

Pasco, WA  
Moses Lake, WA  
Coeur d'Alene, ID



A-L Compressed Gases, Inc.  
4230 E. Trent Ave.  
Spokane, WA 99202  
1-800-852-4979

Clarkston, WA  
Union Gap, WA  
Prosser, WA

### APPLICATION FOR EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY EMPLOYER DEDICATED TO A POLICY OF NON-DISCRIMINATION IN EMPLOYMENT ON ANY BASIS, INCLUDING, RACE, CREED, COLOR, AGE, SEX, RELIGION OR NATIONAL ORIGIN.

DATE \_\_\_\_\_

#### PERSONAL INFORMATION

NAME _____	LAST	FIRST	MIDDLE
SOCIAL SECURITY NUMBER _____			
PRESENT ADDRESS _____	STREET	CITY	STATE ZIP
YEARS AT ADDRESS _____			
PREVIOUS ADDRESS _____	STREET	CITY	STATE ZIP
YEARS AT ADDRESS _____			
PHONE NUMBER _____			
REFERRED BY _____			

#### EMPLOYMENT DESIRED

POSITION _____	DATE YOU CAN START _____	DESIRED SALARY _____
ARE YOU EMPLOYED NOW? _____	IF SO, MAY WE INQUIRE WITH YOUR EMPLOYER? _____	
WILL YOU HAVE TO GIVE A TWO-WEEK NOTICE? _____		
HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? _____	WHERE? _____	WHEN? _____

#### EDUCATION

	NAME AND LOCATION OF SCHOOL	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE?	SUBJECTS STUDIED & DEGREES RECEIVED
GRAMMAR SCHOOL		1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
HIGH SCHOOL		1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE		1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL		1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	

SUBJECTS OF SPECIAL STUDY OR RESEARCH \_\_\_\_\_  
DO YOU SPEAK ANY FOREIGN LANGUAGES FLUENTLY? \_\_\_\_\_  
LIST ANY OTHER ACTIVITIES, GROUPS OR CLUBS YOU ARE INVOLVED IN \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FORMER EMPLOYERS**-LIST ANY PREVIOUS EMPLOYERS, BEGINNING WITH THE LAST ONE FIRST

DATE, MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM: TO:				
FROM: TO:				
FROM: TO:				
FROM: TO:				

**REFERENCES**-PLEASE LIST BELOW THE NAMES OF THREE PEOPLE NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

	NAME	ADDRESS	BUSINESS	YEARS AQUATINTED
1.				
2.				
3.				

**PHYSICAL RECORD**-DO YOU HAVE ANY PHYSICAL CONDITION, WHICH MAY LIMIT YOUR ABILITY TO PERFORM THE JOB; APPLIED FOR?

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IN CASE OF  
EMERGENCY NOTIFY \_\_\_\_\_  
NAME ADDRESS PHONE NUMBER

**I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS IS CAUSE FOR DISMISSAL. I UNDERSTAND AND AGREE THAT 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 PREVIOUS NOTICE.**

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

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**DO NOT WRITE BELOW THIS LINE**

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INTERVIEWED BY: \_\_\_\_\_ DATE \_\_\_\_\_  
REMARKS \_\_\_\_\_

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