

Astro Auto Wrecking, LLC

37307 Enchanted Parkway S.
Federal Way, WA 98003
253-838-2800

For Office Use Only

Date Application Received:

Application Material Received:

[] 5 letters of recommendation

OFFICE POSITION

POSITION(S) APPLYING FOR

We welcome you as an applicant for employment with Astro Auto Wrecking, LLC. It is the policy and intent of Astro Auto Wrecking, LLC to provide equal opportunity in employment for all persons. This policy prohibits discrimination on the basis of race, color, religion, national origin, political affiliation, disability, marital status, sex or age. This policy applies to all phases of employment. No question on this application is intended to secure information to be used for such discrimination. Please complete all requested information in its entirety. Resumes WILL NOT be accepted in lieu of completion of this application.

LAST NAME	FIRST NAME	MIDDLE	HOME PHONE #
			DAY PHONE #
TEMPORARY MAILING ADDRESS:			

City		State	Zip

PRESENT MAILING ADDRESS:		

City	State	Zip

HIGH SCHOOL:	Diploma:	
Location:		
COLLEGE:	Degree:	Major:
Location:		Minor:
TRADE or BUSINESS SCHOOL	Degree/Diploma	Course of Study
Location:		

WORK EXPERIENCE**CURRENT EMPLOYER**

Name:	Supervisor:	Contact Number:	May We Contact?
Address:	City	State	Zip
From: (Mo/Yr)	To: (Mo/Yr)	Current Salary/Wage:	Reason for Leaving?
Duties:			

FORMER EMPLOYERS (Begin with most recent. Attach additional sheets if necessary)

Name:	Supervisor:	Contact Number:	May We Contact?
Address:	City	State	Zip
From: (Mo/Yr)	To: (Mo/Yr)	Current Salary/Wage:	Reason for Leaving?
Duties:			

Name:	Supervisor:	Contact Number:	May We Contact?
Address:	City	State	Zip
From: (Mo/Yr)	To: (Mo/Yr)	Current Salary/Wage:	Reason for Leaving?
Duties:			

Name:	Supervisor:	Contact Number:	May We Contact?
Address:	City	State	Zip
From: (Mo/Yr)	To: (Mo/Yr)	Current Salary/Wage:	Reason for Leaving?
Duties:			

TECHNOLOGY/COMPUTER SKILLS

With what computer word processing software are you proficient? _____

With what computer spreadsheet software are you proficient? _____

With what other computer software are you proficient? _____

Other: _____

SPECIAL QUALIFICATIONS

What special work experience, training, or other qualifications do you have that will make you successful in the job you are seeking? Please provide verification: Transcripts, documentation, etc.

PERSONAL REFERENCES (Other than relatives and former employers)

Name	Address	City	State	Zip	Phone #

Are you a citizen of the United States? Yes _____ No _____

Have you been discharged or requested to resign from any position: Yes _____ No _____

If YES, please explain _____

SINCE YOU ARE APPLYING FOR A POSITION THAT MAY INVOLVE WORKING WITH CHILDREN OR HANDLING OF MONEY OR PROPERTY OF ASTRO AUTO WRECKING, LLC PLEASE COMPLETE THE FOLLOWING SECTION:

Have you, within the past seven (7) years, served any portion of a criminal sentence or been convicted of any offense that involved any form of violence such as assault, rape, child abuse, child molesting, extortion, embezzlement, fraud, stealing, robbery, blackmail, coercion, or any crime which involved drugs?

_____NO _____YES

If **YES**, explain the nature of the crime, place, and date of correction or sentence.

Attach at least five (5) written recommendations from individuals who know your skills and abilities required to perform the job for which you are applying. Attach any additional information you wish to be considered in your application.

SUPPLEMENTAL QUESTIONS (You may use a separate paper if necessary)

Office Personnel can assume many roles. Briefly discuss the roles as you see them. What personal and professional strengths would you bring to them?

TO THE APPLICANT: Upon completion return this form to:

Astro Auto Wrecking, LLC
37307 Enchanted Parkway S.
Federal Way, WA 98003

IMPORTANT: READ BEFORE SIGNING

I understand and agree that I may be subject to immediate dismissal from employment if it shall subsequently be determined or discovered that the answers are untrue and that I have failed to disclose a material fact.

I authorize investigation of all statements and matters contained in this application or which the owners of Astro Auto Wrecking, LLC or their agents may deem relevant to my employment, and I authorize the owners of Astro Auto Wrecking, LLC to perform a background check as a condition of employment. I authorize all my previous employers or persons having information concerning me or my record to report such information to the owners. I release each such person from all claims or liabilities whatsoever on account of making such inquiry or ;making such disclosures whether favorable or unfavorable.

I agree, if employed, to devote my best efforts to the performance of my duties, to comply with the rules and regulation of the employer, and to obey all lawful directives of supervisors designated by the employer. I have read and understand all portions of this application and have answered all questions completely and truthfully.

Signature of Applicant

Date