

In consideration of my employment, I agree to conform to the Company's policies and procedures, and that the Company's policies and procedures may be changed, interpreted, or added to by the Company at any time at the Company's sole option. I understand that all Company property must be returned and any indebtedness to the Company must be paid on or before my last day of work. I authorize the Company to deduct from my final paycheck an amount necessary to satisfy any unpaid obligation.

I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the Company's option. I also understand and agree that the terms and condition of my employment may be changed, with or without cause and with or without notice, at any time by the Company. I understand that no Company representative, other than its President, and then only when in writing and signed by the President, has any 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 if my employment is terminated by the Company for dishonesty, breach of trust, or any criminal acts, the authorities may be notified and I may be criminally prosecuted. I also understand that, if hired, I may not engage in sales, investments, or other activities that create a conflict of interest with my position with the Company.

By signing below, I acknowledge that I have read, understand, and agree with the above statements.

Date _____ Applicant's Signature _____