



P.O. Box 641
23201 E. Appleway Drive
Liberty Lake, WA 99019
Phone: (509) 922-3300
Fax: (509) 892-5984
Web Site: www.accrafab.com

Accra-Fab, Inc.

Please read the following information before completing this application for employment.

Accra-Fab is a “Precision Sheet Metal” supplier to some of the most successful and demanding electronics manufacturers in the world. We continually search for people who have the right set of skills, abilities and attitudes to meet these needs.

You could become part of our team, if you:

1. **SUPPORT OUR DRUG-FREE WORKPLACE POLICY** – Job candidates must pass a drug test before we make a final employment offer. Accra-Fab, Inc. conducts random drug testing as well as “For Cause” drug/alcohol testing.
2. **COMMIT TO QUALITY WORK** – By thinking “my customer first”, understanding what your customer wants, checking your work carefully and eagerly seeking ways to improve your work, both in quality and quantity.
3. **COMMITMENT TO TEAMWORK** – By being there on time and ready to go, accepting tasks for the good of the team, cooperating with leaders, supporting and helping others in their work and “thinking positive”.

If you accept an offer of employment, you can expect:

1. **A HIGH DEGREE OF RESPONSIBILITY** – You will be expected to use and care for high cost, state-of-the-art equipment required to produce world-class products. You will make decisions affecting high value products and processes.
2. **THE OPPORTUNITY TO LEARN AND GROW** – Our employees have the opportunity to enhance their own skills and knowledge through training and educational programs. Many of our lead people and supervisors rose “through the ranks” to their present position.

Thank you for your interest in Accra-Fab. Please feel free to ask additional questions before completing your application.

AS9100 Rev D and ISO 9001:2008 Certified

ACCRA-FAB, INC.

APPLICATION FOR EMPLOYMENT

****This application will be kept on file for one year****

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

All qualified applicants considered, regardless of race, religion, color, age, gender, marital status, national origin, veteran status, non-disqualifying disability, or any other legally protected status.

Instructions

This is a general employment application required for all jobs. If a job vacancy exits, you may also be asked to complete a more detailed survey of your specific qualifications. Answer all items, even if you have a resume. Recheck your entries upon completion. Please sign and date where indicated. If you have questions, please feel free to ask.

Today's Date							
Last Name		First Name		Initial	Social Security Number		
Present Address				City		State	Zip
Previous Address, if less than 3 yrs at present address:				City		State	Zip
Home Phone Number		Message Phone		Emergency Contact Person/Relationship		Emergency Phone	
Are you at least 18 years old?		Can you provide proof that you can be lawfully employed in the US? (Driver's Lic.; Soc.Sec. Card; Birth Cert.)			Other names you have used and dates		
Do any relatives or person of your same household work here? If yes, please give their names.							
Accra-Fab, Inc. may conduct background checks after an interview or conditional offer of employment is made, but a criminal conviction will not necessarily bar you from employment. We will consider the nature of the crime, the nature of the job, the length of time that has passed since the conviction or release from supervision, and any mitigating circumstances such as evidence of rehabilitation.							

Position applied for:		Have you ever worked for Accra-Fab? If yes, when:		Have you done this kind of work before? If yes, where:		Date available to start?	
List other jobs you may be qualified for:					List certifications or licenses you hold:		
How were you referred to us? <input type="checkbox"/> Newspaper <input type="checkbox"/> Employee (name) _____ Other _____ <input type="checkbox"/> Walk-In <input type="checkbox"/> Agency (name) _____					Shift Schedule Day: 6:45 AM – 3:15 PM M-F Swing: 2:45 PM – 11:15 PM M-F Graveyard: 10:45 PM – 7:15 AM Sun-Thur		
Full Time Only		Check if you willing to accept:			Anticipated Salary/Wage if hired:		
<input type="checkbox"/> Day <input type="checkbox"/> Graveyard <input type="checkbox"/> Sunday <input type="checkbox"/> Swing <input type="checkbox"/> Saturday <input type="checkbox"/> Part-time only <small>(Accra-Fab does not normally hire for part-time.)</small>					\$		
Prior commitments that would require absence of more than a few hours in the next 12 months? If yes, explain:							
Are you now, or do you expect to be engaged in any other business or employment? If yes, explain:							

EDUCATION

	School Name---City & State	Dates From/To		Graduated?	Diploma, Degree--Major	GPA
High School						
College						
College						
Trade, Other						
Are you currently enrolled as a student? If yes, explain:			Honors achieved:			
Outside activities which you feel reflect your abilities:						
Plans for future education or training:						

WORK HISTORY

Start with PRESENT/ MOST RECENT employer. Include Military time or Volunteer work if full time or your major activity.

