



**APPLICATION FOR EMPLOYMENT  
WITH  
WAITE SPECIALTY MACHINE, INC.**

**Filled out by  
Office**

☐ Hold

☐ Hire

**Thank you for considering a career or promotional opportunity with Waite Specialty Machine, Incorporated.  
Completing this application is your first step toward joining a dynamic workforce dedicated to quality and  
performance.**

We encourage you to read through the packet before preparing your application. With a clear sense of the questions that follow, you will be able to present a strong, accurate record of your qualifications and skills.	<b>CNC or Machine Shop Mailing Address:</b> Waite Specialty Machine, Inc. 1356 Tennant Way Longview, WA 98632 360.577.0777 (voice) - 360.636.4521 (fax)	<b>Fab Shop Mailing Address:</b> Waite Specialty Machine, Inc. 1160 Industrial Way Longview, WA 98632 360.577.0777 (voice) 360.636.4521 (fax)
<b>Tests will be required for alcohol &amp; drug testing prior to the first date worked and, any time management has a probable cause. Refusal to do so is grounds for termination of employment. If employee quits within 2 weeks of employment or the results of the UA testing is positive, the employee agrees to pay Waite Specialty for the testing charges (approx. \$40.00).</b>		

We conform to all laws, statutes, and regulations concerning equal employment opportunities and affirmative action. We encourage women, minorities, individuals with disabilities and veterans to apply to all our job openings. We are an equal opportunity employer, and all qualified applicants will receive consideration for employment without regard to race, color, religion, gender, sexual orientation, gender identity, national origin, age disability status, genetic information and testing, family and medical leave, protected veteran status, or any other characteristics protected by law. We prohibit retaliation against individuals who bring forth any complaint, orally or in writing, to the employer or the government, or against any individuals who assist or participate in the investigation of any complaint or otherwise oppose discrimination.

Waite Specialty Machine provides our customers with quality service, materials, and customer satisfaction. Such a concept demands that we exercise care in the selection of our employees. It is only through our employees that we can deliver what is promised. Maturity, stability, and a positive attitude are the qualities stressed in our selection process. We also make every attempt to ensure that candidates for positions which demand specific physical capabilities are suited to those positions for their own safety and well-being.

Our employees receive a thorough orientation as to company benefits, policies, procedures, job-site operational, and safety training, and are expected to comply with necessary rules and safe work practices. A review occurs at 60 days for all employees to assure mutual understanding and satisfaction with work standards and attitudes.

**Please sign below stating that you have read and understand the above.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE**

--

DATE \_\_\_\_\_

When is available for work? \_\_\_\_\_

[illegible]

PLEASE PRINT ALL  
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EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT  
WAITE SPECIALTY MACHINE, INC.

BACKGROUND INFORMATION

Do you have a valid driver's license\* ☐ yes ☐ no - or other license, certificate or registration? ☐ yes ☐ no

License, Certificate or Registration	License Number	Expiration Date
Driver's License*		
Commercial (A, B, C)		
Other (Indicate Type)		

- Other Than English, what languages do you speak, read, or write fluently? \_\_\_\_\_
- Do you have any medical (mental or physical) conditions which might adversely affect your fitness for this job? \_\_\_\_\_

*\*Required for employment. Employment is subject to a satisfactory driving record.*

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone ( ) _____	Telephone ( ) _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

PLEASE PRINT ALL  
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MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES?

☐ Yes ☐ No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?

☐ Yes ☐ No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

**Work  
Experience**

Please list your work experience for the **past five years** beginning with your most recent job held.  
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer  
Address  
City, State, Zip Code  
Phone number

Name of last  
supervisor

Employment dates

Pay or salary

From  
To

Start  
Final

Your last job title

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer  
Address  
City, State, Zip Code  
Phone number

Name of last  
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Your Last Job Title

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**Work experience** Please list your work experience for the **past five years** beginning with your most recent job held.  
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

May we contact your present employer? ☐ Yes ☐ No

Did you complete this application yourself ☐ Yes ☐ No

If not, who did? \_\_\_\_\_

**PLEASE READ CAREFULLY**

**APPLICATION FORM WAIVER  
WAITE SPECIALTY MACHINE, INC.**

In exchange for the consideration of my job application by Waite Specialty Machine, Inc. (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Waite Specialty Machine, Inc. or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and Waite Machine Specialty, Inc. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include a reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability because of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency, an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

**Signature of applicant** \_\_\_\_\_ **Date:** \_\_\_\_\_

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.