Name of Organization	From (Month/Year)	To (Month/Year)	Type of Business			
Address		City		State	Zip	
Supervisor's Name	Supervisor's Title	Telephone	Email (optional)	Employ. Status (F1, PI, Contract)		
May we contact?	Your job title--duties, skills			Reason for leaving		

Name of Organization	From (Month/Year)	To (Month/Year)	Type of Business			
Address		City		State	Zip	
Supervisor's Name	Supervisor's Title	Telephone	Email (optional)	Employ. Status (F1, PI, Contract)		
Your job title--duties, skills			Reason for leaving			

Name of Organization	From (Month/Year)	To (Month/Year)	Type of Business			
Address		City		State	Zip	
Supervisor's Name	Supervisor's Title	Telephone	Email (optional)	Employ. Status (F1, PI, Contract)		
Your job title--duties, skills			Reason for leaving			

Name of Organization	From (Month/Year)	To (Month/Year)	Type of Business		
Address		City	State	Zip	
Supervisor's Name	Supervisor's Title	Telephone	Email (optional)	Employ. Status (F, PT, Contract)	
Your job title--duties, skills			Reason for leaving		

VOLUNTEER ACTIVITIES AND EXPERIENCE

Describe your involvement in volunteer activities that may help assess your abilities.

OTHER SKILLS AND QUALIFICATIONS

Mention any other skills, qualifications or experience pertinent to the career you seek, e.g. computers, software, machine, tools, etc.

REFERENCES

Please do not include relatives or former employers.

Name	City, State	Phone #	Occupation	Yrs Known
Name	City, State	Phone #	Occupation	Yrs Known
Name	City, State	Phone #	Occupation	Yrs Known

APPLICANT'S STATEMENT

I hereby affirm that the information provided on this application, and attached letters or résumé, is true and complete.
 I agree and understand that any false or misleading information or significant omissions may disqualify me from consideration for employment, or result in my immediate dismissal.
 I authorize this employer to investigate my background thoroughly and agree to assist in such investigation. I release, hold harmless, and promise not to claim damages from any of my prior employers listed above, for providing information.
 I agree to submit to any drug or alcohol test required by the employer for my hiring or continued employment.
 I understand that refusal to take such tests may be cause for denial of employment or termination.
 I understand that employment may be conditioned upon an investigation into criminal convictions on record with local, state, or federal law enforcement agencies.
 I understand that, if hired, my employment is not for any specific period or duration, and is terminable at will by the employer or myself at any time with or without cause or notice. I understand this application IS NOT A CONTRACT.
 I agree to present personal photo identification and proof of U.S. citizenship, or documentation of my authorization to work and reside in the U.S., upon confirmation of my hiring and that failure to so voids any offer of employment.
 I understand that employment may be contingent upon a post-offer physical examination by a physician. Upon an offer of employment, I authorize the examining physician, clinic, or organization to release to this employer, any information requested to assess my ability to perform essential work functions or to assess potential risk of injury to others and myself.

Signature of Applicant

Today's Date

Pre-Offer Form—Invitation to Self-Identify

Dear Applicant:

Thank you for applying for a position with our company. We ask all applicants to provide the information requested below. The information is confidential; it is kept separate from your other application materials. Providing this information is totally voluntary and refusing to provide it will not result in any adverse treatment. We are asking for this information because our company is a government contractor subject to Executive Order 11246. As part of our Affirmative Action Program, the government requires us to track applicants' race and gender for statistical purposes. We are committed to equal employment opportunity for all employees in all matters of employment (such as hiring, promotion, transfer, training, layoff, compensation, fringe benefits and termination), regardless of race, religion, national origin, age, gender, disability or veteran status or any other status protected by law. Please check the appropriate boxes below and return with your completed application. Thank you!

Please print your name: _____

Job for which you are applying: _____

What is your gender?	<input type="checkbox"/> Male
	<input type="checkbox"/> Female
Are you Hispanic?	<input type="checkbox"/> Yes. Hispanic means a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race. If you check this box, you may skip the next question.
	<input type="checkbox"/> No. Continue to the next question.
What is your race?	<input type="checkbox"/> White: A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
	<input type="checkbox"/> Black or African American: A person having origins in any of the black racial groups of Africa.
	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander: A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.
	<input type="checkbox"/> Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
	<input type="checkbox"/> American Indian or Alaskan Native: A person having origins in any of the original peoples of North and South America (including Central America) and who maintains cultural identification through tribal affiliation or community recognition.
	<input type="checkbox"/> Two or More Races: All persons who identify with more than one of the above five races.
Please sign here	Signature: _____ Date: _____